

Adolescent girls' capabilities in Ethiopia

The state of the evidence

Maria Stavropoulou and Nandini Gupta-Archer

December 2017

Acknowledgements

The authors would like to thank all those who helped to produce this country evidence review, including Alula Pankhurst, Nicola Jones, Rachel Marcus and Workneh Yadete for valuable comments, Gabbi Gray and Alexandra Vaughan for administrative support, Kathryn O'Neill for copy-editing and Jojoh Faal for formatting.

Disclaimer

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme building knowledge on good practice programmes and policies that support adolescent girls in the Global South to reach their full potential.

This document is an output of the programme which is funded by UK Aid from the UK Department for International Development (DFID). The views expressed and information contained within are not necessarily those of or endorsed by DFID, which accepts no responsibility for such views or information or for any reliance placed on them.

Table of Contents

Acronyms.....	i
Executive Summary.....	iii
Report objectives.....	iii
Methodology	iii
State of the evidence base on adolescent girls in Ethiopia	iii
Key findings	iii
Key evidence gaps.....	vii
1. Introduction	1
1.1 Methodology and overview of the literature	1
1.2 Limitations	1
2. Voice and agency.....	2
2.1 Overview of the evidence.....	2
2.2 Coming of age in Ethiopia.....	3
2.3 Persistent gender bias	4
2.4 Shifting traditional norms and attitudes	5
2.5 Impact of women in leadership roles.....	7
2.6 Assessment of the evidence and key gaps	8
3. Bodily autonomy, integrity and freedom from violence	9
3.1 Overview of the evidence.....	9
3.2 Child marriage.....	9
3.3 Female genital mutilation/cutting	14
3.4 Violence against girls.....	18
3.5 Assessment of the evidence and key gaps	21
4. Psychosocial wellbeing.....	22
4.1 Overview of the evidence.....	22
4.2 Mental health in Ethiopia	22
4.3 Vulnerable groups of children and youth.....	23
4.4 Adolescent wellbeing	26
4.5 Assessment of the evidence and key gaps	26
5. Education and learning.....	28
5.1 Overview of the evidence.....	28
5.2 The Ethiopian education sector: progress and challenges.....	28
5.3 Primary education	30
5.4 Secondary education.....	32
5.5 Technical and vocational education and training (TVET)	33
5.6 Higher education.....	34
5.7 Literacy	34
5.8 Access to information and technology.....	34
5.9 Progress in adolescent girls' education.....	35
5.10 Remaining challenges to girls' education.....	36
5.11 Marginalised groups of adolescent girls and education	40
5.12 Assessment of the evidence and key gaps	43

6. Economic empowerment	45
6.1 Overview of the evidence.....	45
6.2 Economic development and poverty in Ethiopia.....	46
6.3 Youth skills, employment and unemployment.....	46
6.4 Youth entrepreneurship	49
6.5 Access to credit and savings	50
6.6 Access to assets.....	51
6.7 Rural livelihoods and agriculture	53
6.8 Pastoralist livelihoods.....	54
6.9 Migration	55
6.10 Child labour.....	56
6.11 Assessment of the evidence and key gaps	58
7. Sexual and reproductive health, health and nutrition	59
7.1 Overview of the evidence.....	59
7.2 Health care system.....	59
7.3 Youth-friendly SRH services.....	60
7.4 Adolescent sexual activity	60
7.5 Contraception	61
7.6 Access to SRH knowledge.....	62
7.7 HIV and AIDS	62
7.8 Adolescent pregnancy and childbearing	63
7.9 Antenatal, delivery and postnatal care	65
7.10 Unwanted pregnancy and abortion	65
7.11 Menstruation	65
7.12 Food security and nutrition	66
7.13 Malaria and tuberculosis	67
7.14 Substance use	67
7.15 Assessment of the evidence and key gaps	68
References	69
Annex: Methodology.....	84
Search grids for Google and Google Scholar.....	84

Figures

Figure 1: Percentage of women 20–24 years married or in a union by age 18, 2005 and 2011	10
Figure 2: Median age at first marriage, 2000, 2005 and 2011.....	11
Figure 3: Percentage of women aged 15–49 who underwent FGM/C by residence and region, EDHS 2016	14
Figure 4: Changes in FGM/C by region between 2000 and 2011.....	15

Tables

Table 1: Thematic distribution of studies	1
Table 2: Bodily autonomy, integrity and freedom from violence sources by sub-theme.....	9
Table 3: Key primary school indicators, 2012/13 and 2013/14 (%) (EMIS, 2014)	31
Table 4: Key secondary school indicators, EDHS 2016 (%) (CSA and ICF, 2017)	33
Table 5: Exposure to mass media, EDHS 2016 (%) (CSA and ICF, 2017)	35
Table 6: Participation rates and average daily time spent on water and firewood collection and unpaid care and domestic services, 2013 (CSA, 2014b)	57
Table 7: Adolescent pregnancy and motherhood, EDHS 2016	64
Annex Table 1: Gender and empowerment.....	84
Annex Table 2: Education and learning	85
Annex Table 3: Economic empowerment	86
Annex Table 4: Physical and psychosocial wellbeing	87
Annex Table 5: Databases and websites searched.....	88

Acronyms

ABE	Alternative Basic Education
AIDS	Acquired Immune Deficiency Syndrome
CBHW	Community-Based Health Worker
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSO	Civil Society Organisation
DFID	Department for International Development
DICA	Diagnostic Interview for Children and Adolescents
EDHS	Ethiopia Demographic and Health Survey
EGRA	Early Grade Reading Assessment
EMDHS	Ethiopia Mini Demographic and Health Survey
EPPI	Evidence for Policy and Practice Information
ESDP	Education Sector Development Programme
ESS	Ethiopia Socioeconomic Survey
EU	European Union
FGM/C	Female Genital Mutilation/Cutting
GAGE	Gender and Adolescence: Global Evidence
GAR	Gross Attendance Ratio
GER	Gross Enrolment Ratio
GPI	Gender Parity Index
HEP	Health Extension Programme
HEW	Health Extension Worker
HIV	Human Immunodeficiency Virus
HSDP	Health Sector Development Programme
ILO	International Labour Organization
IOM	International Organization for Migration
IPV	Intimate Partner Violence
MFI	Microfinance Institution
MMPI	Minnesota Multiphasic Personality Inventory
MoE	Ministry of Education
MoH	Ministry of Health
MoWCYA	Ministry of Women, Children and Youth Affairs
MPI	Multidimensional Poverty Index
MSE	Micro and Small Enterprise
NAR	Net Attendance Ratio
NER	Net Enrolment Ratio
NGO	Non-Governmental Organisation
NLA	National Learning Assessment
ODI	Overseas Development Institute
OPHI	Oxford Poverty and Human Development Initiative
PSNP	Productive Safety Net Programme
RQC	Reported Questionnaire on Children

SACCO	Savings and Credit Cooperative
SILC	Savings and Internal Lending Community
SNNPR	Southern Nations, Nationalities and Peoples Region
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
TVET	Technical and Vocational Education and Training
UK	United Kingdom
UN	United Nations
UNCDF	UN Capital Development Fund
UNDP	UN Development Programme
UNESCO	UN Educational, Scientific and Cultural Organization
UNFPA	UN Population Fund
UNHCR	UN High Commissioner for Refugees
UNICEF	UN Children's Fund
US	United States
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
YSR	Youth Self Report

Executive Summary

Report objectives

This rapid country review brings together key evidence on the wellbeing of adolescent girls (aged 10–19) in Ethiopia and the factors that influence their capability development. A companion report examines what is known about the effectiveness of interventions affecting adolescent girls’ capabilities. This report discusses the availability of evidence and important knowledge gaps in the six core capability domains of the Gender and Adolescence: Global Evidence (GAGE) programme and it is not intended as a comprehensive situation analysis. It focuses specifically on adolescent girls and does not attempt to synthesise the body of literature on gender and development issues in Ethiopia, as the girl-focused literature itself draws on wider gender and development analysis.

This report has been produced to inform GAGE programming and to feed into the design of the longitudinal impact evaluation study. In addition, it aims to provide a resource for researchers, programme designers and policy makers to better understand what is known about the capabilities of adolescent girls in Ethiopia and what the key evidence gaps are so that GAGE and other research programmes can best contribute to a robust evidence base to support evidence-informed policy and programming.

Methodology

This report draws on the analysis of 526 thematic studies, identified through a systematic search process conducted in Google Scholar and specific searches of key websites and development databases. Half of these 526 studies were academic and half grey literature. As far as possible we organise our discussion thematically but as girls’ lives do not divide neatly into capability areas, there is inevitably some cross-over between sections. Several sections thus discuss some issues, such as gender-based violence, that have a bearing on multiple areas of adolescent capability development.

State of the evidence base on adolescent girls in Ethiopia

The literature on adolescent girls in Ethiopia is varied, with the greatest focus on child marriage, education and skills development, youth employment and access to credit and land, child labour and adolescent sexual and reproductive health. There is somewhat limited information about younger adolescent girls as they are primarily considered children, with most studies focusing on their schooling and the impact of child labour. On the other hand, older girls’ issues are often discussed within the context of youth (meaning those aged 15–29) in the case of employment issues, or of married women’s experiences, particularly with regard to sexual and reproductive health and intimate partner violence issues.

Key findings

Voice and agency

Overview of the evidence: The first section in this report discusses the evidence base on voice and agency. We found 58 sources, including large scale surveys as well as small scale qualitative studies exploring adolescents’ own views and attitudes. While many sources focus on the role of norms in child marriage, overall they provide adequate material to briefly analyse the impact of discriminatory norms on various aspects of girls’ wellbeing along with documenting the expansion of more gender-egalitarian attitudes and behaviours in recent years.

Key findings: As soon as they reach puberty, girls face restrictions in their mobility and social interactions, while their parents are expected to start preparing their marriage in line with social norms built around the virginity ideal. Girls who fail to comply are stigmatised as impure and immoral and damage the family honour.

Girls are socialised to accept parental decision-making about their lives, including the timing of their marriage and the choice of marriage partner, and, after marriage, their husband's authority. Apart from child marriage, discriminatory social norms continue to persist, particularly in rural areas and among marginalised groups. These constrain adolescent girls' opportunities for capability development and ultimately their physical, economic and social wellbeing.

However, longitudinal research indicates that these norms are currently shifting in response to social and economic factors, including progressive government laws and policies, increased female education, participation in girls' clubs, positive female role models and employment opportunities. Younger generations appear to have more gender-egalitarian attitudes, such as increased support for girls' education, later marriage and sharing household tasks and decisions.

Bodily autonomy, integrity and freedom from violence

This section covers child marriage, female genital mutilation/cutting (FGM/C) and other forms of violence against adolescent girls. It draws on 128 sources, with 63 sources focusing on child marriage, 37 on FGM/C and 68 sources on various forms of gender-based violence, including child marriage and FGM/C.

Child marriage

Overview of the evidence and key findings: There is a substantial body of literature on child marriage in Ethiopia, with an increasing number of studies from international agencies, research institutions and non-governmental organisations. Although the law sets the legal minimum age of marriage at 18, child marriage continues to be widespread: the latest Ethiopia Demographic and Health Survey (EDHS) data shows that 40% of women aged 20 to 24 married before the age of 18 and 6% of girls aged 15 to 19 married before age 15. On the other hand, men on average marry seven years later than women. Poverty, lack of education and discriminatory social norms about girls' virginity are the key drivers of the practice. However, evidence indicates that child marriage prevalence is gradually declining in most regions, because of government legal and policy efforts, increased education and positive role models.

Female genital mutilation/cutting

Overview of the evidence and key findings: Although this practice is widespread in the country, it is very difficult to find accurate and reliable data; the sensitivity of the issue means people are often unable to speak up. In 2016, over 65% of women aged 15–49 were circumcised, including 47% of girls aged 15–19 and 59% of young women aged 20–24. Several forms of FGM/C are practised throughout the country, while the age of cutting varies – from early infancy through to mid-adolescence. Tradition, poverty, lack of education and social norms are the key drivers of its continuation. FGM/C is also commonly perceived as a crucial precondition for marriage and thus closely linked to child marriage. However, some evidence indicates that FGM/C is declining over time, largely because of the concerted efforts of government, international agencies, religious groups and local NGOs. Yet there are significant regional differences with the practice persisting in rural and pastoralist areas. There is also a shift from most severe to milder forms, evidence of the medicalisation of the practice and downward pressure on the age of FGM/C in some parts of the country – in an effort to circumcise girls before they are able to exercise significant agency.

Violence against girls

Overview of the evidence and key findings: Although there is a dearth of comprehensive data, girls and young women are highly vulnerable to domestic and sexual violence. According to 2016 EDHS data, one in three ever-married girls aged 15–19 reported having experienced physical, sexual or emotional violence by their husband/partner. Domestic workers and street girls are also vulnerable to sexual violence, but sexual harassment and violence also affect adolescent girls in school, with negative effects on their schooling. Girls are also vulnerable to trafficking for forced labour and sexual exploitation within the country, but also in neighbouring African countries and the Middle East. Although gender-based violence is apparently widely accepted, some evidence indicates that such acceptance is slowly declining, particularly among younger generations.

Psychosocial wellbeing

Overview of the evidence: We found 32 studies – the majority academic journal papers – that discussed aspects of adolescent mental health and psychosocial wellbeing. Many of these sources focus on particular groups of girls such as school girls, domestic workers, migrants, orphans or girls who married early. Several studies include girls’ own voices and perspectives.

Key findings: Mental illness affects between 12% and 25% of children and adolescents in Ethiopia. However, appropriate services are limited and based in the capital. School-based violence threatens adolescent mental health, yet there is limited awareness and use of available counselling services in schools, while traditional explanations and treatments are still widespread. Domestic workers, girl migrants, orphans, early married and pregnant girls as well as survivors of sexual violence are more likely to experience mental health problems. Adolescent girls have lower self-efficacy than boys in terms of feeling in charge of their life and destiny. In a few studies exploring adolescent subjective wellbeing, girls identify having good-quality family and social relationships and feeling valued and secure as major factors of psychosocial wellbeing.

Education and learning

Overview of the evidence: We found 170 sources with information about girls’ education, skills and learning. These include papers prepared by research projects exploring aspects of child and adolescent education in Ethiopia as well as reports by international agencies, non-governmental organisations and donors, and government policy documents. While some studies use surveys to identify specific factors affecting school attendance and performance, others with participatory methodologies enable girls to voice their own concerns and perspectives.

Key findings: Over the past two decades, Ethiopia has made remarkable progress in expanding the public education system equitably and reducing the gender gap in education. Indeed, female primary school net enrolment increased from 20% to 84% between 1996 and 2012, and in 2014 the overall enrolment rate for girls aged seven to eighteen years was 66% compared with 64% for boys, with fewer girls overage for grade in school than boys. However, girls have higher dropout and repetition rates, and their secondary school enrolment and attendance as well as higher education participation rates are still low. Moreover, quality of education is low and learning outcomes are poor. Children from poorer backgrounds and those from rural areas have the lowest learning achievements. Rural boys consistently outperform girls in primary school while they also achieve higher grades in national examinations at secondary school. A wide range of economic, sociocultural and institutional factors contribute to girls’ educational disadvantage, including poverty, household chores, child marriage and discriminatory norms and attitudes. Thus poor girls are 12 percentage points less likely than poor boys to aspire to completing education and going to university. Parental pressures to contribute to household chores or earn an income affect girls’ school attendance and study time, with nearly half of young adolescent girls having to spend a minimum of 28 hours weekly on housework compared to 35% of boys. These pressures are more acute in low-income households and households with younger siblings and less educated parents. Although the number of out-of-school children has declined significantly, girls with disabilities, domestic workers and girls in pastoralist areas are more likely to be deprived of education than boys.

Economic empowerment

Overview of the evidence: We found 144 sources with information about adolescent girls’ economic capabilities and wellbeing. Key themes include youth training and skills development, youth employment, access to credit, rural livelihoods and access to land, migration and child labour. The evidence base combines surveys and quantitative analysis with qualitative research and participatory methodologies providing youth perspectives.

Key findings: Despite significant improvements in education and living standards, the proportion of children and adolescents experiencing multiple deprivations has decreased only marginally, with important disparities noted between rural and urban areas and among regions. Ethiopia is one of the five countries globally with

the majority of 200 million youth aged 15–24 lacking basic skills. Youth unemployment and informal employment rates are higher than the national average, with girls and young women aged 15–24 the most disadvantaged, as they are concentrated in the informal economy with higher unemployment rates and lower earnings than boys and young men. In 2016, 59% of girls aged 15–19 were unemployed compared to 25% of boys. The gender pay gap increased between 2006 and 2012, with young women receiving 66% and 56% of male wages in the public and private sectors respectively.

Private returns to education are important particularly for young women, and systematically larger for higher levels of educational attainment. Women with more than general education are 50% more likely to be in public wage employment, compared to 37% for men.

Most adolescents are employed in agriculture, yet they prefer non-farm wage employment. In particular, girls are less likely to inherit land, with only 3% of girls aged 15–19 years owning their own land. In addition, only 2% of girls own their own house, as they usually help their parents build family assets. Ethiopia has a very high rate of child labour, with girls having a heavier domestic and care burden. Both boys and girls save up but girls face greater family pressure to contribute to the household. In addition, only 28% of married girls decide themselves about how to use their cash earnings.

Young women face greater difficulty than men in accessing the necessary start-up capital for their business and thus they rely heavily on informal institutions, family and friends. Lack of business skills and work premises along with discriminatory attitudes further compromise their efforts. It appears that both youth schemes and programmes aiming at women's economic empowerment often miss adolescent girls.

A considerable number of girls migrate to urban areas and to the Middle East in search of work and a better life. Education is positively correlated with migration to urban areas. Migration provides both opportunities and risks for girls, as they get involved in informal employment with lower earnings, are at higher risk of getting trapped in low-income employment and have higher vulnerability to exploitation and sexual abuse. Domestic workers and sex workers account for the majority of adolescent migrant girls in the capital.

Sexual and reproductive health, health and nutrition

Overview of the evidence: We found 195 studies, with the majority being academic literature. Most studies concern adolescent girls' sexual and reproductive health – both girls' knowledge levels and wellbeing indicators. This evidence is based primarily on large scale surveys, such as the EDHS, and small scale studies of specific issues or with specific groups of health service users. There is also a small body of literature on adolescent nutrition and substance use. Discussion of other health issues affecting adolescent girls is almost completely absent.

Key findings: Although national policies have created an enabling environment for services to improve adolescent sexual and reproductive health, implementation remains a problem and youth-friendly services are limited, with girls often not using them as a result of embarrassment, lack of confidentiality and dominant norms about their sexuality. Adolescent girls are expected to maintain their virginity until marriage, whereas young men are encouraged to have multiple sexual partners. Thus the timing of female sexual initiation is highly dependent on the timing of marriage and, according to available EDHS data, ranges between 15 and 19 years. Early sexual initiation occurs more in rural than in urban areas. Mean age of menarche is around 14 years but menstruation remains a taboo issue, with younger adolescents unaware of it and menstrual hygiene management often side-lined in related sectors. Although overall use of contraception is increasing, only 7.5% of married and sexually active unmarried girls aged 15–19 use any method of contraception, and 20.5% of married adolescent girls aged 15–19 report an unmet need for family planning. Small scale studies indicate that abortions among students are markedly common.

Reflecting high rates of child marriage and norms favouring early childbearing, 13% of 17-year-old girls and 28% of 19-year-olds have already begun childbearing in 2016. Overall, rural residence, limited education and poverty increase the likelihood of early motherhood. Early pregnancy and childbirth is a leading cause of

mortality among Ethiopian adolescent girls, especially in rural areas: the country has one of the highest maternal mortality rates globally. Although antenatal services are available, utilisation is somewhat low, while the majority of pregnant girls do not deliver assisted by a skilled provider or in a health facility nor access postnatal care.

Women who married before the age of 15 are 16 times more likely to be undernourished than those who married between the ages of 18 and 19. The latest EDHS data reports that 29% of girls aged 15–19 are thin/undernourished and 20% are anaemic. Discriminatory social norms about food allocation make girls more vulnerable to food insecurity than their brothers. Khat and alcohol consumption is more widespread among adolescent boys than girls.

Key evidence gaps

The available evidence provides a reasonable picture of girls' wellbeing across the six GAGE focal areas and in relation to some of the factors and processes that affect their capability development. However, this review also uncovered a number of key evidence gaps. Thus GAGE research could usefully focus on the following gaps in order to contribute to a more robust and comprehensive evidence base on adolescent girls' capabilities and programmatic responses:

- There is a need for accurate and reliable quantitative data on various metrics, including secondary school dropout and completion rates, adolescent employment, access to credit and entrepreneurship, child labour, migration and gender-based violence
- While there is a considerable body of literature on youth economic wellbeing, evidence, particularly on adolescent girls, is limited and fragmented. There is also little on health issues, such as malaria, tuberculosis and other respiratory infections, that may have significant impacts on girls' wellbeing. Adolescent girls' psychosocial wellbeing is another area where more research is necessary to identify resilience factors and coping strategies
- There is limited research on married girls as well as marginalised girls, such as child workers, sex workers, street children, orphans, pastoralists and girls with disabilities
- In some areas, such as sexual and reproductive health, or savings and financial literacy, there is very little discussion of younger adolescent girls
- Girls' voices do come across in several qualitative or mixed methods studies, but there is very little evidence on the voice and agency of girls at household and community level. Thus there is scope for GAGE to promote a more consistent recording of girls' perspectives along with survey data on attitudes and practices, including child marriage.

1. Introduction

This rapid country evidence mapping report outlines the key evidence on six main areas of adolescent girls’¹ capabilities as highlighted in the Gender and Adolescence: Global Evidence (GAGE) conceptual framework: voice and agency; bodily autonomy, integrity and freedom from violence; psychosocial wellbeing; education and learning; economic empowerment; and sexual and reproductive health, health and nutrition. This evidence mapping is intended to highlight areas where knowledge on adolescent girls is strongest, and to identify key gaps to inform the design of GAGE programming. It is intended as a background reference resource with data on adolescent girls in Ethiopia for GAGE consortium members and other researchers, and it is not a comprehensive situation analysis. The report also synthesises existing evidence on particularly marginalised groups of girls, such as child workers, girls with disabilities and pastoralist girls. The report is intended as a living document and may be updated over the course of GAGE.

1.1 Methodology and overview of the literature

This rapid country evidence mapping is based on a systematic search process. The main search locations were Google Scholar, academic and development databases and websites of organisations known to be active in Ethiopia. The Annex provides full details of the search terms and locations. The sources found were uploaded to and coded in EPPI Reviewer (a systematic review software) to facilitate the analysis. Inclusion and methodological assessment decisions were made by one researcher as is common in rapid evidence assessments.

The search process returned 699 documents, including 526 thematic studies or situation analyses and 29 reports with statistical data. Half of the thematic studies were papers published in academic journals, and the other half comprised grey literature. All six areas of GAGE focus were well represented, although there were notably fewer sources on psychosocial wellbeing than on other areas. This was followed by voice and agency, with a considerable body of such literature focusing on the role of discriminatory norms in child marriage and violence against girls and young women (see Table 1).

Table 1: Thematic distribution of studies

Thematic distribution of studies	Number of studies
Sexual and reproductive health, health and nutrition	195
Education and learning	170
Economic empowerment	144
Bodily autonomy, integrity and freedom from violence	128
Voice and agency	58
Psychosocial wellbeing	32
Total	526

Note: many studies provide information about multiple capabilities and hence numbers add up to more than 526.

1.2 Limitations

The rapid and desk-based nature of this study means that some key literature may have been missed. Some relevant studies may have been discarded as the age group concerned was not specified precisely enough to be sure of their relevance to adolescent girls. Some other relevant studies may have also been discarded because inclusion and exclusion decisions were made by a single researcher.

¹ Adolescents are defined as those aged 10–19 inclusive.

2. Voice and agency

Key points

- As soon as they reach puberty, girls face restrictions in their mobility and social interactions. Their parents are expected to start preparing their marriage in order to maintain their daughter's purity and associated family honour
- Girls are socialised to accept parental decision-making about their lives, including the timing of their marriage and the choice of marriage partner, and after marriage their husband's authority
- Discriminatory social norms continue to persist, particularly in rural areas and among marginalised groups, and constrain adolescent girls' opportunities for capability development and ultimately their wellbeing. However, considerable variation exists across the country on the importance of these norms
- Norms are currently shifting in response to social and economic factors, including progressive government laws and policies, increased female education, participation in girls' clubs and employment opportunities. Girls in some areas increasingly decide about their own marriage, with more unions formed on the basis of love
- Younger generations appear to have more gender-egalitarian attitudes, such as increased support for girls' education, later marriage or sharing household tasks and decisions

2.1 Overview of the evidence

Our search generated 58 sources with information about discriminatory social norms and their impact on adolescent girls' voice, agency and wellbeing, as well as about current changes and increased opportunities for girls to enhance their voice and decide about their lives. Twenty sources were papers published in academic journals; the remaining 38 sources were grey literature. A considerable proportion of the latter were papers presenting longitudinal research undertaken by the Young Lives project as well as research by the Overseas Development Institute (ODI) and by the Population Council on adolescents in Ethiopia. The rest included reports by international agencies, non-governmental organisations (NGOs) and donors who work on gender issues in the country. The evidence base includes large scale surveys as well as small scale qualitative studies exploring adolescents' own views and attitudes. While many sources focus on the role of norms in child marriage, overall they provide adequate material to briefly analyse the impact of discriminatory norms on various aspects of girls' wellbeing, as well as documenting the expansion of more gender-egalitarian attitudes and behaviours in recent years.

Since the 1990s, government legislation and policy has supported girls' education and sought to eliminate child marriage and other traditional practices that harm girls' capabilities and wellbeing. Indeed, the 1995 Federal Constitution along with the Constitutions of the National Regional States recognise that women have rights equal to those of men. The latest national development plan promoted gender and youth empowerment as one of its strategic pillars, and the government has committed to end child marriage and female genital mutilation/cutting (FGM/C) by 2025 in collaboration with development partners and NGOs (CEDAW Committee, 2010; GHE, 2015). However, the 2009 Civil Society Registration Law (Proclamation to Provide for the Registration and Regulation of Charities and Societies) has placed limitations on the role of NGOs and their ability to contribute to progress in this area, especially at community level. In addition, the tendency to rely on rote messaging rather than promoting participatory programming does not encourage genuine norm change (Jones et al., 2016a). An additional issue noted in the literature examined is that NGOs often frame traditional practices and especially child marriage in a rather narrow way, focusing on girls and ignoring the particular cultural and historical context (Camfield and Tafere, 2011). Overall, traditional norms and practices continue to be strong, and the government often has limited capacity to enforce the law (Mabsout and van Staveren, 2010). Thus although government efforts have reduced the prevalence of harmful practices, they have been

slower to change related attitudes as these practices are perceived to be important for girls' integration into society, their protection and their moral and social development (Boyden et al., 2013).

2.2 Coming of age in Ethiopia

Although there are considerable differences depending on ethnicity², religion and location, social relationships appear to be particularly important in Ethiopia. Both children and adults perceive themselves as members of familial, kinship and livelihood systems, which are characterised by mutual support, reciprocity and trust. Within these, a complex network of rights, responsibilities and obligations can enhance or constrain their actions. Within the family, relationships are based largely on age and gender. Thus children are expected to respect adults – men more than women – and be obedient and helpful; in return they expect to be taken care of. Non-respectful children are cursed, beaten or punished in other ways to instil proper behaviour in them. Gender appears to shape different expectations, opportunities, constraints and ultimately trajectories for boys and girls. Boys are taught to be aggressive so that, when they become adults, they are able to protect their family; girls are taught to be passive and submissive so they can become good wives and mothers. Moreover, children are expected to assist their families all year round in both farming and domestic tasks, with girls involved more than boys in household chores, again so they learn useful skills and attitudes for their future life as wives and mothers (Abebe, 2008).

In a Young Lives study, caregivers said that, around the age of 12 or 13 years, children are perceived as being able to take some responsibility for their lives. Childhood typically ends earlier for Ethiopian girls. Boys wait to be recognised as men until after they reach physical maturity, whereas girls are perceived to become women as soon as they start menstruating. Girls are nevertheless often considered to be less intelligent and independent than boys. While respondents expressed similar expectations for their sons and daughters in terms of completing their education, finding employment and getting married, the timings are different because girls have to marry early (Camfield and Tafere, 2011). Schooling can be perceived risky for adolescent girls, as they may meet and have relationships with boys, engage in premarital sex or be exposed to sexual violence and abuse. As a proverb says: 'Set tikat amchi, wond tikat melash' ('A girl brings offence, a boy responds to offence') (Camfield and Tafere, 2011). Social norms built around the virginity ideal stigmatise girls who do not comply with it as impure and immoral and, accordingly, as bringing shame to their families (Jones et al., 2016b).

Many families in rural areas thus feel obliged to arrange their daughter's marriage (Abebe, 2008). Funded by the UK Department for International Development (DFID), ODI research on adolescent girls and social norms in Ethiopia reports that norms positioning girls as key symbols of family honour and a critical source of domestic labour are closely linked to traditional practices and especially child marriage. The latter is thought to deal effectively with threats to girls' morality and family reputation. Instead of girls continuing their education and either getting a boyfriend or becoming too old to marry, early marriage arranged by the family, secures family honour, provides material resources to parents and increases a girl's status in the community. Apart from parents, local elders and religious leaders are often gatekeepers of these norms (Jones et al., 2014a; 2015a).

Based on longitudinal research, Mjaaland (2016)'s ethnographic study analyses the female virginity ideal and the burden of sexual morality girls are forced to shoulder in rural Tigray region, where child marriage rates are high. The major factor prompting parents to marry their daughters early relates to maintaining the family honour and avoiding shame based on community perceptions that a girl has low morals or is too old to marry. Respondents emphasised that if they wait and accept the revised family law, which sets the legal marriage age for girls at 18, their daughters will probably have lost their virginity and be considered 'damaged', bringing shame to their family. On the other hand, if they continue their education, they may become 'old girls', and the community will insult their parents. Child marriage emerged in discussions as the socially sanctioned way

² Ethiopia has more than 80 ethnic groups.

for girls to transition to adulthood, while also securing girls' and parents' respectability in the community (ibid.).

Although child marriage ends up compromising girls' wellbeing and constraining their opportunities for capability development, many parents in these studies (Jones et al., 2014a; 2015a; Mjaaland, 2016) felt that government laws and policies actually exposed their daughters to high risks. To avoid such risks, parents in rural areas arrange for their daughter's marriage in line with the collective interest, even if their choice constrains the individual agency of the girl (Abebe, 2008). As married girls traditionally move into their husband's family after marriage, they soon find themselves under his control, with limited opportunities to make decisions about their lives (ibid.). However, the literature also highlights that, in practice, both boys and girls are able to exercise some agency and negotiate or challenge what their family or kin decide for them (Camfield and Tafere, 2011). For example, migration or marriage by consented abduction (i.e. 'kidnapping' to which both parties agree) represent two such strategies adolescents use as they seek autonomy (Abebe, 2008). Girls who succeed in the Grade 10 national examination can also bargain with parents to continue their education and avoid early marriage (Mjaaland, 2016).

2.3 Persistent gender bias

The government acknowledges that discriminatory norms and attitudes continue to be a major challenge to girls' and women's rights. These 'deep-seated attitudes stemming from outdated cultural legacies that customarily look down on women' (CEDAW Committee, 2010: 8) are a key component of gender inequality and need to be tackled, as they affect adolescent girls and young women in all spheres of their life.

In line with traditional social norms, girls learn to be obedient and modest, yet this feminine ideal affects their assertiveness in classroom and ultimately their success in school, as female students who are active and ask questions appear to challenge normative assumptions about appropriate female attitudes (Mjaaland, 2016). Such assumptions are still reproduced in textbooks and teacher attitudes and contribute to their persistence (Camfield and Tafere, 2011; Tefera et al., 2013). Using Young Lives data, Dercon and Singh (2013) identify an additional gender bias against girls in education. Evident in the aspirations of parents for their children at age 8, this bias is transmitted to the aspirations of children at age 12, with boys having higher educational aspirations than girls, and becomes more pronounced by the age of 15.

Social norms shape not only school attitudes and educational aspirations but also the activities and occupations girls choose to undertake. For instance, in the agriculture sector, ploughing is considered a male task (GHE, 2015). The Ethiopia WIDE longitudinal study in rural communities across the country³ found that, despite wider shifts, persistent discriminatory norms remain barriers to young women's economic opportunities (Loveday and Dom, 2016). Gender bias is also identified as a factor in banks' reluctance to lend money to female entrepreneurs (Bekele and Worku, 2008).

A few quantitative studies highlight the existence of a gender bias against girls in household consumption patterns (Koohi-Kamali, 2008), including access to food, thus making girls more vulnerable to poor health than boys. In addition, large scale surveys reveal that violence against girls and young women is widely accepted and even condoned in line with prevalent social norms, reflecting the low status of girls and women in Ethiopian society (GHE, 2015). Social norms regarding girls' sexuality and the need to respect long-standing community traditions are also part of the continuation of FGM/C. For instance, Jones et al. (2016b) in their research across the country find that this practice is strongly connected to social expectations relating to girls' sexuality and chastity.

In terms of their ability to voice their concerns and influence household and community decisions about their lives, Ethiopian girls and women often appear to have low self-confidence and limited power. Indeed, in a

3 The Ethiopia WIDE Research project is a longitudinal study of 20 rural communities across the country over twenty years. The project applies a holistic approach in order to understand all aspects of life in rural communities in Ethiopia (<http://ethiopiawide.net/>).

study of nearly 1,280 participants, including girls aged 10–17 years, in Oromia and Dire Dawa regions, girls and women were described as shy, lacking confidence and belonging to the private sphere. Men, meanwhile, were seen as the household heads, the principal breadwinners and the holders of authority. Girls' and women's worth was defined in terms of being married, having children, managing the household and obeying the authority of their husband and elders (CRS, 2013). In a Population Council survey of nearly 10,000 youth aged 12–24 years in seven regions, only 25% of girls and 29% of boys in rural areas believed their parents respected their opinions on marriage, compared to 45% of girls and 40% of boys in urban areas – still less than half of young people (Population Council and UNFPA, 2010). Likewise, latest data from the Ethiopia Demographic and Health Survey (EDHS) shows that only 41% of married girls aged 15–19 made their own decision to marry (CSA and ICF, 2017). The examined literature also notes the high levels of regulation and mobility constraints, reported particularly by rural youth. Ninety-four percent of rural girls reported needing permission before leaving the house and 91% needed it before going to a youth club; 95% reported that their parents or spouse had to know their whereabouts at all times. Urban males reported the lowest levels of regulation, with 63% needing permission to leave the house. Latest EDHS data also shows that 68% of married adolescent girls aged 15–19 years participate in decisions over their own health care, major household purchases and family visits – the lowest percentage of all women's age groups. The survey also identifies considerable regional differentials on social norms and women's decision-making power, with Afar region showing the lowest female decision-making power (CSA and ICF, 2017).

Social norms appear to be stronger not only in rural areas but also among marginalised groups. Pastoralist women and girls face double marginalisation and confront greater barriers to exercising agency and expressing their views, while gender issues in these communities attract less official attention, as officers are often reluctant to be seen interfering in and challenging local cultures (Brocklesby et al., 2010; EDC, 2012; Eneyew and Mengistu, 2013). Although existing literature is very limited, girls in these groups probably have even less voice and involvement in decisions shaping their lives (GHE, 2015). For example, research in Afar region found that local people were proud of their traditions, including arranged marriage between a girl and her maternal cousin, which is highly valued as a mechanism to ensure clan continuity. According to some leaders, education may lead girls to marry outside the clan and prompt them to question long-standing norms and practices that are essential to clan identity. On the other hand, the girls interviewed did value education, but also stressed the need to be loyal and serve their family and community (GHE, 2013).

2.4 Shifting traditional norms and attitudes

Based on longitudinal qualitative research and secondary literature, Jones et al. (2016b) remark that progress towards the abandonment of child marriage in the country has accelerated over the past decade. The study reports that, in some sites, particularly in Amhara, girls are allowed to choose education over marriage, often with support from male relatives, with child marriage rates declining – particularly where commitment to girls' education is growing. Families increasingly perceive education as helpful to prepare their daughters for paid employment or to enable them to receive higher bride price. On the other hand, education expands girls' knowledge and skills and enables them to make better decisions about their lives, and may also offer a safe venue for reporting early marriages. Positive female role models such as female teachers, health extension workers and government officials also help girls and parents realise the value of education. However, although progress is taking place and entrenched social norms are shifting, this is happening in a rather messy, non-linear and highly uneven manner (Jones et al., 2014a; 2016a).

In addition, girls' clubs, many of which are attached to schools, appear to enable girls to build their voice, develop higher aspirations for their future and resist marriage. Several studies point out the positive effects of youth clubs in empowering adolescent participants and increasing their agency. Qualitative research by Jones et al. (2014a; 2016b) emphasises the role of school clubs in promoting gender-equitable norms and attitudes and increasing girls' leadership and communication skills. Girls' clubs are available to all girls from Grade 5 onwards and, along with boys' clubs, which have not been scaled up so far, appear to be successful.

Interviewed girls appreciate the emotional and practical support they receive, including information on their rights and the opportunity to come together, learn and exercise their leadership skills, voice their concerns and exchange experiences with peers. Apart from school-based clubs, girls participate in various youth groups, including Children's Parliaments, with similar positive effects (Save the Children Sweden, 2010).

Many studies also emphasise that parents and adolescent girls themselves appear to value education and, despite difficulties, are hopeful and have aspirations of continuing their schooling as the key means to improve their life chances (Camfield, 2011; Feeny and Crivello, 2015). Evidence from the Ethiopia WIDE longitudinal study also indicates that girls and young women appear to be more ambitious than older women in thinking about what is possible, and often see education as the means to greater independence and a better life; many report aiming to finish school and become doctors and engineers (Loveday and Dom, 2016). The Population Council youth survey also reports that more girls and young women than boys and men have migrated to their current place of residence, with one in four girls and more than one in three girls in urban areas having migrated for schooling (Population Council and UNFPA, 2010). In a study in Amhara region (Kodama, 2012), young women aged 15–29 years emphasised that education provided useful knowledge and access to better employment opportunities. Those in their late 20s identified differences in parental attitudes towards education for them and their younger sisters: they had had to marry early but their parents have encouraged their younger sisters to continue their education. Girls who are doing well in school and particularly in examinations can continue their education, especially if they mobilise support from other family members or teachers (Mjaaland, 2016). In the case of married girls, having a supportive educated husband is a critical factor in continuing their education (Jones et al., 2014a).

Evidence from emerging regions and pastoralist areas also indicates that parents are increasingly interested in the education of both their sons and daughters (Brocklesby et al., 2010). In a study in Somali region, women noted that in the past the community had been uneducated and failed to appreciate the benefits of education, with parents concerned that educated children would not want to continue traditional livelihoods. Yet mothers now support educational opportunities for their children and even seek such opportunities for themselves so they can better cope with the issues they face (Smith et al., 2015).

Support for the continuation of FGM/C is also declining in some areas, although different groups apparently respond to different policy messages (Boyden et al., 2013). Young Lives research reports changing attitudes among children in Amhara and Oromia, partly because of awareness-raising activities at school (ibid.). A study of secondary school girls in Hadiya zone, Southern Nations, Nationalities and Peoples Region (SNNPR) (Tamire and Molla, 2013), found that, although the vast majority of girls were circumcised around the age of 11, they stated that the practice was harmful, that a girl had the right not to be cut and that FGM/C was a bad tradition. Only 5% reported supporting the continuation of the practice (ibid.). Using longitudinal data, another study found that adolescent girls were 36% less likely than boys to support the continuation of FGM/C. Moreover, 28% of boys aged 12–14 did not agree that marrying a circumcised girl was important. Adolescents more likely to support continuation of the practice were those with less gender-egalitarian attitudes, those living in rural areas, those from households with low education levels and those with less access to media exposure (34% compared to 15%) (Mariam et al., 2009). The Population Council survey reports that a key reason for opposition to the practice among circumcised girls is the perception that it has lost its cultural significance (Population Council and UNFPA, 2010). Mackie and LeJeune (2009) also note that the abandonment of the practice in some areas in Ethiopia is linked to exposure to frequent and sustained information campaigns and international messages.

In addition, norms around virginity on marriage are changing, with more unions formed on the basis of love instead of parental decision and pressure (Jones et al., 2014a). Jones et al. (2016b) find that in Alefa, Amhara, child marriage is rapidly declining, with parents not overly concerned with their daughters' virginity and girls having good access to contraceptives. However, the study also notes that in Oromia, marriages arranged by parents are declining in frequency, yet child marriage rates are increasing as girls choose to marry their 'first

love', while access to contraception is limited or prohibited. Young Lives research in two urban communities also reports that self-arranged relationships are becoming the new norm (Camfield and Tafere, 2011).

Indicative of the ongoing change is the fact that violence against girls and women is also becoming less socially acceptable. Although rates are still high, the share of girls aged 15–19 who find wife beating acceptable in specific circumstances has declined significantly, reaching 60% in the 2016 EDHS – the lowest proportion along with that for young women among all age cohorts of women. The percentage of boys of the same age group who find wife beating justifiable is notably lower – 33%; yet it is the highest proportion among all age cohorts of men. Interestingly, the EDHS report notes that the two empowerment indices – women's attitudes towards wife beating and women's participation in household decision-making – created for women of reproductive age are positively associated, with the percentage of women who disagree with all reasons that justify wife beating rising with the number of household decisions in which they participate (CSA and ICF, 2017).

Moreover, girls also express a desire for more egalitarian decision-making at home. Adolescent girls participating in the ODI research believed that egalitarian decision-making was increasingly the mark of a 'good husband'. Some girls and young women in research sites aimed to have a greater say in decisions about how many children to have and over what timeframe, or, in the event of a violent marriage, to ask for a divorce if economic circumstances permitted. While many girls voiced their desire for a more equal division of labour at home, boys and parents did not consider a woman with gender-equitable ideas to be an ideal wife. The majority described the ideal wife as a woman who takes good care of her husband and children and keeps local traditions. However, many boys recognised that girls' household chores have a negative impact on their educational achievements (Jones et al., 2014a). Likewise, in a study of youth aged 15–30 in four regions, 91% of girls and young women believed that both wife and husband should make household decisions (Getahun, 2010). In the Population Council youth survey, 46% of married young men and 34% of married young women said they had discussed sharing domestic duties with their spouses (Population Council and UNFPA, 2010). Most importantly, 34% of married girls aged 15–19 reported in the 2016 EDHS that their husband helped them with household chores, with nearly one in five saying this happened on a daily basis (CSA and ICF, 2017).

2.5 Impact of women in leadership roles

Although the women's movement is still rather small and weak (Mabsout and van Staveren 2010), their political representation is growing, and women are encouraged to participate at all governance levels (CEDAW Committee, 2010). In 2015, 212 women were elected in the House of People's Representatives, accounting for 39% of all members⁴. Their increased involvement in politics has been linked to an increased acceptance of female politicians. For instance, a 2007 World Values Survey reports that more than 77% of respondents either disagreed or disagreed strongly with the statement, 'Men make better political leaders than women do.' Likewise, the Pew Global Attitudes Project found that, while 51% of respondents felt men made better political leaders than women, 45% thought men and women were equally capable (OECD, 2014). Yet the government also recognises there is still a traditional perception of women lacking competence to participate in decision-making, and identifies as key contributing factors, traditional gender norms that discourage women from decision-making, limited training and access to information, low self-esteem and status, and lack of female role models (CEDAW Committee, 2010).

Indeed, women in leadership positions in all spheres can become role models for adolescent girls. A small scale study of the attitudes of secondary school stakeholders (teachers, school leaders and officials) towards women's representation in educational leadership in Harari region (Panigrahi, 2013) found that the majority believed women were reluctant to accept leadership responsibilities, as they prioritise household responsibilities. However, they also felt that men were equal to women. While the majority of school leaders agreed men were better school leaders, most teachers and officials disagreed that the ideal school manager should be male, self-reliant, ambitious and a strong leader, or that women lacked the necessary skills to

⁴ See http://www.ipu.org/parline-e/reports/2107_A.htm.

discipline students and supervise adults. Respondents also noted that women needed mentors, gender awareness campaigns, affirmative action and support to deal with their domestic tasks (ibid.).

2.6 Assessment of the evidence and key gaps

Our search revealed the existence of a growing body of literature on discriminatory social norms and the various ways in which they influence Ethiopian adolescent girls' capabilities, including their voice and agency. As soon as they reach puberty, girls face restrictions in their social interactions, and parents are expected to start preparing their marriage in order to maintain their daughter's purity and associated family honour. However, longitudinal studies provide evidence that these norms are currently shifting in response to social and economic factors, including progressive government laws and policies, increased female education, participation in girls' clubs and employment opportunities. Thus younger generations appear to have more gender-equitable attitudes, such as increased support for girls' education, later marriage and sharing household tasks and decisions. Several studies with a participatory design have enabled both younger and older adolescents to express their views and concerns. However, there is overall limited evidence on the voice and agency of girls at both household and community level, and very little is known about particular groups such as pastoralist girls or already married girls, who are often missed in studies with adult women. Overall, more research is required to fill these gaps and analyse the factors that shape the relevant opportunities and constraints adolescent girls have to speak out and take action in relation to their specific age group, socioeconomic status, location and other variables.

3. Bodily autonomy, integrity and freedom from violence

Key points

- The latest EDHS data shows that 40% of women aged 20 to 24 married before the age of 18 and 6% of girls aged 15 to 19 married before age 15. In addition, 47% of girls aged between 15 and 19 have undergone FGM/C. However, rates of both child marriage and FGM/C are decreasing, albeit in an uneven manner, with some underground practices emerging
- Most research has focused on specific regions, notably Amhara, yet child marriage takes different forms, occurs for different reasons and can be tackled only by means of interventions tailored to local realities
- Violence against girls, including domestic violence and sexual abuse, appears to be widespread in Ethiopia. According to the 2016 EDHS, one in three ever-married girls aged between 15 and 19 reported having experienced domestic violence by their husband/partner. Adolescent girls are also vulnerable to trafficking, which is closely related to poverty levels in rural areas
- The government has taken positive measures to defend girls' bodily integrity, and there is a favourable policy environment. Safe spaces and involvement of religious leaders seem to have helped tackle harmful traditional practices, but discriminatory social norms, few economic alternatives and lack of access to education remain key obstacles

3.1 Overview of the evidence

Our search generated 128 sources concerned with girls' bodily autonomy, integrity and freedom from violence issues in Ethiopia. Of these sources, 78 were grey literature and 50 were academic literature. In addition, we found eight reports with statistical data. We discuss the broad theme of bodily integrity via the following sub-themes: child marriage, FGM/C and violence against girls. As can be seen in Table 2 below, the majority of the documents were related to the general sub-theme of violence against girls.

Table 2: Bodily autonomy, integrity and freedom from violence sources by sub-theme

Sub-theme	Number of sources
Violence against girls	68
Child marriage	63
FGM/C	37

Note: many studies provide information about more than one sub-theme and hence numbers add up to more than 128.

3.2 Child marriage

We found 63 sources with information on child marriage, with 48 being grey literature and 15 academic.

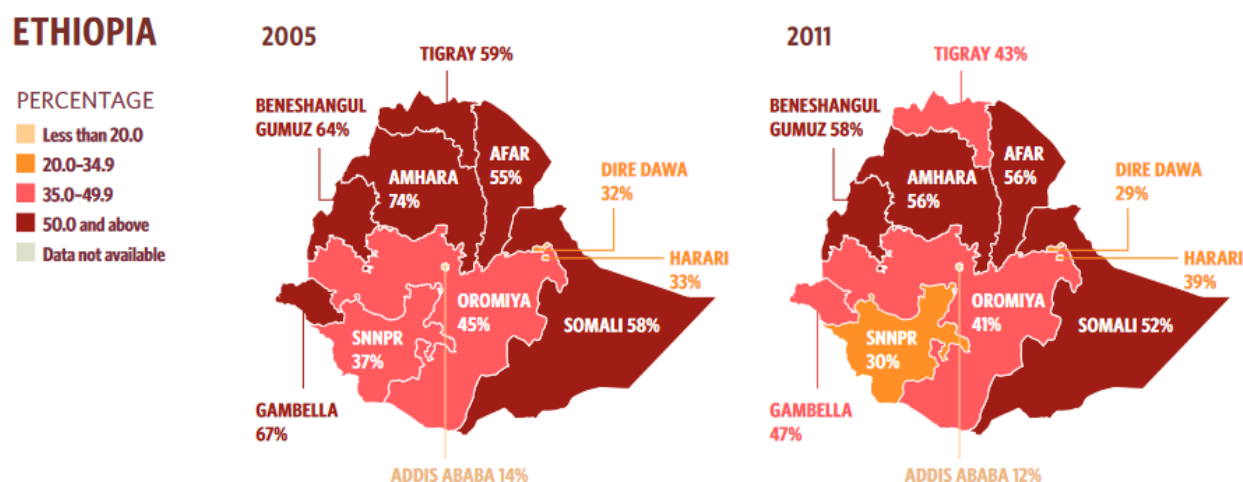
Prevalence and context of child marriage

Child marriage is a widespread, deep-rooted practice in Ethiopia: the latest EDHS data shows that 40% of women aged 20–24 married before age 18 and 6% of girls aged 15–19 married before age 15 in 2016 (CSA and ICF, 2017). The median age at first marriage is 17.1 among Ethiopian women aged 25–49. However, this age varies by region, residence and education level: the median age at first marriage is 15.7 in Amhara compared to 23.9 in Addis Ababa; women living in urban areas marry 2.6 years later than rural women; and those with higher education levels marry later compared to those with no education (ibid.).

However, prevalence of child marriage is gradually declining: for instance, the 2016 EDHS data reports that 6% of adolescent girls married before age 15 compared to 14% of women aged 20–24 and 29% of women 45–49

(CSA and ICF, 2017). The map in Figure 1 below illustrates that the proportion of girls married by age 18 decreased in most regions between 2005 and 2011 (UNFPA, 2012). Most dramatically, the proportion of child marriages declined from 67% in 2005 to 47% in 2011 in Gambella, and from 74% to 56% in Amhara. In some regions, the decline has been less acute (for instance, from 58% to 52% in Somali). In other regions, the percentage of child marriages has in fact increased (from 33% to 39% in Harari).

Figure 1: Percentage of women 20–24 years married or in a union by age 18, 2005 and 2011

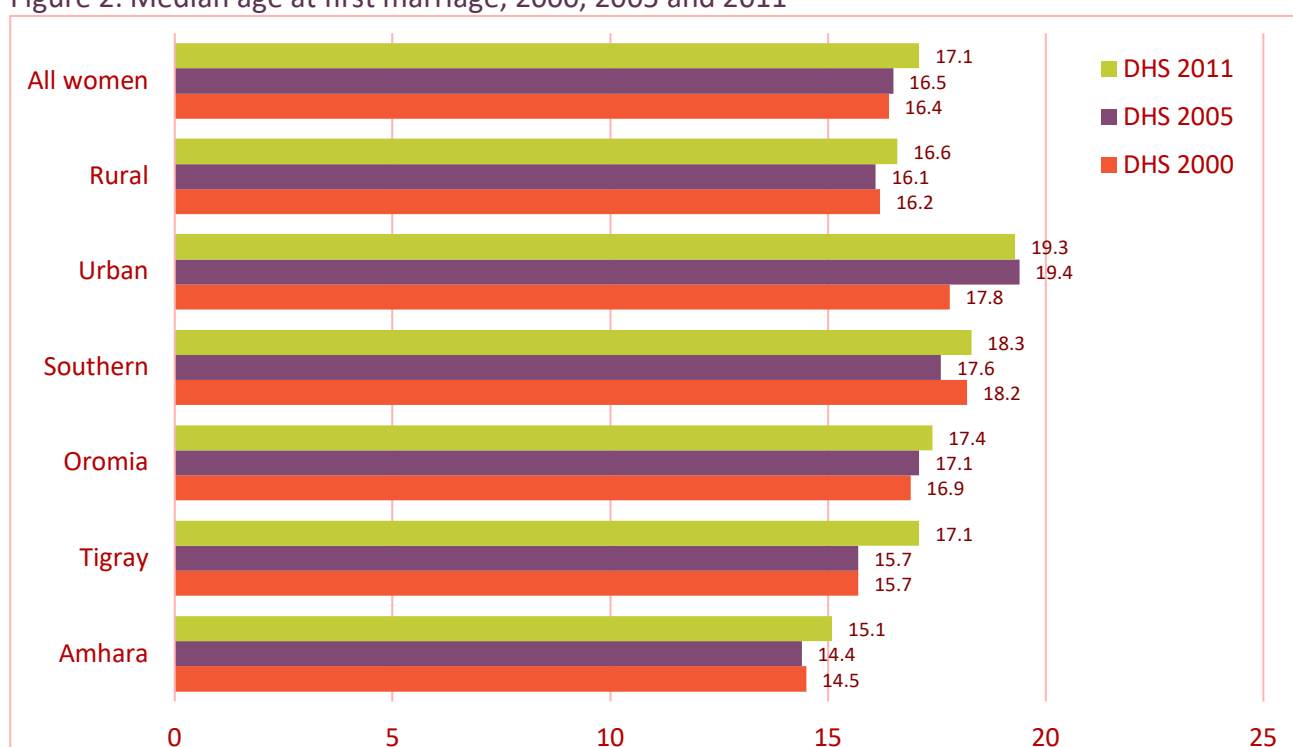


(UNFPA, 2012)

This overall trend is echoed by EDHS data, which found the median age of marriage to have increased overall throughout the country from 16.4 years in 2000 to 17.1 years in 2011 (Boyden et al., 2013). As we have already noted and as Figure 2 illustrates, these changes vary depending on the region, with the median age of marriage in rural areas undergoing a less significant change than that in urban areas. On the other hand, Ethiopian men do not generally face the same pressures to marry early; on average, they marry seven years later than women and only 9% of men aged 25–49 marry before age 18 (CSA and ICF, 2017). The 2016 EDHS also reveals that an extremely low proportion of female respondents (just 1%) aged 45–49 have never been married, suggesting marriage is an almost universal norm in Ethiopia (ibid.).

Based on their extensive work on the practice, Jones et al. (2016b) note that, although the EDHS is an important statistical source, it does not allow for disaggregation at zonal and woreda (district) level, which is crucial to identify and target those girls most at risk. Moreover, it does not distinguish between marriages of young children and those of younger adolescents, and, given its focus on women of reproductive age, it ends up hiding emerging differences between cohorts. Thus Jones et al. (ibid.) combined the 2007 national census with qualitative research and identified extreme intra-regional variation and child marriage hotspots. Their analysis of child marriage prevalence rates at the woreda level by girls' age group revealed some surprising findings. While Amhara has the lowest median age of first marriage, it does not stand out in terms of woreda-level hotspots for girls aged 10–14. Out of the top ten hotspots, only two are in Amhara and two are in Somali region, suggesting the two regions are in fact on an equally low footing. On the other hand, Oromia includes four hotspots for young adolescent girls. In the case of older girls aged 15–17, Amhara holds six of the top ten hotspots; Oromia and Benishangul Gumuz follow (ibid.).

Figure 2: Median age at first marriage, 2000, 2005 and 2011



(Boyden et al., 2013)

A large amount of research has focused on Amhara, given the high prevalence of child marriage and because many organisations with a particular interest in child marriage and its related consequences, such as the Population Council, are active in this region (Alemu, 2008; Asrese and Abebe, 2014; Gerthnerová and Haajj, 2015). However, Ethiopia's wide ethnic, cultural and religious diversity means child marriage practices vary considerably between as well as within regions. Alemu (2008) contends that three main types of child marriage are commonplace in Ethiopia. The first entails a promise between two families at birth, the second involves children under age 10 being wedded and the third is adolescent marriage. Based on their research, Jones et al. (2016b) point out that child marriage takes different forms, occurs for different reasons and can be tackled only through context-sensitive interventions.

While some marriages constitute 'love marriages', where both parties decide to marry one another, the majority are arranged. For instance, the Population Council and UN Population Fund (UNFPA) (2010) survey found that 65% of boys and 70% of girls who had married under 18 had had their marriages arranged, with this proportion being much higher for rural youth – at 71% for boys and 81% for girls. Arranged marriages are particularly common in Amhara and Tigray. Ferede and Erulkar (2009) explain that, although very few respondents are married by age 10, almost all of the marriages that did take place occurred without the girl knowing about the marriage beforehand. The later girls married, the more likely they were to have knowledge of the marriage prior to the wedding day (ibid.). Likewise, Erulkar et al. (2004) find that, even among girls married after age 15 who knew they were going to be married, the majority did not know who their husband was to be.

Jones et al. (2016b) argue that in some regions, such as in Oromia and Gambella, evidence suggests that child marriage is increasing, partly because girls 'choose' to marry boys they meet in school. On the other hand, marriage by abduction and polygamous marriage are becoming increasingly rare – yet they have not been eliminated (ibid.). Indeed, 13% of girls in SNNPR reported that their early marriage was a result of abduction (Population Council and UNFPA, 2010). Iossifov and Wassie (2016) found that in North Shewa, Amhara, the term 'abduction' covers a range of situations, from 'voluntary abductions', when the girl expects to be abducted and runs away with the groom willingly, to far more violent and non-consensual incidents.

Polygyny is another prevalent tradition that is closely associated with child marriage practices in Ethiopia. The proportion of women in polygynous marriages increases with age, from 4% among women aged 15–19 to 18% among women aged 45–49 (CSA and ICF, 2017). This is because, as wives get older, men are often permitted by custom to take additional and younger brides. Polygyny has become slightly less prevalent according to available EDHS data, going from 14% in 2000 to 11% in 2011 and 2016. There is also substantial regional variation: it stands at just 1% in Amhara compared with 29% in Somali region (ibid.).

Causes of child marriage

The drivers of child marriage vary in line with its patterning. Based on their extensive research in hotspot woredas, Jones et al. (2016b) identify social norms about girls' purity reinforced by religious values and religious leaders as a key driver of the practice. As Section 2 showed, discriminatory social norms work as the crucial underlying driver in Ethiopia. The ideal of girls' virginity and purity, and related ideas about girls' premarital sexuality as shameful and of premarital pregnancy as unacceptable, prompt parents to arrange their daughters' marriage in order to 'protect' them from being disqualified from being marriageable (Jones et al., 2016b; Gage, 2009). As such, in a study in four regions, caregivers presented child marriage as a means of preventing promiscuity, the spread of sexually transmitted infections (STIs) and stigmatisation from the wider clan (Boyden et al., 2013).

Studies show that young people themselves frequently do not share these views. Gage (2009) emphasises that 96% of female and male respondents perceived no advantages at all to the practice of child marriage – with little differences between programme and non-programme areas or rural and urban areas. Similarly, the Population Council and UNFPA (2010) found girls' ideal age of marriage to be 17.9 and boys' to be 22. Jones et al. (2014a) have looked at the role of norms shaping child marriage practices in Ethiopia and argue that indeed these norms are progressively shifting as a result of top-down efforts, increased education and positive role models.

Poverty exacerbates the likelihood of child marriage: Boyden et al. (2013) find that improving household economic status is an explicit objective in arranging many marriages of girls in both Amhara and Tigray. Chuta and Morrow (2015) suggest transitions to adulthood in Ethiopia can be understood in terms of interdependence instead of autonomy, as individuals in fact become less independent with age: youth is a period when individuals gain more responsibility, with poverty being a major catalyst. For many families living in poverty, marriage of a daughter means one less mouth to feed (Swarup et al., 2011). Bride wealth (gebera) is therefore an important interrelated custom (Boyden et al., 2013). In Camfield and Tafere's (2011) study, a number of respondents felt that forced abduction could often be beneficial to a girl's family since authorities can punish perpetrators and parents then negotiate higher bride price. In some ways, girls from wealthy families are at particular risk, as grooms are concerned they will be unable to pay sufficient bride wealth (Iossifov and Wassie, 2016). However, in Jones et al.'s research (2016b), economic poverty did not emerge as a main driver of child marriage in any of the hotspot sites examined, with girls often getting married simply because they lack alternatives.

However, poverty is a key factor forcing girls to leave school and lack of access to education is a clear driver of child marriage (Iossifov and Wassie, 2016). Jones et al. (2016b) find that poverty and limited access to secondary schools increase child marriage, as education protects girls by expanding their options, providing them with access to information about the risks and legal age of marriage, and empowering them. Erulkar et al. (2004) found in Amhara that most married girls had never attended school: 83% had never been to school versus 35% of never-married girls. Among married girls who had never attended school, 59% said marriage was the cause of their absence; among unmarried girls who had never attended school, 54% reported lack of financial means as the cause.

Consequences of child marriage

Child marriage has profound consequences for a number of capability areas for girls: it undermines their education, sexual and reproductive health, mental health, decision-making power and bodily integrity (Asrese and Abebe, 2014; Pereznieta and Tefera, 2013; Biresaw, 2014). Using a 2007 household survey in Amhara, Gage (2009) reports on caretakers who were asked about the impacts of child marriage. Over half (54%) recognised that child marriage increased poverty, although the study does not expand on why caretakers see this relationship between child marriage and poverty. In addition, 47% recognised obstructed labour, 30% obstetric fistula and 22% higher maternal mortality as common consequences of child marriage; 21% of girls saw child marriage as having detrimental effects on girls' education. Moreover, the large spousal age difference between a child bride and her husband often limits a girl's ability to make decisions – and the younger the girl marries, the larger the spousal age gap in general (Population Council, 2004). Erulkar et al. (2004) report that only 2% of married girls in their study had made the decision to lose their virginity when they did: 81% had been forced to have sex against their will. Girls married off at a younger age were far more likely to be forced to have sex (ibid.).

Married girls usually live a domestic, routine and solitary life, whereby husbands and in-laws hold a considerable amount of power (Edmeades et al., 2014). Indeed, married girls in a participatory ethnographic study in Amhara shared feelings of loneliness, having been taken away from their social networks. They reported being unable to fit in with older married women, yet similarly unable to fit in with unmarried girls their own age who were attending school (FORWARD and PFDI, 2014). It is therefore unsurprising that Gage (2013a) found that the likelihood of a suicide attempt in Amhara was twice as high among girls with marriage requests as among those without. However, the mass media can play an important role in communicating with married girls or those at risk of child marriage (Gage, 2013b).

Government response

Ethiopia has a robust policy and legal environment to confront the practice of child marriage (Jones, et al., 2016c). The 1995 Federal Constitution prohibits customs that cause bodily or mental harm to women (Boyden et al., 2013). The 2000 Revised Family Code established 18 as the legal minimum age of marriage for both boys and girls (ibid.), and the Criminal Code specifically criminalises the practice of child marriage and stipulates punishment and prison terms for perpetrators (Jones et al., 2016c). Gage (2009) reports, however, that only around half of young people and caretakers in her study knew about the existence of the legal minimum age of marriage – although those who were aware of the Criminal Code did possess good knowledge of the consequences of violating the law. In 2011, the government launched five-year targets to reduce child marriage by over half (Boyden et al., 2013), and in 2014, Ethiopia was among the first countries to launch the African Union Campaign to End Child Marriage in Africa (DiGiovanni, 2014). The government also launched the National Alliance to End Child Marriage and the National Strategy and Action Plan on Harmful Traditional Practices against Women and Children in Ethiopia, demonstrating strong commitment to ending child marriage completely (Jones et al., 2016c).

The government's expansion of primary-level education is further evidence of a strong policy framework to tackle child marriage. However, Jones et al. (2016a) stress that challenges remain in secondary school investment, while the 2009 Civil Society Registration Law has limited the role for NGOs in service delivery and their ability to engage on girls' rights issues. Government commitment is vital because the most successful interventions to end child marriage rely on strong government support and local government involvement, which focus on addressing discriminatory norms through work with men and boys and traditional and religious leaders (Jones et al., 2016c). Karam (2015) asserts that, since religious arguments often perpetuate child marriage, religious actors are crucial in working towards a solution to the practice, but mainstream development actors often avoid funding faith-centric efforts. Likewise, in a comprehensive study examining the coverage and effects of child marriage prevention activities, Gage (2009) found that religious leaders had the greatest reach among young girls and boys in terms of messaging on child marriage prevention. She

highlights intensive work to promote anti-child marriage messaging by the Ethiopia Family Planning and Reproductive Health Project and other interventions in Amhara region. Interestingly, members of girls' clubs in the region seemed to have the greatest degree of agency in negotiating when to marry, with 53% of them having talked to someone about stopping an arranged marriage. In addition, 51% in programme areas and 44% in non-programme areas had successfully stopped a marriage. Given the significant variation of the practice across Ethiopia, Jones et al. (2016b) stress that what needs to be considered carefully is the fact that a one-size-fits-all approach is inadequate and the practice is going to be abandoned only by means of interventions carefully tailored to local realities.

3.3 Female genital mutilation/cutting

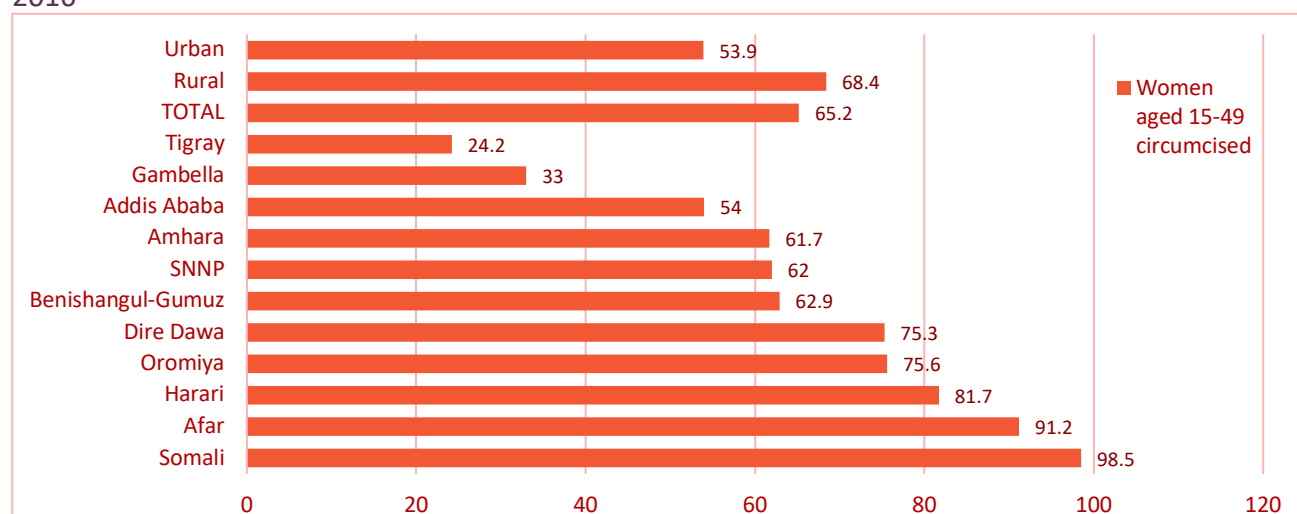
Our search generated 37 sources with information on the practice in Ethiopia. Of these, 25 were grey literature and the remaining 12 academic literature.

Prevalence and context of FGM/C

Female genital mutilation/cutting is another deep-rooted harmful traditional practice that is commonplace in Ethiopia (CDC, 2012). According to UNICEF (2013), 23.8 million (74%) of women in Ethiopia have experienced FGM/C. The latest 2016 EDHS reports that over 65% of women aged 15–49 are circumcised, including 47% of girls aged 15–19 and 59% of young women aged 20–24. In the survey, women with daughters younger than 15 years, were also asked about the circumcision status of their girls; according to their reports, the prevalence of FGM/C among girls aged 0–14 is 16% (CSA and ICF, 2017). The Population Council and UNFPA (2010) found that 58% of females in their sample were circumcised, and 13% were unaware of whether they had undergone FGM/C or not. However, the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW Committee, 2010) stresses that, although the practice is clearly widespread, the exact number of reported cases may not be representative of the reality because entrenched social convention means people are often unable to speak up. Likewise, Young Lives research highlights that the sensitivities surrounding the practice of FGM/C mean the accuracy of quantitative data is questionable (Pankhurst, 2014).

As Figure 3 below shows, the latest EDHS found that the practice is more common in Somali, Afar and Harari regions, and less common in Tigray and Gambella; it is also more common in rural than in urban areas; and most prevalent among the ethnic groups of Somali and Afar, followed by Welaita and Hadiya (CSA and ICF, 2017).

Figure 3: Percentage of women aged 15–49 who underwent FGM/C by residence and region, EDHS 2016



(based on CSA and ICF, 2017)

Various forms of FGM/C are practised throughout the country, from removing the tip of the clitoris to total removal of the clitoris and labia as well as sewing together the two sides (CDC, 2012). Boyden et al. (2013) report on the regional variations in the different types of FGM/C. For instance, infibulation, the most severe form, is more commonly practised in eastern Ethiopia in Afar and Somali regions; it is very rare in most other regions. Meanwhile, excision and clitoridectomy are commonplace in Amhara. In addition, the age of female circumcision varies. In some regions, the practice occurs between the ages of six and nine. In other regions, it occurs between the ages of 15 and 17 (CDC, 2012). Boyden et al. (2013) report that, in the north, FGM/C generally tends to be performed soon after birth. In the south, the practice occurs just before marriage at around age 15.

There is some evidence to suggest that the practice is declining over time. Young Lives data (see Figure 4 below) demonstrates that although FGM/C prevalence is decreasing overall, there are regional differences, with the biggest change occurring in Gambella at 32% and the smallest in Tigray at 9% (Boyden et al., 2013).

Figure 4: Changes in FGM/C by region between 2000 and 2011



(Boyden et al., 2013)

Indeed, the CEDAW Committee (2011) has noted a decline in the practice, especially among young women in urban areas, but it remains concerned about continued high prevalence in rural and pastoralist areas, such as Afar and Somali regions. Meanwhile, Hussein et al. (2013) also found evidence of change over time, reporting that although FGM/C remains widespread among the Somali refugee community in eastern Ethiopia, there has been a shift from the most severe form of the practice, involving infibulation, to a milder form of clitoral cutting. Jones et al. (2016b) note that although the practice is widely recognised as illegal, the majority of

respondents in Oromia – both mothers and younger generations – recognised that it has continued in a hidden way.

In terms of religion, EDHS found that the proportion of circumcised women of reproductive age was highest among Muslim women and lowest among Orthodox women (CSA and ICF, 2017). Rahlenbeck et al. (2010) reported that although prevalence of FGM/C among Christian and Muslim women in their sample was fairly similar, at 88% and 89% respectively, opinions on the discontinuation of the practice varied between religious groups, with 56% of Muslim women in favour of discontinuation compared to 71% of Christian women. The study found that the higher women scored on empowerment indices, the more they favoured discontinuation of FGM/C.

Causes of FGM/C

The Population Council and UNFPA (2010) found that girls in Afar who had already undergone the practice were more likely to support it than the general population, with 81% of those who supported it citing tradition as the most important reason for its continuation. Essentially, this points towards the deeply entrenched nature of the practice and a profound internalisation of patriarchal values (Boyden, 2012; UNICEF Innocenti, 2010). Indeed, in a small scale study of secondary school girls in Hadiya zone, SNNPR, the main reasons reported for the practice were cultural considerations, such as the stigma of not being circumcised or showing respect to prevalent norms (Tamire and Molla, 2013). Another study in six regions revealed that communities continued the practice as they believed uncircumcised girls would become disobedient, uncontrollable, powerful, untamed and generally ill-mannered (Mariam et al., 2009). In the Population Council and UNFPA survey, over 80% of circumcised girls cited custom and tradition as the main reason for continuation of the practice (Population Council and UNFPA, 2010). In a study in Somali refugee camps, women were more likely than men to support continuation of the practice and were less likely to have positive views of anti-FGM/C messaging (Hussein et al., 2013). This internalisation of discriminatory values is also evident because it is often mothers who make the decision as to whether a girl should undergo FGM/C (Population Council and UNFPA, 2010; Shay et al., 2010).

Child marriage and FGM/C are interrelated: FGM/C is commonly perceived as a crucial precondition for marriage (Boyden et al., 2013). World Vision (2014) finds that FGM/C and child marriage share numerous root causes and social drivers, including gender inequality, discriminatory social norms, a patriarchal desire to control female sexuality, religious justifications and limited economic opportunities. Crawford et al. (2013) note that, where FGM/C is a traditional practice, child marriage is also likely to be the norm and girls are taken out of school before completing their education. However, this is not universally the case. The dynamic between the two practices means that when one is eliminated, another may be retained to take the other's place (World Vision, 2014).

As with child marriage practices, poverty and lack of access to education exacerbate the likelihood of a girl undergoing FGM/C. The 2011 EDHS reported that 65% of women aged 15–49 in the lowest wealth quintile were circumcised compared to 57% of those in the highest quintile (CSA and ICF, 2012); in the 2016 EDHS, women in the lowest wealth quintile were more likely to support the continuation of the practice than those in the highest (CSA and ICF, 2017). Similarly, UNICEF (2013) noted that, among women of reproductive age who knew of the practice, 48% in the poorest quintiles and 14% in the richest quintiles supported continuation of the practice. Fikrie (2010) demonstrates that support for FGM/C overall decreases with an increase in educational status. Indeed, among women aged 15–49, 73% of those with no education underwent some form of circumcision compared to 50% of those with secondary education (CSA and ICF, 2012); and one in four women with no education support continuation of the practice compared to just 1% of women with higher education (CSA and ICF, 2017). Likewise, UNICEF (2013) found that 41% of females with no education support continuation of the practice, whereas just 5% of females with higher education do so. Maternal education is particularly important: over half of mothers with no education and under 20% of mothers with higher education support continuation of FGM/C.

Consequences of FGM/C

The practice has a range of severe health consequences. Immediate consequences include bleeding, pain and even death, especially in unhygienic conditions. Longer-term consequences include menstrual and urinary retention, obstetric fistula (incontinence), pregnancy and birth complications, prenatal death and HIV and AIDS (28toomany, 2013). In Ethiopia, FGM/C is most often carried out by traditional practitioners, although a survey across Addis Ababa reported that 20% of cases under age 15 were performed by health workers; and in SNNPR and Harari this figure stood at 10%. This finding could represent a move towards the medicalisation of FGM/C in the country, especially in rural areas. While this, of course, reduces the negative consequences of FGM/C, particularly the immediate health impacts such as bleeding and infection, medicalisation is unable to prevent the long-term consequences. It may ultimately lead to a misconception that FGM/C is not harmful or discriminatory and take the discussion away from a human rights discourse (28toomany, 2013).

Government response

There has been a strong international and regional discourse surrounding FGM/C. For instance, in 2011, the African Union called for a UN Resolution to ban FGM/C at the 66th UN General Assembly (Pankhurst, 2014). This call has further prompted the Ethiopian government to accelerate action to eliminate the practice (Boyden, 2012). In particular, the Ministry of Women, Children and Youth Affairs (MoWCYA) has pursued a powerful campaign against FGM/C, which the CEDAW Committee (2010) has recognised as significant in uniting the government and NGOs. A strong focus has been placed on hotspot regions, most notably the agro-pastoral areas of eastern and southern Ethiopia (Boyden et al., 2013). In 2010, a National FGM Network was officially launched, with the Association for the Elimination of Harmful Traditional Practices taking the coordinating role (ibid.). As a result of these clear government efforts, Ethiopia became one of the 17 selected countries for a large scale UNFPA-run programme to eliminate FGM/C (CEDAW Committee, 2010). In 2013, the government launched the National Strategy and Action Plan on Harmful Traditional Practices against Women and Children in Ethiopia, and in the 2014 Girl Summit in London, it committed to end FGM/C in the country by 2025 – a commitment that was reiterated at the first National Girl Summit in Addis Ababa in 2015⁵.

The 2005 Criminal Code also deals with a range of harmful traditional practices, including FGM/C (Pankhurst, 2014). There are two provisions: one focuses on circumcision in general and the other more specifically on infibulation (MoWCYA, 2013). Circumcision is punishable with a penalty of three months or a fine of 500 Birr (US\$23), with the maximum penalty being three years. Meanwhile, infibulation carries a penalty of around three to five years. If the victim suffered severe health complications as a result of FGM/C, then the punishment could be between five and ten years (ibid.). The CEDAW Committee (2011) has praised government efforts to combat FGM/C and wider violence against women and girls through revising this criminal law, in particular its efforts to establish special investigation units and victim-friendly benches in the federal court system, as well as providing some legal aid to survivors of violence. However, the CEDAW Committee stresses that many criminal law provisions are not consistently enforced, given insufficient funding and a lack of coordination.

In addition, the government has attempted to combat FGM/C through the use of Health Extension Workers (HEWs). Part of the role of these actors is to advocate against FGM/C at the community and household levels and to support survivors (Boyden, 2012). The Population Council and UNFPA (2010) found that 15% of urban young people in Afar had found out about FGM/C through a health care provider, and 60% knew about it from the radio and 28% from the television. There have also been significant initiatives launched by religious groups and local NGOs, with the Evangelical Churches Fellowship of Ethiopia having agreed on a five-point declaration on 26 January 2010, condemning FGM/C as unbiblical and barbaric (Boyden et al., 2013). A number of woredas have established declarations that state a commitment to abandon FGM/C (CDC, 2012).

5 See UNICEF Ethiopia, <https://unicefethiopia.org/tag/girl-summit/>.

While acknowledging the prominent role of the Ethiopian government in efforts to transform harmful traditional practices in the country, donors and NGOs have also been collaborating in supporting the development of the necessary national policy framework. For instance, the Norwegian Agency for Development Cooperation (Norad) partnered with civil society organisations (CSOs) and collaborated with the MoWCYA who led the development of the National Strategy and Action Plan on Harmful Traditional Practices against Women and Children, which culminated to the inclusion of FGM/C prevention in the 2010–15 Growth and Transformation Plan. This is indicative of the government’s commitment and its fruitful collaboration with development actors to end the practice. While 10-15 years ago FGM/C was rarely discussed in policy circles, being a taboo issue, it is currently included in government policies and national development plans and the government has set ambitious targets to eliminate it. Moreover, the main national religious institutions in Ethiopia, such as the Ethiopian Orthodox Church, the Catholic Church, the protestant churches and the Ethiopian Muslim Development Agency, work with Norwegian Church Aid and NGOs to develop position papers based on religious texts, which show that the practice is not aligned with religious traditions, and to disseminate this message to communities. In addition, donors financially support surveys on the prevalence of the practice (Jones et al., 2015b).

3.4 Violence against girls

Our search generated 68 sources with information about various forms of violence against girls. Of these, 41 were grey literature and 27 academic literature.

Intimate partner violence

As in many parts of the world, intimate partner violence (IPV) is one of the most common forms of violence women and girls experience in Ethiopia (Tefera et al., 2013). In qualitative research with women in Tigray region, respondents explained that almost all violence experienced by women and girls occurred in the home; they were rarely physically attacked by strangers in the streets (Allen and Ni Raghallaigh, 2013). In Ethiopia, IPV is usually referred to as domestic violence, wife beating, wife battering or spousal abuse, and occurs in the contexts of marriage, cohabitation, pre-domestic relationships and dating (Guruge et al., 2012). The Population Council and UNFPA (2010) survey across seven regions in Ethiopia revealed that wives were much more likely than husbands to experience IPV, with the most common forms being slapping, pushing, insults and humiliation. In the latest EDHS, one in three ever-married girls aged 15–19 reported having experienced physical, sexual or emotional violence by their husband/partner (CSA and ICF, 2017).

The Ethiopian legal and policy environment for combating IPV is generally favourable (Tefera et al., 2013). Ethiopia ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1981 and has enshrined some of these provisions into its domestic law, including through adoption of the 2005 Criminal Code, which criminalises domestic violence under Article 564 (Africa for Women’s Rights, n.d.). The Ethiopia Women Lawyers Association, however, has been tirelessly advocating for the Criminal Code to include marital rape and economic and psychological violence (Kong and MCI, 2010). The government claims it is ‘considering’ amending the Criminal Code along these lines (OECD, 2014).

Despite the law, IPV remains a heavily underreported crime, as women and girls often experience fear or shame or are unaware of their rights (Tefera et al., 2013). In addition, there are few services to support survivors, such as helplines, shelters or drop-in centres (Kong and MCI, 2010). The government highlights that there is a dearth of comprehensive data available regarding IPV, because of underreporting and research into this topic in Ethiopia being at very early stages (CEDAW Committee, 2010).

The 2016 EDHS also included data on attitudes towards violence (CSA and ICF, 2017) which can be very useful as the level at which IPV is accepted in society can tell us a great deal about how common it is. Overall, 63% of women aged 15–49 agreed that wife beating was justified in at least one specific situation, including, for instance, burning the food or refusing to have sex. This percentage has decreased since the 2005 EDHS, when 81% of women agreed with some form of wife beating – implying a change of attitudes over time. In addition,

generally, the older the age group, the higher the proportion of women agreeing with wife beating. Thus 60% of adolescent girls aged 15–19 agreed that a husband was justified in beating his wife compared to 66.5% of women aged 40–44 (ibid.). Meanwhile, differences exist depending on marital status, with 67% of married women and girls agreeing with wife beating compared to 54% of never married women and girls. There are also differences in attitudes based on residence, with a higher proportion of women agreeing with wife beating in rural areas and in Oromia and Afar regions compared with urban areas and Addis Ababa (ibid.).

However, the Population Council and UNFPA (2010) survey found that, overall, 17% of urban female respondents aged 12–24 had experienced at least one form of IPV in comparison with 11% of rural respondents. Nonetheless, among the young women who had recently experienced IPV, 22% of rural women and 4% of urban women felt they deserved it – suggesting there is indeed a lower level of tolerance of IPV in urban areas, even if it is more commonplace.

Smaller scale studies confirm this widespread tolerance of IPV in Ethiopia. For instance, a study in western Ethiopia (Abeya et al., 2012) shows that traditional norms influence the acceptability of IPV, leading most women and girls to remain silent about the abuse that is occurring. A study in Gondar town, north-west Ethiopia, also found that IPV was generally socially accepted (Yigzaw et al., 2010). There is therefore a need to increase community mobilisation and interventions to transform discriminatory social norms. Ferde and Erulkar (2009) found that the most common sources of information on IPV were the media and teachers; in rural areas, HEWs and community meetings were particularly significant sources of information for young people.

Sexual violence against girls

Sexual violence is also rather common in Ethiopia. Using data from over 24,000 women aged 15–49 in 15 sites in 10 countries, the World Health Organization (WHO) reveals that 59% of female respondents in Ethiopia had experienced sexual violence by a male partner in the previous year – the highest rate in this multi-country study (García-Moreno et al., 2005). In the latest EDHS, 10% of married girls aged 15–19 reported having experienced sexual violence by their husband/partner (CSA and ICF, 2017). In their survey in seven regions, the Population Council and UNFPA (2010) found that 16% of rural girls and 12% of urban girls had experienced rape. Interestingly, 38% of urban survivors of sexual violence blamed themselves for the abuse, in contrast with 14% of rural survivors. The survey does not expand on the reasons for these differences between urban and rural girls, yet urban girls are still more likely to seek support after experiencing sexual violence in comparison with rural girls – 25% and 6% respectively. In addition, under 5% of women aged 15–49 reported sexual abuse by someone other than a partner, revealing that the majority of acts of sexual violence take place in the home and not in the public sphere (García-Moreno et al., 2005). It appears that, as with IPV, there is widespread acceptance of sexual violence (Allen and Ni Raghallaigh, 2013; Dibaba, 2007). In addition, Ethiopia's Labour Code does not criminalise sexual harassment (OECD, 2014), again sending a message that sexual violence can be tolerated.

Although no systematic data is available to monitor the extent of sexual harassment and violence in school, this is a key barrier to girls' education (MoE and UNICEF, 2012). Indeed, 40% of parents reported in a 2008 Save the Children Denmark study that concern about violence was a disincentive to send their adolescent daughters to school, while 35% of parents and 53% of teachers reported that most sexual harassment took place in school (cited in Tefera et al., 2013). There were some allegations that sexual violence was also used in the Ethiopia–Eritrea conflict in the 1990s – and similarly in 2007, with Human Rights Watch reporting the use of rape in the Ogaden region against women with connections to the Ogaden National Liberation Front (OECD, 2014).

A number of groups of women and girls in Ethiopia are especially vulnerable to sexual violence. Jones et al. (2014b) stress that girls who migrate to find employment as domestic workers using informal channels are particularly vulnerable to sexual violence at all stages of migration, as well as on arrival by their employers or their relatives. Likewise, in a study of out-of-school girls, Erulkar and Ferde (2009) found that nearly half were

domestic workers who reported social isolation and had a much higher likelihood of having experienced sexual violence than other groups of girls (at an odds ratio of 3.3). In addition, Misganaw and Worku (2013) demonstrated that street females in Bahir-Dar town, north-west Ethiopia, were far more likely to experience sexual violence than any other group of females. This suggests there is a need for interventions to focus on specific vulnerable groups, including domestic workers, out-of-school girls and street girls. Similarly, refugees from Somalia living in Halewen refugee camp experienced a heightened risk of sexual violence, while lack of programmes focusing on the development of protective social networks left most adolescent girls isolated and highly vulnerable (IRC, 2011).

Physical violence against girls

Apart from sexual violence, physical violence is also a form of intimate partner violence affecting adolescent girls; the latest EDHS noted that 27% of married girls aged 15–19 reported having experienced physical violence by their husband/partner (CSA and ICF, 2017). In addition, a bulk of the literature regarding physical violence against girls focuses on violence against children, including corporal punishment and school violence. The Constitution grounds the UN Convention on the Rights of the Child into domestic law, but the country is yet to ratify the two optional protocols (Save the Children Sweden, 2010). In addition, the Ministry of Education (MoE) provides a guideline on how to manage misbehaviour in schools, clearly prohibiting any form of violence (Asfaw and Hagos, 2008), while the Ministry's Gender Directorate prepared a Code of Conduct to address school-related gender-based violence. Nonetheless, corporal punishment is permitted in the home under Article 576 of the Criminal Code 2005, and Article 258 of the Revised Family Code (Global Initiative to End All Corporal Punishment of Children, 2016).

A survey with 485 young female respondents in Addis Ababa found that, on average, nine out of ten girls had been physically abused and seven out of ten had been psychologically abused. This physical and psychological violence is most often perpetrated against girls within their home at the hands of their mother. However, 70% of girls said the violence they experienced was entirely unjustifiable, suggesting the cycle of violence from mother to daughter may come to an end (ACPF and Save the Children Sweden, 2006). Research conducted across five regions revealed that, although the majority of adults saw physical harm as acceptable when punishing a child, children themselves saw violence as highly excessive, leading them to feel angry, scared, hateful, depressed, vengeful, confused and helpless (*ibid.*). In a Youth Lives study, school girls complained about the physical violence – beatings by male students – they suffered (Woldehanna et al., 2008).

Trafficking

Although the Ethiopian Constitution prohibits human trafficking and the Penal Code makes it illegal to traffic children under any circumstances (Coccaro, 2007), trafficking is a problem in Ethiopia. This has particularly been the case since 1989, but there have been few genuine efforts by government or NGOs to bring an end to the widespread practice (Beydoun, 2006).

Ethiopia is a source of forced labour and sex trafficking, with girls from rural areas being trafficked for domestic servitude and sex work within the country. The US State Department has noted that the Ethiopian capital has one of the largest numbers of sex work establishments in Africa, with girls as young as eight years old (US State Department, 2015). Temesgen (2014) explains that there is a wide range of root causes of sex work in Ethiopia, including lack of access to education and economic alternatives as well as patriarchal gender norms. Van Blerk (2008) demonstrates that sex work provides a risky transition to urban independence for rural girls who experience poverty, enabling them to financially support their families.

Cross-border trafficking for forced labour and sexual exploitation is also common. The demand for domestic workers, cheap labour and sex work acts as a pull factor for young girls being trafficked into neighbouring African countries and, more commonly, the Middle East (Endeshaw et al., n.d.). Illegal brokers often deliberately mislead young rural girls as well as their parents, carers and/or spouses about the nature of their new employment, while these girls often face extreme exploitation and violence on arrival in their new home.

Jones et al. (2014c) note that sex traffickers in Ethiopia are often above the law, evade prosecution and in some cases are alleged to make deals with local officials, making the line between voluntary migration for domestic work and trafficking extremely thin. Azage et al. (2014) highlight that, although the practice is clearly a problem in Ethiopia, there is very little research into sex trafficking awareness among young girls. In their study of 417 young girls in Bahir Dar town, north-west Ethiopia, they found that 60% had heard about sex trafficking, with the television (64%), friends (46%) and the radio (39%) most frequently mentioned as sources of information. However, this knowledge and awareness of sex trafficking alone is not enough to prevent girls and their families from making deals with brokers, thus programmes addressing poverty are required. Qualitative research by Jones et al. (2014c) demonstrates that girls are sometimes aware that domestic workers are likely to be exposed to sexual violence, yet they perceive the potential economic gains as outweighing the risk of violence and abuse.

3.5 Assessment of the evidence and key gaps

The evidence base on the bodily integrity of adolescent girls in Ethiopia is very strong and consists of a wide range of documents, including small scale studies, larger scale surveys, NGO documents and government reports. The bulk of the literature in all three sub-categories is made up of grey literature, but there is still a considerable number of academic documents. A significant amount of the literature focuses on child marriage, with particular reference to Amhara, and this literature appears to be the most in-depth, exploring prevalence, regional variation, causes, consequences and responses to the practice of child marriage in the country. Although our search also found many sources on FGM/C, there was proportionally less of this compared with that on child marriage and violence against girls. In particular, there was a limited amount of detail on the consequences of FGM/C. Finally, the majority of documents on violence against girls often fail to disaggregate by age and refer to violence against women more broadly.

4. Psychosocial wellbeing

Key points

- Mental illness affects between 12% and 25% of Ethiopian children and adolescents. Despite the extent of the problem, there were only two child psychiatrists in the country, based in the capital, in 2012
- School-based violence threatens adolescent mental health, while there is limited awareness and use of available counselling services in schools and traditional treatments are still widespread
- Domestic workers, girl migrants, orphans and early married and pregnant girls as well as survivors of sexual violence are more likely to experience mental health problems
- Adolescent girls have lower self-efficacy than boys in terms of feeling in charge of their life and destiny
- Having good-quality family and social relationships and feeling valued, respected and secure are the identified key drivers of adolescent girls' psychosocial wellbeing

4.1 Overview of the evidence

Our search generated 32 sources with information about the psychosocial wellbeing as well as the mental health problems that affect adolescent girls in Ethiopia. The majority – 23 sources – were papers published in academic journals. The remaining nine sources included reports by international agencies and NGOs as well as research papers by the Young Lives project, which looked at aspects of child and adolescent psychosocial wellbeing. A large number of the sources examined focused on the wellbeing of particular groups, including students, child labourers, female migrants, orphans, refugee youth, married girls, abused girls and sex workers. The evidence base consists of small scale qualitative studies that explore girls' perspectives along with surveys, with little reporting of girls' voices.

4.2 Mental health in Ethiopia

According to the Ethiopian Ministry of Health (MoH), mental illness is the leading non-communicable disorder in the country, responsible for a considerable proportion of the total disease burden, with schizophrenia and depression outranking HIV and AIDS. Official data in 2010 shows that 5% of the population suffered from depression and 3% attempted suicide, while child mental illnesses appear to affect between 12% and 25% of the relevant population (MoH, 2012a). Based on data, including the 2005 EDHS, another study estimated that the average prevalence of mental disorder was 18% for adults and 15% for children (Sathiyasusuman, 2011).

Despite the extent of the problem, mental health issues were largely overlooked (MoH, 2012a) and only a small proportion of the national health budget was allocated to mental health programmes (Sathiyasusuman, 2011). Apart from lack of services, those with mental health problems often faced stigma and discrimination, their illness was attributed to supernatural causes such as evil eye or spirit possession and their families sought help from traditional and religious healers (MoH, 2012a).

Since the 1980s, there have been growing efforts to provide essential services, while several initiatives have improved public awareness of the importance of mental health and the need to seek professional help. However, in 2012 there was only one psychiatric hospital (MoH, 2012a), and only two child psychiatrists, based in Addis Ababa. Overall, the rate of psychiatrists per population was 0.04% per 100,000 inhabitants (Negash et al., 2015). The Ministry clearly accepts that this data shows that the needs of the Ethiopian population cannot be met, while allocated sources are low, quality is inadequate and the focus is on medication and not on counselling and rehabilitation (MoH, 2012a).

In 2012, the MoH presented its first National Mental Health Strategy (2012–16), which aims to guide the development of accessible, affordable, quality and culturally acceptable mental health care for all citizens. The strategy includes the integration of mental health services into the primary health care system and to this end

the Ministry is collaborating with WHO, the British government and the EU to scale up and deliver such services effectively. It also includes the construction of a mental health hospital and the establishment of a National Institute of Mental Health to coordinate relevant activities across the country (MoH, 2012a).

The strategy expresses its explicit concern to assist children and adolescents who are identified as vulnerable groups at high risk of mental illness and in need of quality services, along with child-bearing women and survivors of violence and abuse. Attention is also paid to the provision of substance abuse prevention interventions to adolescents. The strategy also notes the need to promote adolescent counselling centres, invest in school counsellors and integrate mental health components into existing school-based health activities, adolescent health interventions and programmes run by youth organisations and churches (MoH, 2012a).

4.3 Vulnerable groups of children and youth

The existing literature investigates mental disorders among particular population groups, including child labourers, students, female migrants to the Middle East, youth living with HIV and AIDS, sex workers, young refugees and pregnant girls and women. Most often identified risk factors leading to anxiety and depression include poverty and exposure to violence (MoH, 2012a).

A research strand explores the mental health of **school children and adolescents**. The impact of violence on school children is a relatively common theme. A review of the evidence reports that corporal punishment and public humiliation lead to low self-esteem, shame, anxiety, fear and sadness and could also contribute to lack of interest, low school attendance and poor academic achievement; in some cases, girls are beaten by teachers when they ask permission to remain at home without revealing that they are menstruating. Apart from physical violence, sexual harassment and abuse, mostly affecting adolescent girls in and on their way to and from school, also have negative emotional and behavioural effects (Asfaw and Hagos, 2008).

Secondary school students can access guidance and counselling services to help them deal effectively with physical, emotional and academic difficulties. Yet a study in Harari and Oromia regions found that the school community had poor awareness of the counselling services, with only 51% of students and 34% of teachers knowing about them and only 20% of students using them. Although more female students were aware of their existence, male students used them significantly more than girls, who reported fear of asking help. The study notes that many counsellors in the surveyed schools were men and thus girls felt afraid talking to them in private about their problems (Alemu, 2013).

Moreover, awareness of mental health problems continues to be low and use of traditional explanations and treatments is still widespread. A 2013 study of 532 parents in Jimma city, Oromia, to assess their knowledge on adolescent mental illness found that the majority attributed child and adolescent mental health problems to supernatural forces: over 93% mentioned magic, 82% curses and 74% sin as the key causes of such problems. Accordingly, the vast majority of parents (93%) said that, if their children developed such problems, they would seek treatment from spiritual or religious healers, such as holy water, a Quranic-based treatment and praying (Abera et al., 2015).

Several International Labour Organization (ILO)-funded studies focus on the mental health of **child labourers**, including domestic workers and children working on the street. The majority find higher prevalence of mental and behavioural disorders among child labourers (Alem et al., 2006). A study of child labourers in Addis Ababa using the Diagnostic Interview for Children and Adolescents (DICA)⁶ reported prevalence of 20% for one or more disorders among child labourers and 12.5% among non-labourers (Fekadu et al., 2006, cited in Alem et al., 2006). However, another study using the Reported Questionnaire on Children (RQC) and DICA screened 2,000 child labourers aged between 8 and 15 years and 400 non-labourers in four major towns⁷ – half of child

⁶ DICA was developed to identify specific disorders (Alem et al., 2006).

⁷ Addis Ababa, Awassa, Bahirdar and Nazareth.

labourers were girls. Contrary to other studies, this study indicated that, according to RQC data, 8.5% of child labourers and 14% of non-labourers had mental/behavioural problems; the second-stage DICA showed a prevalence of 5% and 9% respectively (Alem et al., 2006). Child sex workers also report stigmatisation, low self-esteem and frustration (Save the Children Denmark, 2003).

Existing literature also reports that mental health problems are more common among **domestic workers**, the majority of whom are girls. These arise as a result of several factors, including employers' control as well as girls' limited freedom, hard working conditions and exposure to abuse (Alem et al., 2006). Two often-cited Population Council studies of adolescents in low-income urban settings, in 2004 and 2008, which also looked at domestic workers, found that they faced high levels of social exclusion and isolation (Erulkar and Ferede 2009; Erulkar and Mekbib, 2007). The 2004 study reported that these girls felt significantly less intelligent, more worthless and less optimistic about the future than girls in other jobs. They were also more afraid of being beaten or raped, and had significantly fewer friends to support them (Erulkar et al., 2006). However, using the Youth Self Report (YSR), a recent study of girls and boys aged 15–18 who had migrated to Addis Ababa, found that 72% of boys had at least one of four psychosocial problems (attention problem, social problem, anxiety problem or aggressive behaviour) compared to a third of girls (37%). In particular, 10% of girls had attention problems, 21.5% anxiety problems and nearly one in four (23%) exhibited aggressive behaviour, attributed to unstable employment, inadequate housing, lack of education and vulnerability to abuse (Jani et al., 2015).

Increasing attention is also paid to the psychosocial wellbeing of **adolescent girls who migrate or are trafficked to the Middle East** for domestic work. A growing number of studies show that the majority are forced to work long hours, face poor working conditions, have limited mobility opportunities and are at risk of abuse by their employer. As a result, migration often has a very heavy psychological toll on these girls and young women. Jones et al. (2014b) document the traumatic experiences of adolescent migrant girls as a result of the shock they go through because of their sudden exposure to different cultural and religious environments for which they are poorly prepared. In addition, systematic mistreatment and abuse often lead to serious mental health problems. Jones et al. (ibid.) note that psychological trauma seems to be more common among Christian girls working in predominantly Muslim countries, because of a combination of racism, patriarchy and religious intolerance.

Girls who are trafficked also suffer physical and sexual violence, verbal abuse, racism, isolation and poor working conditions. An International Organization for Migration (IOM) survey of Ethiopian girls and women who had migrated to four countries in the Middle East and North Africa (Lebanon, Egypt, Yemen and Saudi Arabia) for work found that 45% of respondents had been physically abused in the workplace (IOM, n.d.). Girls and young women sent back following detention and imprisonment in the destination country, often experience severe psychological trauma but cannot access appropriate services, as such support is rarely available. Indicative of the extent of the problem is that, according to a health practitioner working closely with IOM in Ethiopia, all of his patients had symptoms of stress and anxiety, 20% suffered from post-traumatic stress disorder and 90% from depression, 50% had suicidal tendencies and 10% had symptoms of psychosis (ibid.).

There are also a few studies with information on the psychosocial difficulties experienced by **orphans**. Based on data from the 2002 National Survey of Prevalence and Characteristics of Orphans in Ethiopia, Bhargava (2005) used the Minnesota Multiphasic Personality Inventory (MMPI) II to assess the psychosocial wellbeing of nearly 1,000 children aged over 10 years (52% of them girls) who had lost their mother as a result of AIDS and other causes. The analysis showed that, while all orphans more than doubled their participation in economic activities, AIDS orphans were less well fed and clothed in fostering households. Overall, girls scored significantly lower on MMPI items measuring emotional and social adjustment compared to boys; in particular, AIDS-orphaned girls scored significantly lower than boys. In addition, orphans often face stigma and discriminatory attitudes, and those in residential care may experience difficulties connecting with the larger

society and participating in meaningful ways, as community members believe that lack of parental guidance leads to criminal behaviour (Pryce et al., 2015).

A number of studies also focused on the mental health of **refugees**. A 2014 study of adult Somali refugees aged 18 years and above at Melkadida camp in south-east Ethiopia found that 38% of respondents met the criteria symptoms for depression. Being female was significantly associated with depression as women were twice as likely as men to have depressive symptoms (Feyera et al., 2015). Using a culturally adapted Achenbach YSR version and the Child Behaviour Checklist, a small scale study of Kunama⁸ adolescents aged 11–18 in a refugee camp in Ethiopia found that caregiver distress was significantly associated with adolescent mental health and levels of psychological distress (Betancourt et al., 2012). A study of Somali adolescent girls aged 10–16 displaced for around three years and living in Sheder and Aw Barre refugee camps in Ethiopia reported that they had low self-esteem and confidence, mixed knowledge about their rights and little decision-making power over what affected their lives. Yet two thirds of respondents felt optimistic about the future (Paik, 2014).

An assessment of the effects of the 2015 El Niño-driven drought in five regions that affected more than 2 million children, found that many children, both girls and boys, were separated from their caregivers and sent away to work or stay with relatives. Girls also faced increased risk of sexual violence and harmful traditional practices. Most adult respondents reported changes in child behaviour; girls struggled to cope with high stress levels resulting from their increased work responsibilities, and lack of food and loss of property led to increased child aggressiveness and screaming (BOCWA and BOLSA, 2016).

Girls and women of reproductive age are also considered to be at high risk of mental health problems, with more than one in ten **pregnant women** and one in twenty postnatal women in Ethiopia suffering from depression (MoH, 2012a). Using the Edinburgh Postnatal Depression Scale, a study of 627 pregnant women aged 15–49 in rural south-west Ethiopia found that one in five reported depression symptoms. Those who experienced household food insecurity, IPV and limited social support were more likely to report depressive symptoms. The study also notes that there are high levels of unintended pregnancies and low partner support during pregnancy in the country (Dibaba et al., 2013).

Although it is a widespread practice, there is little information on the mental health effects of **child marriage**. Using data from a 2007 survey of nearly 2,700 girls aged 10–17 in Amhara region, Gage (2013a) identifies an association between child marriage, suicidal ideation and suicide attempt. Prevalence of suicidal ideation was 11% and that of suicide attempts 2%. Indeed, those girls who had ever been married, promised in marriage or received marriage requests were significantly more likely to have had suicidal thoughts in the previous three months. For instance, those girls with marriage requests were twice as likely to have attempted suicide as those with no requests. High community involvement in stopping child marriage appeared to be a protective factor.

Sexual violence results in similar effects. A study of sexual coercion among girls and young women aged 10–24 years in Nekemte town in south-west Ethiopia, found that most girls who experienced sexual coercion, such as attempted rape, suffered from self-blame. A considerable proportion also suffered from suicidal ideation, suicide attempt (one in five girls) and social problems, such as poor achievement and interruption of schooling (Garoma et al., 2008). Another small scale survey of female faculty and staff aged 18 and over (75% were between 18 and 30 years) in nine colleges in Awassa, SNNPR, found that 87% had experienced workplace abuse or sexual harassment. As a result, 9% had moderate or moderately severe depression, with an eight-fold increased risk of depression among those who reported having experienced both workplace abuse and sexual harassment (Marsh et al., 2009). A study of 318 girls who had experienced rape, were involved in sex work or married early found that the first two groups had more psychosocial problems than those who married early. Rape survivors had high guilt levels and sex workers the lowest self-worth, whereas married girls had the lowest scores on self-blame, guilt or negative self-worth linked to the fact that child marriage is often not

8 The Kunama are an ethnic group of agro-pastoralists who live in the Eritrea–Ethiopia border region. As a result of the conflict, the Kunama moved into refugee camps in Ethiopia (Betancourt et al., 2012).

recognised as an abuse by parents, the community or even the girls themselves. However, these girls had the highest scores on personal vulnerability (Wondie et al., 2011).

Although evidence on pastoralist girls is rare, an assessment of rural youth livelihoods, including pastoralist areas in Oromia and Somali regions, interviewed **young pastoralist women**. Faced with limited opportunities and early forced marriage, these women reported that they had no hopes or dreams and that they felt like ‘black holes’, isolated and invisible in their communities (EDC, 2012).

4.4 Adolescent wellbeing

The literature points out that there are very few studies on subjective wellbeing in Ethiopia, which nonetheless provide important insights into local perspectives (Camfield and Tafere, 2009). Ethiopia was one of the countries of the Wellbeing in Developing Countries research project. Interviews in two urban and four rural sites revealed that the three key priorities in Ethiopia were health, peace of mind and economic independence in order to provide for family needs. Behaving well and enjoying good family and community relationships also appeared to be important. Although there were differences between poor and non-poor, poor people also reported high life satisfaction, and no significant gender differentials emerged (Copestake and Camfield, 2009).

Drawing on Young Lives data, a number of studies explore adolescent perceptions of wellbeing and ill-being and what is necessary to achieve the former. These studies confirm the central importance for adolescent wellbeing of having good-quality family and social relationships, and of feeling valued, respected and secure. One of these studies looks at adolescent girls and boys aged 11–13 and identifies the importance of access to education, good behaviour and relationships with parents as well as having a good appearance in terms of wearing nice clothes and being clean. Both girls and boys agreed that having the necessary material resources to satisfy basic needs such as food and clothes, enjoying good family relationships characterised by affection and care, and getting advice and moral guidance are three key wellbeing dimensions. The study also used the ‘ladder of life’⁹ as a measure of life satisfaction and reported that children who thought their household was average or wealthier than others scored higher than those who saw their household as poor. Rural children scored higher than urban children in moving up in the ladder in the future using education and hard work. Mean scores indicated that almost all children believed their lives would improve in the future (Camfield and Tafere, 2009; 2011).

Based on Young Lives data from between 2002 and 2009, Dercon and Singh (2013) identify a gender gap across a number of indicators, including four psychosocial competencies (agency/self-efficacy, trust, pride/self-esteem and inclusion). Ethiopian girls have lower self-efficacy than boys in terms of feeling in charge of their life and destiny. At the age of 15, girls also have significantly lower trust than boys in members of their immediate community – a finding possibly reflecting personal, parental and community values and fears as girls are closer to marriageable age.

Another study on adolescent girls’ perceptions of what is a happy and good life also reveals the importance of enjoying good family relationships and of feeling loved, along with access to education and good health. Interestingly, good hygiene appears fourth, food fifth and having good clothes ninth. On the other hand, the largest causes of stress are early marriage, death in the family, sickness, drought and abduction; menstruation appears in the ninth place (Fehr, 2010). A study of adolescents and youth aged 15–30 in four regions – half of them female – found that good academic performance was associated with greater enthusiasm, optimism for the future and determination to achieve one’s career goals (Getahun, 2010).

4.5 Assessment of the evidence and key gaps

There is increasing evidence of the mental health issues affecting Ethiopian children and youth, with particular attention paid to contributory factors and access to appropriate services. On the other hand, there is a rather

9 The ‘ladder of life’ is an adaptation of Cantril’s self-anchoring ladder, or Cantril’s ladder of life scale, where the top of the imagining ladder represents the best possible life for the respondent and the bottom the worst (Camfield and Tafere, 2011).

limited literature on adolescent wellbeing and what makes Ethiopian girls and boys satisfied with their lives and optimistic about the future. There is also very little evidence on marginalised groups, such as pastoralist girls or married girls, who face greater constraints and isolation.

The few studies that include adolescents' own perspectives identify the significant role of having good family relationships and feeling loved and respected. More research is necessary to analyse in greater detail and depth contributory factors and differentials by location, age and socioeconomic or marital status as well as to highlight the coping strategies of different groups of adolescent girls and identify ways to strengthen their resilience.

5. Education and learning

Key points

- Over the past 20 years, Ethiopia has made remarkable progress in expanding the public education system equitably and reducing the gender gap in education. Yet progress has focused mainly on primary education, and quality and learning outcomes are poor
- Female primary school net enrolment increased from 20% to 84% between 1996 and 2012. In 2014, the overall enrolment rate for girls aged 7–18 years was 66% compared to 64% for boys, with fewer girls over-age for grade in school than boys
- However, girls have higher dropout and repetition rates and their secondary school enrolment and attendance as well as higher education participation rates are still low. Girls' secondary school net enrolment was 41% compared to 56% of boys in 2013/14, and they accounted for only 38% of those who sat the Grade 10 secondary school leaving examination in 2010/11. Their participation in higher undergraduate education was 30% in 2012/13
- Children from poorer backgrounds and those from rural areas have the lowest learning achievements. Rural boys consistently outperform girls in primary school and also achieve higher grades in national examinations at secondary school
- A wide range of economic, sociocultural and institutional factors contribute to girls' educational disadvantage, with poor girls being 12 percentage points less likely to aspire completing education and going to university than boys
- Parental pressure to contribute to household chores or earn an income affects girls' school attendance and study time. Nearly half of young adolescent girls have to spend a minimum of 28 hours weekly on housework compared to 35% of boys
- Although the number of out-of-school children has declined significantly, girls with disabilities, domestic workers and girls in pastoralist areas are more likely to be deprived of education than boys

5.1 Overview of the evidence

Our search generated 170 sources with information about adolescent girls' education and learning. The majority of these sources (121 documents) were grey literature. They include research papers prepared by the Young Lives project with a particular focus on schooling and child labour, as well as ODI papers based on its qualitative research on adolescent girls, social norms and education. Also included are various thematic reports and programme analyses undertaken by international agencies, development organisations, NGOs and donors, and several government policy documents. The remaining 49 sources are academic journal papers exploring specific factors affecting school attendance and performance, such as social norms, child labour, menstruation and sexual violence in educational institutions. Statistical data presented in this section is derived mostly from the latest reports published by the MoE (EMIS, 2014), from the Ethiopia Mini Demographic and Health Survey (EMDHS) (CSA, 2014a) and from the 2016 EDHS (CSA and ICF, 2017).

5.2 The Ethiopian education sector: progress and challenges

Since the 1990s, Ethiopia has embarked on a 20-year reform programme to expand the public education system equitably across the country, guided by the 1994 Education and Training Policy and the four comprehensive Education Sector Development Programmes (ESDPs) (Bastian et al., 2013). Building on economic growth and with support from its development partners, the government has invested heavily in improving education in order to reduce poverty, improve skills development and transform Ethiopia into a middle-income country by 2025. In particular, the government has invested in building school infrastructure, hiring and training teachers and administrators, abolishing school fees, providing alternative basic education

for out-of-school children, implementing school-feeding programmes and raising awareness about the importance of education through community programmes (Bastian et al., 2013; Engel and Rose, 2010). The decentralised governance system and increased local autonomy and community participation have also played a key role in expanding and improving service delivery. Moreover, poverty reduction strategies and large scale social protection programmes that have helped tackle food insecurity and child under-nutrition have also contributed to the observed progress (Engel and Rose, 2010).

Therefore, between 2000 and 2011, the percentage of out-of-school children declined from 67% to 28% and primary school attainment increased by over 20 percentage points (UNESCO, 2015). The vast majority of students attend government schools, while about one quarter go to non-government/private schools, which tend to be located in Addis Ababa (CSA and World Bank, 2015).

The literature examined agrees that the major factor for the remarkable progress achieved in education was government's sustained effort (Engel and Rose, 2010). It is indicative that government spending on the sector increased from 11% in 1999/2000 to 25% in 2010/11. Accordingly, the number of primary schools increased from 11,000 to over 31,000; the number of classrooms from 72,000 to almost 300,000; and the number of teachers from 105,000 in 1996/97 to 321,000 in 2011/12 (Bastian et al., 2013).

The government has also explicitly committed to promote gender equality in the education sector and has incorporated gender as a priority issue in main policies and strategies (Karippai and Kassa, 2010). For instance, the 1994 Education and Training Policy recognised the need to pay particular attention to women, and all ESDPs aimed at increasing female participation in all education and training schemes (CEDAW Committee, 2010). A National Girls' Education Strategy was adopted in 2005 (MoE, 2010). Therefore, the country has made remarkable progress in reducing the gender gap in education: between 1996 and 2012, female primary school net enrolment increased from 20% to 84% and the Gender Parity Index (GPI) from 0.67 to 0.95 (Bastian et al., 2013); the overall enrolment rate for girls aged 7–18 years in 2014 was 66% compared to 64% for boys (CSA and World Bank, 2015).

However, this progress focuses mainly on primary education, and significant challenges remain. The largest share of education spending goes to primary education, and, compared to other countries with similar income levels, Ethiopia spends considerably more per student in primary school but significantly less per student at secondary level (GHE, 2015). Data from the 2010 Education Public Expenditure Review also shows that primary education is the highest priority for regional governments (MoE and UNICEF, 2012). It is thus not a coincidence that secondary school enrolment rates continue to be very low (CSA and World Bank, 2015).

While spending on primary education appears to be pro-poor, with poor households receiving a larger share of it, this is not the case at all other education levels. In its 2015 country poverty assessment report, the World Bank noted that better-off households received the larger share of secondary education spending, with the poorest decile receiving only 5% of the benefits and the richest decile a quarter of total secondary education spending. Likewise, students from the richest decile received 40% of spending on tertiary education while the poorest received just 2.5% of this spending (ibid.). Given regional differentials in educational needs as well as resource and financial constraints, significant disparities are observed not only between urban and rural areas but also between regions with better-resourced schools located in urban areas and the non-emerging regions¹⁰, and many children still out of school in Afar and Somali regions (Bastian et al., 2013; MoE and UNICEF, 2012). Thus the examined literature remarks that thousands of Ethiopian children continue to be out of school as a result of multiple and reinforcing disadvantages – namely those related to household socioeconomic status, location and gender.

Moreover, the dramatic expansion of the education system and the increase in enrolment rates have overwhelmed the ability of the system to deliver quality education, resulting in poor learning outcomes, high dropout and repetition rates and low completion rates. For instance, the composite score for learning

10 The emerging regions are Afar, Somali, Benishangul Gumuz and Gambella.

achievement in Grade 4 fell from 48% to 41% between 2000 and 2007 and reached 40% in 2012. Likewise, the score for Grade 8 declined from 43% to 40% during the same period and reached 35% in 2012 (Bastian et al., 2013).

The federal government has implemented a progressive language policy, with regions choosing to use their mother tongue as language of instruction and for curriculum content (Engel and Rose, 2010). The Ministry of Education reports the use of 23 languages (MoE, 2015), while English is also taught as a subject at primary school (SDD, 2010). An assessment of the shift to the mother tongue concluded that it had had positive outcomes (Engel and Rose, 2010). However, the 2010 Early Grade Reading Assessment found that 80% of students were unable to read at the expected oral fluency rate in their mother tongue, with rural girls performing even worse than boys (Bastian et al., 2013). Rural students apparently face greater difficulty in using the English language (Karippai and Kassa, 2010).

The government is well aware of the quality problem, and in 2008 launched the General Education Quality Improvement Project to improve the quality of education in Grades 1–12. To this end, National Learning Assessments (NLAs) are carried out every four years at Grades 4, 8, 10 and 12, and the country plans to join regional and international assessment organisations (Bastian et al., 2013). Overall, the key challenges identified include addressing regional disparities and low enrolment rates in education in rural and pastoralist areas, increasing post-primary school enrolment and attendance, and improving the quality of education (CEDAW Committee, 2011; World Bank, 2015).

5.3 Primary education

Primary education consists of two cycles: the first includes Grades 1–4 and the second Grades 5–8. The official age to start primary school is 7 years and the age of finishing is 14 years – yet only 38% of children aged seven were in school in 2014 (CSA, 2014a). The 2013 Young Lives survey reported that nearly 13% of girls were overage for grade in school, a much lower proportion compared to 52% of boys (Woldehanna and Pankhurst, 2014a).

Data from the MoE shows that the net enrolment ratio (NER) was 84% for girls and 68% for boys in 2013/14, whereas the gross enrolment ratio (GER)¹¹ in primary education was 99% for girls and 108% for boys (EMIS, 2014) (see Table 3). However, significant regional variation exists in enrolment ratios. Regarding attendance, primary school attendance ratios for girls increased from 28% in 2000 to 62% in 2011 (World Bank, 2015), and remained stable between 2011 and 2014 (CSA, 2014a). In 2016, net attendance ratio (NAR) at primary school was 72% for girls and 71% for boys. While overall attendance ratios are higher in urban areas, girls have higher NARs than boys in rural areas, in Amhara, Gambella and Tigray region, and in almost all wealth quintiles with the exception of the lowest; the lowest NARs for girls were recorded in Somali and Afar regions, where the majority of pastoralist groups live. In terms of gross attendance ratio (GAR), girls were at 91.1% and boys 91.5%, with the highest GARs for girls exceeding 100% and thus indicating considerable levels of overage or underage participation, reported in urban areas, in Addis Ababa, Gambella and Tigray regions, and in the fourth and highest wealth quintile. Lowest ratios were recorded in Somali and Oromia regions, and in the lowest wealth quintile, indicating the close relationship between household wealth and schooling (CSA and ICF, 2017).

11 UNESCO defines GER as the total enrolment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school year. On the other hand, NER is the enrolment of the official age group for a given level of education expressed as a percentage of the corresponding population. Likewise, GAR and NAR refer to attendance ratios.

Table 3: Key primary school indicators, 2012/13 and 2013/14 (%) (EMIS, 2014)

Indicators	Girls	Boys	National
NER Grades 1–4 (2013/14) (including ABE*)	81	100	90
GER Grades 1–4 (2013/14) (including ABE*)	104	118	112
NER Grades 5–8 (2013/14)	57	70	63
GER Grades 5–8 (2013/14)	93	99	96
NER Grades 1–8 (2013/14)	84	68	75
GER Grades 1–8 (2013/14)	99	108	103
GPI Grades 1–4 (2013/14)			1.13
GPI Grades 5–8 (2013/14)			1.07
GPI Grades 1–8 (2013/14)			0.92
Dropout rates Grades 1–4 (2012/13)	2.5	1.3	1.9
Dropout rates Grades 5–8 (2012/13)	1.2	1.6	1.4
Repetition rates Grades 1–8 (2012/13)	2.8	1.2	2
Promotion rates Grades 1–4 (2013/14)	94	95	94.5
Promotion rates Grades 5–8 (2013/14)	97	95	96

*ABE = Alternative Basic Education

Between 2000 and 2011, the proportion of households with a child aged between 7 and 15 and out of school fell from 83% in rural areas and 26% in urban areas to 58% and 16% respectively. While more than three-quarters of rural households with school-age girls had at least one girl out of school in 2000, this fell to less than half of all rural households by 2011; it also fell from 22% to 14% for urban households during this period (World Bank, 2015). The 2013 Young Lives survey also found that 96% of girls aged 12 years were enrolled in school but the highest grade completed was either Grade 3 or 4 (they should all have completed Grade 4 or 5), with highest grade completion reported in Addis Ababa and Tigray, in urban areas and among children in better-off households. The latest EDHS data shows that 15% of girls between 10 and 14 did not have any education and only 0.3% had completed primary with similar percentages reported for their male counterparts (CSA and ICF, 2017).

To address the high numbers of out-of-school children, the government promoted the Alternative Basic Education (ABE) programme and infrastructure investment so each kebele (the smallest administrative unit) has at least one school, along with mobile schools and low-cost boarding facilities and hostels with priority given to female students (Bastian et al., 2013; MoE, 2015). The ABE programme targets out-of-school girls and boys aged seven to fourteen, including children with disabilities who cannot access formal schools, child labourers and members of pastoralist or semi-pastoralist communities. Using a flexible curriculum and female facilitators living in the community, it provides classes at times set by the community so children can combine school with work. In addition, mobile schools with tents and simple teaching structures target children in areas where communities are mobile for more than four months annually (MoE, 2015). The programme has contributed to the increase in primary school enrolment. The government reports that girls' enrolment in ABE has been growing, with an average annual growth rate of nearly 12% compared to 10.5% for boys (CEDAW Committee, 2010). However, ABE classes face issues of low quality and transition into the formal system (MoE, 2015).

Although enrolment and attendance rates have increased, dropout rates are still high. One in four children who entered Grade 1 left school before the end of their first year of schooling in 2014. Dropout rates are also high at Grades 5 and 8, with 19% of students dropping out at Grade 5 and 32% at Grade 8 (EMIS, 2014). In general, dropout rates are higher in rural areas and in some regions, such as Afar. Data shows that girls have

higher dropout rates than boys at the first cycle (see Table 3). Meanwhile, although more girls than boys drop out at lower ages and grades, almost parity is observed after age 13 (MoE and UNICEF, 2012). Failure to complete primary school is often the combined result of delayed enrolment and slow grade progression (Camfield and Tafere, 2011). High dropout and repetition rates also incur significant financial costs; it has been calculated that in 2007/08 over half of resources were allocated to students who would drop out before completing eight years of primary school (Bastian et al., 2013).

Despite the remarkable progress in primary school rates, quality of education is low. The country conducted three National Learning Assessments (NLAs) at Grade 4 and 8 in 2000, 2004 and 2007, which measured students' mean scores in mathematics, English and environmental science for grade 4, and in biology, chemistry and physics for Grade 8. The scores show that student performance declined from 42.6 to 39.8 in Grade 4 and from 41.1 to 35.6 in Grade 8. Regional disparities also emerged: Amhara had the highest score and Somali the lowest at both grades (MoFED and UN Ethiopia, 2012). The 2007 literacy results found that boys outperformed girls in rural areas, although there were no differences in urban areas (Piper, 2010). An Early Grade Reading Assessment (EGRA) was also conducted in 2010. This showed that a significant number of children were illiterate after two or three years of school, especially in rural areas. In many regions, more than one in five children of Grade 3 were unable to read a simple passage (MoFED and UN Ethiopia, 2012). In line with the 2007 NLA findings, EGRA also found a statistically significant difference between rural girls' and boys' achievement in all reading tasks that favoured boys; yet in urban areas girls outperformed boys (Piper, 2010). Similar findings indicating poor quality are reported in the Young Lives survey. Between 2006 and 2013, scores fell in language and maths tests assessing learning outcomes for children aged 12. Fewer children were able to give correct answers, with only 37% of girls attaining an average score in maths test compared to 55% in 2006, and 37% and 58% of boys respectively. Children from poorer backgrounds and children from rural areas had the worst scores. Researchers acknowledge the need to analyse the problem, yet they indicate that a possible explanation could be the increased enrolment without associated expansion of qualified teachers and resources (Woldehanna and Pankhurst, 2014a). Preliminary findings from the 2016 Young Lives survey also show that students from better-off households, with caregivers who have completed primary school and those living in urban areas, perform better in maths and language tests (Woldehanna et al., 2017).

5.4 Secondary education

Access to secondary education is based on a national examination at the end of Grade 8, which determines whether primary school students can continue to high school. Secondary education is divided into two cycles: the first includes Grades 9 and 10, which provide general education and coincide with the end of compulsory education, and the second, known as the preparatory level, includes Grades 11 and 12, which prepare students for tertiary education in university. On completion of Grade 10, students take the national Ethiopian Secondary Education Certificate Examination, which certifies completion of general secondary education and selects those who qualify for higher-level education. Eighty percent of students continue into technical and vocational training and education (TVET) and colleges where teacher training is provided; only 20% continue to preparatory classes (MoE, 2015). In 2010/11, fewer girls than boys took the Grade 10 leaving examination – only 38% of those who sat were girls – and only 58% of them passed compared to 74% of boys (DFID, 2012). An analysis of Grade 10 national examination trends also shows gender gaps in academic performance, with considerably more boys achieving higher grades than girls (Karippai and Kassa, 2010). However, the proportion of girls achieving high grade points has increased consistently over the past five years compared to that of male students, although more boys than girls continued to achieve high grades (ibid.). Despite this, fewer than 22,000 boys and 29,000 girls were admitted to the preparatory cycle in 2013/14 (EMIS, 2014).

In its 2015 report to UNESCO, the MoE reports that the NER was 21% for girls and 20% for boys in the first cycle, while the GER was 38% for girls and 40% for boys in the first cycle and 9% for girls and 11% for boys in the second cycle in 2013/14 (MoE, 2015). In its 2013/14 statistical update, the Ministry provides different data: a NER of 41% for girls and 56% for boys (EMIS, 2014). As in primary education, there is a considerable variation

in enrolment rates, especially in the second cycle, with the majority of enrolments taking place in urban areas. This is linked to the fact that there are still very few schools offering Grades 11 and 12 in rural areas. Rural students have to move to urban areas to complete their schooling (Karippai and Kassa, 2010).

Regarding attendance ratios, the latest EDHS reported that the NAR at secondary school was 18% for girls in 2016 (CSA and ICF, 2017). Girls had higher NARs than boys in Amhara, Gambella, Oromia and Tigray, and in the fourth wealth quintile – although no explanation is provided. The highest NARs for girls were reported in urban areas, in Addis Ababa, Harari and Dire Dawa regions and in the fourth and highest wealth quintile. The lowest NARs for girls were recorded in Afar and Somali regions. On the other hand, the GAR for girls was 27% (see Table 4), with the highest GARs recorded in urban areas, in Gambella, Addis Ababa and Harari regions and in the two highest wealth quintiles. The lowest were recorded in Somali and Afar regions and in the lowest wealth quintile (ibid.).

Table 4: Key secondary school indicators, EDHS 2016 (%) (CSA and ICF, 2017)

Indicators	Girls	Boys	National
NAR secondary school	18.4	17.6	18.1
GAR secondary school	27.4	32.3	29.7
GPI secondary school (NAR) ¹²			1.05
GPI secondary school (GAR)			0.85

Young Lives data shows that in 2013 the majority (60%) of those in their survey aged 19 were still in school. In particular, 21% were in general secondary education, 10% in preparatory school and 9% in vocational training. More girls than boys were still studying and on average had completed higher levels of schooling than their male counterparts: 39% of girls were studying and 23% combined study with work, with the majority working in agriculture; only 0.7% were married and studying (Woldehanna and Pankhurst, 2014b). Data from the latest EDHS shows that in 2016, 14% of girls aged 15–19 had no education, 58% had some primary, 6% had completed primary, 20% had some secondary, 0.7% had completed secondary and only 2% had more than secondary (CSA and ICF, 2017).

5.5 Technical and vocational education and training (TVET)

The government is paying particular attention to TVET as a key instrument to develop skills appropriate for economic growth and contribute to national plans of transitioning to a knowledge-based economy and achieving middle-income status (Admassie et al., 2015; MoE, 2015). In 2008, the MoE launched the National TVET Strategy for a comprehensive and integrated TVET system, including improving the training of technical teachers and institutional capacities by 2017 (CEDAW Committee, 2010; MoE, 2015).

The number of government and non-government TVET institutions has rapidly increased, and the MoE estimates that 30% of all TVET is provided by private institutions. The former are free of charge but the latter charge a fee. In addition, most private TVET institutions are of poor quality and attract students with lower educational outcomes. There are also NGO-run TVET institutions with a good reputation (Krishnan and Shaorshadze, 2013). Depending on the score received in the national examination after completing Grade 10, students can attend one-, two- or three-year training and obtain a certificate, diploma or advanced diploma (Biazen and Abegaz, 2009; Krishnan and Shaorshadze, 2013). However, the number of students finally enrolling in formal or informal TVET courses is only a fraction of those who are eligible (MoE, 2015).

To increase female training rates, the government provides lower entry requirements for girls. Thus in some TVET colleges, the minimum grade point requirement is lowered after considering the grades girls achieve, and

¹² The GPI is the ratio of the secondary school NAR (GAR) for females to the NAR (GAR) for males.

a 20% quota is in place; in the remaining 80% of places girls can compete with boys for entrance (SDD, 2010). Female participation in TVET is thus increasing: girls accounted for 51% of all enrolled students in 2012/13 (GHE, 2015). However, girls mostly attend courses on textiles and hospitality and are underrepresented in traditional technical occupations, which are perceived to be male (Biazen and Abegaz, 2009), an issue the government recognises (CEDAW Committee, 2010, 2011; MoE, 2015).

5.6 Higher education

There were nearly 627,450 undergraduate and postgraduate students in 2013/14 (MoE, 2015). Although these numbers show progress, there are still low compared with those in other African countries. Moreover, the share of female students is the lowest of all education levels (*ibid.*). As girls' participation in higher education is closely linked to their participation and performance in secondary education, the government introduced a lower passing mark for girls in the national examinations in Grades 10 and 12 (Jones et al., 2014a). Additional measures include a quota of at least 30% of students in tertiary education being female, according to the Affirmative Action Policy; provision of scholarships and tutorial classes for female students; and the hiring of female staff (CEDAW Committee, 2010; Karippai and Kassa, 2010). Indeed, the number of girls in higher undergraduate education is increasing and reached 30% in 2012/13, but it still remains low compared with male participation (CEDAW Committee, 2010; GHE, 2015). Female participation at postgraduate level is also very low, at about 10% (CEDAW Committee, 2010). Low female self-confidence, inadequate tutorial sessions, sexual harassment, inadequate financial support and counselling, low capacity and failure to mainstream gender, low accountability and low female management participation are all factors responsible for the situation (MoE, 2015).

5.7 Literacy

The government provides non-formal and adult education in community centres for youth and adults whose age exceeds primary age (7–14) (CEDAW Committee, 2010). The Integrated Functional Adult Literacy programme has also aimed to improve productivity and enable civic participation (MoE, 2015), but it is unclear whether adolescents attend it. The 2016 EDHS measured the literacy of girls aged 15–19 who had never been to school and those with primary or secondary education, and found that 23% could read only part of a sentence and 28% could not read at all; 70% were considered literate – the highest percentage of all female groups (CSA and ICF, 2017), revealing the progress in education enrolment and learning outcomes over the past two decades. Likewise, data from the 2013/14 Ethiopia Socioeconomic Survey (ESS) shows that 72% of girls aged 10–14 and 81% of those aged 15–19 are literate compared to 73% and 83% of their male counterparts. The highest rates were recorded in Addis Ababa and the lowest in the emerging regions, where there are also considerable gender education differentials at the expense of girls (CSA and World Bank, 2015).

5.8 Access to information and technology

The latest EDHS reports that 29% of girls aged 15–19 and 42% of their male counterparts own a mobile phone. In addition, only 7% of girls aged 15–19 have ever used the Internet compared to 14.5% of boys, with 23% of these girls using the Internet every day; however, there are significant variations with those in rural areas using far less the Internet than their urban peers. The survey also provides information about older adolescents' exposure to mass media with boys having more such exposure than girls, although the majority do not access any major media (see Table 5). Lower rates are found in rural areas and among those in the lowest wealth quintile (CSA and ICF, 2017).

Table 5: Exposure to mass media, EDHS 2016 (%) (CSA and ICF, 2017)

Indicators	Girls aged 15–19	Boys aged 15–19
Reads a newspaper at least once a week	7	9
Watches television at least once a week	18	22
Listens to the radio at least once a week	17	26
Accesses none of the three media at least once a week	69	62

A Population Council and UNFPA survey of nearly 10,000 youth aged 12–24 years in urban and rural areas of seven regions also found that boys were more likely than girls to own radios or mobile phones (Population Council and UNFPA, 2010). A total of 21% of urban boys and 12% of rural boys owned their own radio, compared to 14% of urban girls and 6% of rural girls. Ownership of mobile phones was greater in urban areas (24% of boys and 18% of girls). Few rural youth owned mobile phones (2% of boys and less than 1% of girls), perhaps related to limited coverage of services in rural areas.

Research undertaken by ODI among adolescents aged 12–17 years found that most did not own a mobile phone and used a parent’s or sibling’s mobile. Mobile phones were considered expensive, equivalent to buying food to feed a family of five for more than a month. Apart from financial considerations, gender and age issues were also involved: parents who could afford to buy a mobile usually gave it to their son, and older siblings were also more likely to have their own phone. Yet adolescents reported that mobile phones enabled them to widen their horizons, break their isolation, build networks and maintain relationships with friends and relatives. In addition, they reported that small catering places offered satellite television, where mostly boys went to watch football and films, as girls were restricted from going there (Tefera et al., 2013).

Another study (Crawford et al., 2013) confirms that, while youth listen to the radio at home, they tend to watch television at home, at a friend’s house or in public places such as cafeterias and bars. No gender-disaggregated data is provided, yet the study mentions a DFID survey that found that most people listened to the radio or watched television collectively, especially in the evening. Women have less freedom to decide what they watch or listen to, but tend to prefer news, music and drama shows. Young people aged 15–24 also prefer entertainment (ibid.). Radio use in rural areas is widespread, although some evidence indicates that girls do not have time to listen to radio programmes as they have heavy household workloads (Geldof, 2008).

A nationwide study of nearly 11,200 girls (Karippai and Kassa, 2010) notes that female students in urban schools may face abuse through use of mobile phones. Focus group discussions with girls revealed that they may be called frequently at night or be sent pornographic images. Another emerging trend is exchanging pornographic pictures or video clips, or for girls and boys to watch these clips or photos together using mobile phones during either the break or school classes. The computer room in secondary schools is another place where boys may bring pornographic films to watch in the absence of teachers.

5.9 Progress in adolescent girls’ education

The combination of gender-equitable government policies, infrastructure investment, hiring and training of female teachers in primary education, school-feeding schemes, the introduction of scholarships for girls, provision of incentives to parents to send their daughters to school, gender-sensitive teaching materials and the increase of the minimum age of marriage to 18 has increased girls’ enrolment rates at primary school and improved the GPI (CEDAW Committee, 2010, 2011; Engel and Rose, 2010; Karippai and Kassa, 2010). In addition, communication initiatives, youth clubs and community discussions have increased awareness of government laws and policies, and of the benefits of education. Teachers often encourage parents to send their children to school and try to ensure girls do not drop out. In collaboration with local officials, teachers can also interfere if girls stop going to school and pressure parents to send them back in order to avoid a fine.

Increased education attainment also ensures continued and expanded support to enable girls to stay in school (Jones et al., 2014a).

As Section 2 showed, discriminatory norms concerning girls' education are also shifting, with parents increasingly recognising the importance of education for both girls and boys: on the one hand, educated girls can get educated husbands and become better wives and mothers; on the other, educated girls can access better employment opportunities, earn a higher income and contribute more to household wellbeing. In their qualitative study in Amhara, Jones et al. (2014a) note the significant role of supportive fathers and brothers as well as husbands in enabling unmarried and married girls to continue their education. An increasing number of girls who have accessed higher education and become teachers and government officials operate as powerful role models, prompting younger girls to aspire for a better life through education.

Regional governments have also contributed to the progress observed. In Amhara, the local Bureau of Education as well as NGOs provide financial and material assistance to female students with good educational achievements or to those from poor families to continue their schooling. Moreover, some girls from rural areas are provided with scholarships that offer accommodation in dormitories and meals. Parents also view the establishment of boarding schools by government authorities positively as they believe that their daughters are going to be safer there (SDD, 2010).

5.10 Remaining challenges to girls' education

Despite such progress, significant challenges remain, affecting girls' enrolment and performance, particularly in rural and pastoralist areas, in secondary and in higher education. The government is well aware of the situation, which 'does not improve as planned' (MoE, 2015). The factors involved cover a wide spectrum, including economic, cultural, psychosocial and institutional issues (Bastian et al., 2013; Karippai and Kassa, 2010).

A nationwide mixed methods study of nearly 11,200 female students at the second cycle of primary and at both cycles of secondary schools analysed the factors that influence adolescent girls' enrolment and performance (Karippai and Kassa, 2010). Statistical analysis of the data collected revealed that marital status of the girl, having children, parental education, household type (female- or male-headed), rural location, child labour, parental attitude towards girls' education, sexual violence and a girl's own perception about her education were statistically significant in girls' performance. In addition, qualitative data confirmed that household chores, girls' low self-esteem, absence from tutorials, long distance to school, relationships with classmates and teachers, early marriage, household poverty, desire to work in the Middle East or in urban centres and trafficking, all had a negative impact on girls' education. Other factors identified included lack of basic facilities, negative attitudes of male teachers and students, gender-insensitive curricula, lack of role models, poor guidance and English language problems.

Household poverty and the need for child labour in domestic and farm tasks represent a key barrier to girls' schooling. Although primary education is free, the fact that 26% of the population still live below the poverty line means the opportunity and hidden costs of education continue to have an impact, as parents have to meet the costs of registration and examinations fees, books, uniforms, stationery and transportation (Karippai and Kassa, 2010). It has been estimated that the poorest children are three times more likely to be out of school than children from better-off households. Gender further exacerbates this disadvantage: the out-of-school rate for primary school-age girls is 16% compared to 10% for boys and increases with age (Bastian et al., 2013). Analysis of the Young Lives sample shows that while in better-off households girls and boys have similar educational aspirations, girls in the poorest households have much lower aspirations; the study suggests poor girls are 12 percentage points less likely to aspire to completing their education and going to university than boys (Favara, 2016). Yet the same dataset also finds that poor adolescent boys are significantly less likely to be enrolled than poor girls, assumingly because of the higher opportunity costs of school attendance (Dercon and Singh, 2013). Poverty and particularly food insecurity also contribute to lack of interest among children in

continuing their education or inability to perform well in school (SDD, 2010). In a Young Lives study, interviewed students complained about teacher discrimination towards poor and marginalised students, whereas those from better-off and well-connected households received favourable treatment (Woldehanna et al., 2008).

In particular, adolescent girls continue to bear **the disproportionate burden of household chores**. Even when girls are enrolled in school, they may attend inconsistently as they need to help their mothers fetching water, cooking, cleaning and looking after younger siblings. Girls are expected to perform various household chores on a daily basis, ending up with not enough time to do their homework, which makes them look inferior in the eyes of teachers and perform poorly (Jones et al., 2014a; Karippai and Kassa, 2010). Statistical data provides evidence of the extent of the problem. The 2013/14 ESS reported that 48.5% of girls aged seven to fourteen years had spent time collecting water and fuel wood in the day prior to the survey, compared to 31% of boys (CSA and World Bank, 2015). The 2011 EDHS¹³ reported that 48% of girls did a minimum of 28 hours of housework weekly compared to 35% of boys (CSA and ICF International, 2012). As a result of their heavy workload at home, girls may frequently be absent from school or reach school late (Karippai and Kassa, 2010).

In addition, girls as well as boys are expected to combine schooling with economic activities, with negative effects on their performance and academic achievement, as they end up not having time or energy to do their homework (MoE and UNICEF, 2012). The 2011 EDHS reported that 57% of boys and 52% of girls aged 12–14 were involved in child labour, with higher percentages recorded in rural areas, in Amhara, Afar and Oromia regions, in households where mother had no education and in the second and third wealth quintiles (CSA and ICF International, 2012). Girls were involved in unpaid work more than boys, with 31% of boys spending 14 hours or more in economic activities and 39% working on the family business (ibid.). However, girls were also involved in economic activities: the 2013/14 ESS found that 36.5% of girls aged seven to fourteen years spent time on agricultural activities and 2% on non-farm enterprise activities compared to 52.5% and less than 2% of boys (CSA and World Bank, 2015). Parents may be willing to send their children to school if it does not conflict with their engagement in productive activities (SDD, 2010). Evidence from Young Lives indicates that parents, schools and employers often make flexible arrangements to allow children to combine work and schooling, with schools in rural areas having a half-day or shift system (Tafere and Pankhurst, 2015).

Research in southern Tigray, Amhara and Oromia indicates that girls tend to be absent on weekly market days as they have to help family members in trading (Karippai and Kassa, 2010). Qualitative research with female students and teachers across the country revealed that many girls work after school as domestic workers or in cafeterias, restaurants and bars; make and sell injera (flatbread) on roadsides; or are involved in small businesses such as selling khat to earn some money to meet school and living expenses. Analysis of statistical data shows that working female students have lower mean test scores compared to those not working. Moreover, girls who earn an income may be tempted to leave school and spend more time working (ibid.).

The literature consistently identifies **distance to school** as another key obstacle affecting particularly girls' secondary school enrolment, especially for rural households (CEDAW Committee, 2010). Infrastructure investment in primary education means that, although on average about three quarters of students get to the nearest primary school in less than 30 minutes, only 61% of secondary school students are able to do so. Data shows that 41% of secondary students in rural areas have to travel up to an hour and 23% even more to reach their school (CSA and World Bank, 2015). As most secondary schools are located in small towns or urban centres, many girls in rural communities have to travel to get there. A nationwide study found there was an average distance of about 5–10 km to sampled schools, which meant girls usually arrived late and were unable to attend the weekend tutorial classes. During weekends, schools provide tutorial classes for girls to improve their performance. However, girls cannot take advantage of them if their parents do not allow their attendance (in order to ensure their virtue) and keep them busy with household chores. Indeed, some girls revealed that their parents did not fully understand or appreciate the need to attend tutorial classes (Karippai and Kassa,

13 The latest 2016 EDHS does not provide such data.

2010). Therefore, if the distance to school is too long and cannot be covered on a daily basis, parents are obliged to pay for accommodation and living costs so that their daughters stay closer to the school. Apart from costs, distance to school or living outside the parental home is also linked to parental concerns about daughters' safety and virtue and may lead them to withdraw their girls from school and arrange their marriage (Jones et al., 2014a).

Indeed, **child marriage** continues to be a key obstacle to girls' education. A World Bank analysis of 2011 EDHS data shows that child marriage is associated with lower educational attainment and lower literacy (Male and Wodon, 2016). The Population Council and UNFPA survey also found that the main reason rural girls reported for not attending school was child marriage - 40% of female respondents (Population Council and UNFPA, 2010). Apart from strong sociocultural drivers, the practice is also linked to economic factors enabling poor households to access the bride price paid to the girl's family and to establish ties with other families that will provide support in times of need (see Section 3). Early marriage, pregnancy and childbearing have adverse effects on girls' performance and school completion. Once a girl is engaged, she needs her husband's permission to continue her education (SDD, 2010). Even when girls continue their schooling after marriage, they often drop out within a couple of years (Karippai and Kassa, 2010).

Parental attitudes towards schooling and low support levels also matter. To a degree, parental attitudes depend on parental education and household income. Educated parents value education, and support both sons and daughters to attend school and learn. Having a literate parent is also linked to children being closer to the expected age for their grade (Rolleston et al., 2013). Quantitative research by Young Lives indicates that paternal education levels considerably reduce the probability that children will be involved in activities other than schooling (Woldehanna et al., 2008). On the other hand, parents with lower education levels may attach a higher value to boys' education, as they expect higher economic returns on any investment in boys. They may think girls will marry and become members of another family, thus any investment in their education will be a waste of scarce resources. Moreover, they believe girls should get involved in household chores in preparation for managing their own household. They may also think educated girls often disrespect traditional norms and practices and create household conflict (Karippai and Kassa, 2010).

Household income also affects parental support to child and especially female education. Better-off families are more likely to send their children to school from an early age (Rolleston et al., 2013). They also tend to support their children's education, while poorer and illiterate parents have mixed opinions about its value within the context of high youth unemployment (Jones et al., 2014a). The latter is consistently noted in the literature examined. Parents admitted removing children from school when they thought the education provided was of poor quality, with teachers regularly absent, while high unemployment rates of educated youth made them question their investment in child education and its potential returns (Karippai and Kassa, 2010; SDD, 2010). In the Population Council and UNFPA survey of nearly 10,000 youth in seven regions, only 55% of rural and 76% of urban girls believed their parents valued education, compared to 63% and 85% of boys in rural and urban areas respectively (Population Council and UNFPA, 2010). In addition, 50% of girls and 37% of boys reported that the main reason for not attending school was family disapproval (ibid.). Apart from economic support, limited emotional support from illiterate parents who are unable to recognise the value of education also affects girls' performance in school (MoE and UNICEF, 2012).

The literature also explores the differential impact of living in a male- or female-headed household. Data from the EMDHS does not show significant differences, and no gender differentials are provided (CSA, 2014a). Using Young Lives data, a quantitative study found that having an educated mother reduced gender inequalities in cognitive achievements and in children's own educational aspirations (Dercon and Singh, 2013). Using the same dataset for young adolescents, another study concluded that maternal death reduced school enrolment by 20% for both boys and girls (Himaz, 2009).

Adolescent girls experience high levels of **sexual harassment and abuse** by teachers and classmates in school and by men and boys on their way to and from school. A nationwide study of 11,200 girls (Karippai and Kassa,

2010) recorded the highest sexual harassment rates in Somali region, followed by SNNPR, with the lowest rates reported in Oromia and Amhara. Male advances, particularly those by teachers and classmates, are not easily rejected, as girls are concerned that if they refuse teachers will give them bad grades or fail them in the exams and boys may attack or beat them. In many cases, insensitive school administrations mean harassed or abused girls avoid making formal complaints for fear of future consequences. Several studies reveal that girls who experience violence in school may be unwilling to return and parents may be reluctant to send them back (see Section 3).

Limited gender-sensitive measures and girl-friendly education facilities also affect adolescent girls' enrolment and attendance. Girls often face negative attitudes by male teachers and boys in school and are exposed to verbal abuse, insults or negative comments. According to traditional social norms, girls are not accepted to be assertive. Thus, when girls ask questions, the teacher, instead of helping them, might respond with an insulting comment. Boys may also harass girls who do well in examinations, implying that they are engaged in sexual activity with teachers (Karippai and Kassa, 2010). A related problem is gender-insensitive curricula that reproduce gender bias and traditional stereotypes about gender roles, portraying boys as decisive and courageous and girls as obedient and submissive. Despite significant government legal and policy efforts that have brought more girls into schools, such assumptions are still reproduced in textbooks and teacher attitudes and contribute to their persistence (Camfield and Tafere, 2011; Tefera et al., 2013). There is also a need for more female teachers and administrators at secondary school level, not only to support girls but also to become role models.

The counselling and guidance services that schools are expected to provide are often ineffective. While school girls' clubs have proven important in bringing girls together and teaching them about their rights, their success has been found to depend on gender-sensitive school management, with girls' clubs in most schools in Somali and Afar regions not functional. Indeed, school management is often gender-insensitive and thus fails to respond to sexual harassment complaints or requests for special facilities such as separate latrines and clean water, leading girls to keep silent about their rights (Karippai and Kassa, 2010).

Several studies highlight that adolescent girls often face difficulties in managing menstruation effectively in school because of the absence of or limited appropriate facilities, and that this affects their school attendance and learning. Girls tend to be absent from school during their menstruation days, particularly in the second cycle of primary school. Young adolescents lack adequate reproductive health knowledge and feel uncomfortable in school, particularly when schools lack separate toilets for boys and girls. A study of 209 schools across the country found no school where girls had a room to change sanitary napkins in private or could access napkins (Karippai and Kassa, 2010). Boys and teachers may also harass or insult menstruating girls at the expense of their performance and attendance. In order to avoid embarrassment, and unable to cope with such stress and fear, girls may choose to stay at home (Fehr, 2010; Karippai and Kassa, 2010). In a large scale survey, 17% of school girls (similar in urban and rural areas) reported having missed class because of menstruation in the previous year (Population Council and UNFPA, 2010). A more recent survey in four regions noted that nearly half of girls reported being absent from schools – mostly between one and three days every month – because of menstruation and inadequate school facilities (TCECA, 2014). The most common reasons cited for missing class were pain/discomfort, fear of having an 'accident' at school and embarrassment. Girls who had been teased in the past about menstruation were more likely to miss school than girls who had not been teased (Population Council and UNFPA, 2010). Likewise, in the Young Lives sample, girls spoke about their fear of using school toilets and being harassed or bullied by boys during menstruation (Feeny and Crivello, 2015). Limited resources are part of the problem: when decisions are made, funding the construction of more classrooms is usually prioritised over additional latrines or changing rooms for girls (Sommer et al., 2015).

Finally, another emerging factor is **migration**. High youth unemployment and limited household financial resources for girls' schooling have led to increasing numbers of girls dropping out of school and seeking employment either in Ethiopian cities or in the Middle East as domestic workers. Girls often decide to migrate after failing the examinations in Grades 8, 10 or 12. However, girls also migrate to escape early marriage or to

access education opportunities (Jones et al., 2014b), with education also a strong driver of youth migration (Bezu and Holden, 2014a; 2014c). Qualitative research by ODI in Amhara region reveals that getting a job in the Middle East is a dream for many local girls. Migration agents disseminate information that girls with Grade 8 education can get jobs with a salary of about 3,000 Birr (US\$137) monthly. As a result, poor parents increasingly feel their daughter's migration and expected remittances are better than supporting her education (Jones et al., 2014b). On the other hand, relatives may encourage rural girls from poor families to move to towns in order to access better education opportunities. These girls often have to exchange work for accommodation and living costs, but they are at risk of sexual exploitation or pregnancy that leads to dropping out of school (Karippai and Kassa, 2010). In general, the literature notes that sending children to live with relatives in urban centres entails several dangers, including exploitation of their labour and abuse (SDD, 2010).

5.11 Marginalised groups of adolescent girls and education

In 2012, the MoE and UNICEF reported that, despite the significant progress achieved, 2011 EDHS data showed that more than 3 million children had never enrolled or had dropped out of primary school, along with 1.8 million children out of lower secondary school. Child labourers made up a significant proportion. Weak partnerships with NGOs and other CSOs, limited data on out-of-school children and inadequate resources were identified as part of the problem (ibid.). Although reaching the marginalised and unreached is a core priority of the education system (MoE, 2015), a review of available policy documents and strategies concluded that the issue of children at risk of dropping out of school has not attracted particular attention as a key challenge (MoE and UNICEF, 2012). Official data from 2013/14 suggests that fewer than a million primary school children are still out of school (MoE, 2015). However, accurate numbers are not available and more research is needed to highlight the educational disadvantage experienced by particular groups, including child labourers, adolescents living with disabilities, orphans, pastoralist girls, young refugees and married girls.

Child labourers

The often-cited 2001 Ethiopia Child Labour Survey found that the majority of Ethiopian children were engaged in productive activities to supplement family income at the expense of their schooling; either they did not go to school or they combined work and school and thus lacked time and energy to study properly. Indeed, more than one third of children in the national survey felt that working while attending school affected their school attendance (MoE and UNICEF, 2012), whereas a study using the Young Lives dataset found that children who work for more than two hours daily have lower scores in vocabulary tests (Woldehanna and Gebremedhin, 2015). However, studies have also revealed that many parents, particularly in rural areas, perceive child labour to be an important experience and part of child socialisation. Respondents in a Young Lives study did not consider child labour harmful but repeated the widespread view that in this way the child contributes to family labour and acquires useful skills (Woldehanna et al., 2008). Although both rural and urban children are involved in child labour, rural children participate more. In addition, more boys are involved in income-generating activities, while more girls are engaged in household chores, substituting for their mother (MoE and UNICEF, 2012). Based on national survey data, Ambel et al. (2015) point out that girls who are domestic workers are the most likely to be deprived in education investments, as only 20% of school-age children who were non-relatives and employed by the household in which they lived, were in school in 2011 compared to 65% for all children.

Young Lives research shows that the relationship between school and work is a complex one and depends not only on rural–urban location but also on the types of schooling available, the demand and opportunities for work, changing gender/age norms about work, household circumstances, birth order and sibling composition, as older girls often have a heavier burden compared to their younger brothers and sisters (Pankhurst et al., 2016; Pells, 2010). Indeed, a child's likelihood of dropping out of school is significantly and positively associated with the number of children under five years old in the household (Woldehanna et al., 2006), while presence of older children aged seven to seventeen years reduces the probability of a child's involvement in activities other than schooling. Evidence from the Young Lives sample also suggests that dropping out of school is often

not directly linked to work; family illness, death or accident, poor harvest or food shortage lead children to drop out of school to contribute to household income. Although children who have dropped out may not feel comfortable going back to school, many still hope they will be able to do so. Indeed, several children at school reported having dropped out at some stage, yet a few used the income they had earned to meet their school costs (Pankhurst et al., 2016).

Children and youth with disabilities

Children with disabilities are among the most marginalised groups and tend to be excluded from education. The main factor for this exclusion is not their disability but discriminatory social norms and attitudes, with, for instance, disability perceived as a divine curse. As these children are perceived to bring shame to their family, they are often kept at home. Some are abandoned in churches or markets or on the street. Parents may instruct their children not to socialise with children with a disability who live in the community in order to avoid contracting the disability. Those with mental disability face greater stigma and mistreatment and may be chained at home, while those suffering from epilepsy may suffer beatings when they have seizures, as people are unaware of how they should handle them (SDD, 2010).

As they are thought to be incapable of learning, children with disabilities are often unable to enrol in and attend school, with their parents assuming they do not have a future and avoiding investing in their education. Overall public attitudes towards children with disabilities are negative and contribute to these children being kept at home. When children with disabilities do go to school, they face unsuitable facilities: school construction ignores their particular needs and there is a lack of trained teachers and appropriate teaching materials. School management and teachers may also fail to promote inclusive education (MoE and UNICEF, 2012). If children with disabilities perform well at school, some of their classmates may believe this is the outcome of sorcery (SDD, 2010). Most often, they face harassment, ridicule and abuse (MoFED and UN Ethiopia, 2012).

The Ethiopian Constitution and the 1994 Education and Training Policy explicitly note the need to support those with disabilities, and the 2010–15 National Plan of Action for Equality of Opportunity and Full Participation of Persons with Disabilities aims to tackle discrimination and promote equal opportunities (MoFED and UN Ethiopia, 2012). The federal government has accordingly implemented a special needs education programme to enable children with disabilities to enrol in primary school. However, limited accessible services, high dropout rates and shortage of special needs teachers have compromised programme outcomes (CEDAW Committee, 2010).

In urban areas, children with disabilities have better opportunities to access schools, including ABE centres. Yet support tends to be limited, and some students are forced to beg to meet their expenses (SDD, 2010). Girls with disabilities face greater disadvantage and are more vulnerable to sexual abuse (Population Council and UNFPA, 2010). Safety concerns, access problems, distance to school and lack of support result in a small number of them attending school. Girls with hearing and speaking impairments in rural areas are often kept at home to help their families with household chores and farming as they are perceived to be unmarriageable (SDD, 2010).

Accurate and up-to-date data is hard to find. In the Population Council and UNFPA survey, youth with disabilities were less likely to have ever been to school and to be in school at the time of the survey compared to young people who did not have a disability (Population Council and UNFPA, 2010). Girls with disabilities were less likely to be in school: 23% of girls with disabilities were in school compared to 48% of non-disabled girls and 55% of non-disabled boys. In 2012, reportedly less than 3% of children with disabilities were in primary school (MoE and UNICEF, 2012). Latest official data shows that in 2013/14 there were just 6,682 students with special needs in both primary and secondary education, with girls accounting for almost 20% (EMIS, 2014).

Orphans

A 2010 report estimated that there were 5.4 million orphans in the country, of whom over 855,000 had lost their parents as a result of HIV and AIDS (MoE and UNICEF, 2012). The 2016 EDHS reported that one in 10 children under age 18 are not living with a biological parent and 7% of Ethiopian children are orphans, with orphanhood rising with age and 17% of adolescents aged 15–17 being orphans (CSA and ICF, 2017). Among those aged 10–14 years, 10% had lost one or both parents and 12% are not living with a biological parent; among those aged 15–17 years, one in five are not living with a biological parent (ibid.).

Indeed, many orphans are taken care of by their extended families. Yet the proportion of children in child-headed households is above the average for sub-Saharan Africa, and many of these are adolescent girls. Orphaned adolescents experience serious economic, social and emotional challenges as they face property grabbing, have limited access to social services, are exposed to stress and may be forced to engage in child labour to care for their younger siblings. Girls are also particularly vulnerable to sexual violence (MoFED and UN Ethiopia, 2012), and they often drop out of school to work as domestic workers or get involved in sex work (MoE and UNICEF, 2012). Without support, orphans often have to get into economic activities and thus have lower primary school enrolment (ibid.). Limited knowledge about HIV and AIDS may also lead to discrimination and stigma. Parents sometimes ask their children to avoid playing and eating with orphaned classmates (SDD, 2010). International and local NGOs implement projects that enable these children to go to school and provide them with educational materials. An assessment in Addis Ababa confirmed that most support for orphaned and vulnerable children is spent on education. However, only a small percentage of orphans are able to benefit – just 6% get school support (MoE and UNICEF, 2012).

Pastoralist girls

The World Bank (2015) notes that, according to the Human Opportunity Index for sub-Saharan Africa, Ethiopia has increased not only the scale of education enrolment but also the degree to which it is inclusive in terms of reaching disadvantaged groups and areas. There are 12–15 million pastoralists living in eight regions (MoE, 2015). The nomadic lifestyle of pastoralist communities means children are often unable to attend school regularly and are forced to drop out to follow their family's movement or help with herding animals (MoE and UNICEF, 2012). Indeed, it is in the pastoralist areas in Afar and Somali regions that the highest proportion of children out of primary school and lower secondary school is found; data shows that the lowest primary school attendance ratios are in Somali and Afar – 45% and 50% respectively compared with the national average of 65% in 2014 (CSA, 2014a).

A factor contributing to poor educational opportunities is that the education curriculum may appear to be alien to the pastoralist lifestyle, while the language of instruction may be different to the one used at home (MoFED and UN Ethiopia, 2012). For instance, Jackson (2011) finds that, as a result of a shortage of Somali teachers, courses are often taught in Amharic. In addition, the use of mobile schools in Afar region has been less effective than expected, as teachers lack transportation, salaries are low and living conditions are difficult (MoFED and UN Ethiopia, 2012).

However, as increasing numbers of pastoralists adapt their livelihoods to changing conditions, many perceive education to be important. Students from pastoralist backgrounds attending agricultural courses in university and TVET institutions were optimistic about their futures, although they also noted their lack of confidence and the discrimination they faced from teachers. The study also revealed that pastoralist girls are unlikely to be educated to the same level as boys (Jackson, 2011). Indeed, data shows that Somali and Afar regions had the lowest female school attendance ratios in the country: only 40% and 46% respectively in primary school compared with the national average of 67%; and 6% and 2% respectively in secondary school compared with the national average of 18%, while male attendance ratio was 20% and 18% respectively in 2014 (CSA, 2014a).

There is even more limited information about girls from particular ethnic groups. One study (SDD, 2010) finds that educational attainment is lower among indigenous communities such as the Nuer, Anuah, Komo and Oppo

compared to other ethnicities. Indigenous communities live in scattered settlements linked to their livelihood activities, which means they lack schools or are away from ABE centres. In addition, illiteracy and limited awareness of the benefits of education, as well as inter-clan conflict and cross-border tensions, make it difficult for indigenous children in rural areas to attend school. In particular, girls face higher disadvantage as their needs are not prioritised and resources are not spent on their education.

Refugee girls

Data from the UN High Commissioner for Refugees (UNHCR) shows there are nearly 738,000 refugees in the country, of whom 285,000 are from South Sudan and 252,000 from Somalia. The majority of registered Somali refugees are girls and women, with adolescent girls aged 12–17 accounting for 9% of this population¹⁴. It is estimated that half of school-age refugee children are out of school, including over 47% for primary and 91% for secondary education (UNHCR, 2016). There are primary schools run by the Ethiopian Administration for Refugee and Returnee Affairs in most camps (Schulte and Rizvi, 2012). However, classrooms are often overcrowded and lack teachers: on average there is one teacher for eighty students (UNHCR, 2016). Official UNHCR data shows that in 2016 nearly 87,000 boys and 66,600 girls were enrolled in primary schools in and outside the camps; 3,785 refugees in secondary schools; more than 1,600 in higher education; and 2,640 in TVET. Some efforts are being made to increase current low numbers at higher levels through scholarship programmes (UNHCR, 2016) as well as provision of school materials and lamps to study at night (Schulte and Rizvi, 2012).

An assessment of the situation at Somali refugee camps in Jijiga confirmed that enrolment rates drop substantially in secondary school for both girls and boys. Limited numbers of female teachers, along with lack of water facilities and toilets, affect adolescent girls' enrolment and attendance. Many Somali refugee girls have been out of school for years and lack the resources and the support to return to school. Many drop out because of heavy domestic responsibilities, early pregnancy and marriage. Discussions with key informants and the girls themselves also revealed that some girls are forced to exchange sexual favours for food, money, medications or clothes. In particular, adolescent girls spoke about sexual exploitation and rape and the resulting pregnancy as a key factor in their educational, health and economic disadvantage (Schulte and Rizvi, 2012).

Married girls

Married adolescent girls are expected to focus on their husband and new household. In order to continue their education, they need spousal agreement and support, which they tend to receive rarely as education is perceived to be incompatible with being a 'good wife' (Jones et al., 2014a). In order to make their daughter agree to getting married, some parents promise to let her continue her education after she is married. However, often, either her husband and in-laws are reluctant to let her continue school or she is forced to stop as soon as she gets pregnant and has children (Mjaaland, 2016). Indeed, the latest EDHS data shows that 72% of girls aged 15–19 had to stop attending school after their marriage; the majority were too busy with their household responsibilities, yet 30% reported that the main reason was that their husband did not want them to go to school (CSA and ICF, 2017).

5.12 Assessment of the evidence and key gaps

There is a considerable body of literature on the education of adolescent girls in Ethiopia, which provides a comprehensive overview of the remarkable progress achieved over the past 20 years, the key drivers of change and the remaining obstacles. The evidence base consists of large scale surveys as well as smaller scale studies with participatory design that provide the perspectives of adolescent girls themselves. Yet there is limited analysis of particular groups of girls and their educational disadvantage, specifically girls from extremely poor families, working girls in rural and urban areas, including domestic workers, girls with disabilities, pastoralist

14 See <http://data.unhcr.org/horn-of-africa/country.php?id=65>.

and indigenous girls, and married girls. In addition, there is a need to improve the collection of accurate and up-to-date data capturing progress but also revealing persistent problems.

6. Economic empowerment

Key points

- Although Ethiopia has achieved high rates of economic growth and poverty reduction, 26% of the population still live below the poverty line. While significant improvements have taken place in education, health and living standards, the proportion of children experiencing multiple deprivations has decreased only marginally with important disparities noted between rural and urban areas and among regions
- Ethiopia is one of the five countries globally that have the majority of the 200 million youth aged 15–24 who lack the most basic skills
- Youth have consistently higher unemployment and informal employment rates than the national average. Girls and young women aged 15–24 are the most disadvantaged as they are concentrated in the informal economy with higher unemployment rates and lower earnings than men. In 2016, 59% of girls aged 15–19 were unemployed compared to 25% of boys. The gender pay gap increased between 2006 and 2012, with young women receiving 66% and 56% of male wages in the public and private sector respectively
- Private returns to education are important particularly for young women, and systematically larger for higher levels of educational attainment: women with more than general education are 50% more likely to be in public wage employment compared to 37% for men
- Most adolescents are employed in agriculture, yet they prefer non-farm wage employment. Girls are less likely to inherit land, with only 3% of those aged 15–19 years owning their own land. In addition, only 2% of girls own their own house, as they usually help their parents build family assets
- Young women face greater difficulty than men in accessing the necessary start-up capital for their business and thus rely heavily on informal institutions, family and friends. Lack of business skills and work premises along with discriminatory attitudes further compromise their efforts. Moreover, adolescent girls appear to be often missed by both youth schemes and programmes aiming at women's economic empowerment
- Ethiopia has a very high rate of child labour, with girls also helping with domestic and care tasks. Both boys and girls save up but girls face greater family pressure to contribute to the household. In addition, only 28% of married girls decide themselves on how to use their cash earnings
- A considerable number of girls migrate to urban areas and to the Middle East in search of work and a better life. Education is positively correlated with migration to urban areas. Migration provides both opportunities and risks for girls as they are more likely to get involved in informal employment with lower earnings, are at higher risk of getting trapped in low-income employment and have higher vulnerability to exploitation and sexual abuse. Domestic workers and sex workers account for the majority of adolescent migrant girls in the capital
- The annual income loss as a result of Ethiopian girls' exclusion from productive employment is estimated to be equivalent to US\$646 million

6.1 Overview of the evidence

Our search generated 144 sources with information about adolescent girls' economic capabilities and wellbeing. The majority – 100 sources – were grey literature investigating youth training, skills development and access to credit, youth employment, rural livelihoods and access to land, migration and child labour. While a considerable number of sources are studies and reports by international agencies, NGOs and donors, there are also studies presenting the results of research projects such as Young Lives. The remaining 44 sources are papers on similar topics, published in academic journals. The evidence base combines surveys and quantitative analysis with qualitative research and participatory methodologies, enabling youth to voice their concerns and perspectives.

6.2 Economic development and poverty in Ethiopia

Over the past decade, the government in Ethiopia has implemented a number of national development plans for poverty reduction and structural transformation, with the ultimate aim of making Ethiopia a middle-income country by 2025. Indeed, Ethiopia has achieved high rates of economic growth – dominated by labour-intensive agriculture and services – and reduced the proportion of the extreme poor from 60.5% in 1995 to 31% in 2011. High levels of public expenditure on social protection measures, particularly the Productive Safety Net Programme (PSNP), have been instrumental in this effort. While there are considerable differences between urban and rural areas, where the vast majority of the population live, income inequality is relatively low. Yet poor households in urban areas benefited more from economic growth and were able to increase their consumption expenditure by more than 25% between 2004 and 2010. Poor rural households are yet to benefit to the same extent (Yèhoué et al., 2013). In 2013, 26% of the population were still living below the poverty line – that is, about 25 million Ethiopians. Many others vulnerable to shocks and food insecurity were just above the poverty line (UNDP, 2015).

Studies also point out that monetary poverty declined much more than multidimensional poverty. According to the Multidimensional Poverty Index (MPI)¹⁵, 87% of the population are poor as they are deprived on at least a third of the weighted MPI indicators, making Ethiopia the second poorest country globally¹⁶. Comparing national survey data from 2000, 2005 and 2011, a World Bank study (Ambel et al., 2015) explores monetary and non-monetary dimensions¹⁷ of wellbeing and concludes that, although Ethiopia's MPI score is still very high, considerable improvements have taken place in health, education and living standards, reducing the proportion of households experiencing multiple deprivations, particularly in rural areas. However, about four out of five rural households and two out of three urban households still experienced at least one out of three selected deprivations in 2011.

Using national survey data, Plavgo et al. (2013) point out that, while deprivation incidence declined significantly in almost all dimensions between 2000 and 2011, the proportion of children experiencing several deprivations at a time decreased only marginally. In 2011, 94% of children still suffered from at least two deprivations that threatened their survival or development. Significant disparities in multidimensional child deprivation levels were noted between rural and urban areas and among regions. The highest child deprivation rates were estimated in Afar, SNNPR, Oromia and Somali, and the lowest in Addis Ababa, Harari and Dire Dawa.

6.3 Youth skills, employment and unemployment

There is a considerable body of literature on skills development and youth employment in Ethiopia. This is directly linked to the problem of consistently high youth unemployment and efforts to tackle it. Skills development has been a key component of national development strategies and the government has invested in TVET to address the skills gap and improve the productivity of the workforce (Broussar and Tekleselassie, 2012; UNESCO, 2012). However, Ethiopia is one of the five countries globally where over half of the (200 million) youth aged 15–24 with incomplete primary education and lack of the most basic skills, live (UNESCO, 2012). Indicative of the situation is that, according to a survey, more than 68% of those in informal employment – where the majority of the population are – acquired their skills through self-training, 27% within the family and nearly 4% through apprenticeships; only 0.09% had any formal training (Belete, 2011). Interestingly, a comparative study estimates that skills have a higher wage premium in Ethiopia than in most developing

15 The MPI measures the multiple aspects that constitute poverty, such as poor health, lack of education, inadequate living standard, lack of income, disempowerment, poor work quality and the threat of violence. The global MPI was developed by the Oxford Poverty and Human Development Initiative (OPHI) and the UN Development Programme (UNDP) (<http://www.ophi.org.uk/policy/multidimensional-poverty-index/>).

16 See <http://www.ophi.org.uk/multidimensional-poverty-index/mpi-2015/mpi-data/>.

17 Overall 11 indicators were used, including monetary dimensions such as assets but also education, access to information, health, water and sanitation and gender equality, which was assessed through progress in girls' primary education, institutional birth and female circumcision (Ambel et al., 2015).

countries, with the average wage differential between skilled and unskilled labour being 81% (Krishnan and Shaorshadze, 2013).

Overall, Ethiopia has high labour force participation, with higher rates recorded in rural than in urban areas. However, unemployment and underemployment are prevalent in both urban and rural areas. Although urban unemployment and informal employment rates fell between 1999 and 2011, informal employment is still high (Broussar and Tekleselassie, 2012), with the informal economy accounting for the vast majority of all economic activities – up to 90% according to some sources (Belete, 2011). However, laws and regulations tend to focus on formal and wage employment (Baah-Boafeng et al., 2013).

Although Ethiopia has been one of the fastest growing economies in Africa, with annual growth at above 10%, youth have higher unemployment and informal employment rates than the national average (Broussar and Tekleselassie, 2012; ILO, 2012). While accurate data is hard to find, an African Development Bank study reports that 81% of Ethiopian youth were in informal employment compared to 43% of adults in 2005 (Igbatayo and Babalola, 2014). Rural youth aged 15–24 have higher labour force participation than urban youth, given fewer educational opportunities and higher poverty rates in rural areas (Broussar and Tekleselassie, 2012).

Between 1999 and 2011, labour market opportunities for youth aged 15–24 improved in both urban and rural areas. In particular, male urban youth informal employment declined by 22% and reached 29%. The proportion of youth with skills also increased significantly, although increases in schooling also led to a decline in youth labour force participation. Moreover, the share of educated youth who were unemployed increased. A key factor in the positive relationship between educational attainment and unemployment is the mismatch between skills provided by the education system and the requirements of the labour market (Broussar and Tekleselassie, 2012). Based on data from the 2006 and 2011 Urban Employment/Unemployment Survey, Nganwa et al. (2015) identify region, gender, age, education and marital status as factors shaping urban youth unemployment, although education does not guarantee employability of youth in urban areas. The Somali, Gambella, Afar and Benishangul Gumuz regions have the lowest youth unemployment rates and Addis Ababa the highest. Marital status apparently increases the likelihood that young men will be employed while it reduces it for young women, who tend to focus on household chores and childbearing (ibid.).

Statistical reports and studies talk about youth employment – that is, the employment of those aged 15–29 or sometimes 15–24 years. According to the National Youth Policy, youth include those between the ages of 15 and 29 years. Thus, finding reliable and up-to-date data on adolescent employment is particularly hard. According to the latest Urban Employment/Unemployment Survey, 34% of urban adolescent boys aged 15–19 were working in 2012 compared to 37% of their female counterparts (CSA, 2012). Unemployment rates were 20% for boys and 23% for girls (ibid.). The 2016 EDHS reported that 59% of girls aged 15–19 were not employed in the 12 months preceding the survey and only 24% were employed, compared to 25% and 69% of boys respectively. In addition, 40% of married girls aged 15–19 were employed. Most employed girls (42.5%) were in sales and services, 39% in agriculture and only 4% in skilled manual labour. On the other hand, 74% of boys were in agriculture, 7% in services and sales and 4% in skilled manual labour (CSA and ICF, 2017).

The problem of youth unemployment in Ethiopia has attracted a great deal of attention, and the literature speaks about the failure of the education system to respond and provide the skills the growing sectors of the economy need. In addition, job creation has not been fast and strong enough to meet population needs, while the private sector is still too small and has limited capacity to generate opportunities for young Ethiopians (Save the Children, 2013; Yèhoué et al., 2013). Landlessness in rural areas, high population growth, rapid urbanisation and migration to urban areas are also identified as part of the problem (Igbatayo and Babalola, 2014; Kellow et al., 2010).

Since 2005, national development plans have paid considerable attention to youth employment. The 2005–10 plan explicitly acknowledged the problem and emphasised the development of Micro and Small Enterprises (MSEs) as a source of employment and job creation. Other initiatives included linking TVET training to labour market requirements and generating employment through public works schemes. The next development plan

did not directly address the problem but did recognise that youth and women faced problems in the labour market, and focused on MSEs as mechanisms for job creation and poverty reduction, and on microfinance institutions (MFIs) for access to finance (Baah-Boafeng et al., 2013; Broussar and Tekleselassie, 2012). The 2004 National Youth Policy also noted high levels of youth unemployment and the disproportionate proportion of youth in the informal economy and prioritised youth entrepreneurship to enable young people to play an active role in national development (Denu et al., 2005). Thus ILO (2012) remarks that Ethiopia has a comprehensive policy framework to address youth employment. Yet there is no regular systematic research to analyse and understand the challenges youth face in the labour market, and there is also a lack of accurate data, disaggregated by sex, location and disadvantage such as disability, on youth unemployment and underemployment in order to identify and prioritise issues (ibid.).

A few studies investigate the perceptions and concerns of young Ethiopians and try to identify different trajectories. In a study by GlobeScan (2012), Ethiopian youth aged 18–25 reported feeling ‘on their own’ and having only themselves to rely on to find employment. Participants also noted that jobs were typically provided to youth with connections or relatives in companies, and expressed a desire for more government interventions to provide them with opportunities, such as vocational training or professional experience. An often cited study of unemployed urban men aged 18–30 years (Mains, 2007) describes their daily lives as they continue living with and depending on their families while choosing not to get involved in low-status occupations in order to avoid being seen performing such jobs and thus bringing shame to their families. Yet the author notes that these men largely belong to middle-class urban families and can afford to sit and wait or think about international migration. World Bank (2015) notes that survey data on unemployed youth in Addis Ababa shows two different types of unemployment: those with secondary education who are native to the city and live with their parents, often not actively looking for jobs as they are discouraged by a long period of unemployment; and higher educated youth who have recently migrated and are searching for work. Nearly one in three (33%) of the former but only 13% of the latter are women. In addition, only 13% of men and 13% of women aged 15–24 in the survey had a permanent job (ibid.).

On the other hand, several studies focus on the negative stereotypes employers hold about youth as lazy, undisciplined or immoral. In a study by ILO (2012), government and social partners expressed concerns about the poor work ethics of youth. Private sector employers surveyed by Kellow et al. (2010) felt youth lacked experience and hiring them was costly because of the need to train them; some believed youth also lacked confidence and a sense of responsibility. However, others had positive views about young people learning quickly and being efficient and motivated (ibid.).

As we have already noted, young women face discrimination not only on the basis of their age but also because of their gender. However, the Constitution guarantees equal rights to women and men in employment, promotion and pay, and more girls are increasingly completing school and continuing into higher education (CEDAW Committee, 2010). While youth opportunities in the labour market improved between 1999 and 2011, female youth unemployment continued to be higher than that of males. Despite comprising nearly 52% of the youth labour force in both 1999 and 2011, young women accounted for 67% of unemployed youth. Those with the least education did worse than their male counterparts with the same educational level (Broussar and Tekleselassie, 2012). Overall, young women are concentrated in the informal economy with limited social security, and have consistently higher unemployment rates and lower earnings than young men. Labour market discrimination, low skills and household responsibilities are identified as contributory factors (Broussar and Tekleselassie, 2012; World Bank, 2009). Chaaban and Cunningham (2011) explored the linkages between girls’ economic activity and increases in national income, and estimated the annual income loss as a result of Ethiopian girls’ exclusion from productive employment as equivalent to US\$646 million.

A number of quantitative studies investigate the role of particular factors, including legal reform, in improving women’s economic participation. For instance, the 2000 Revised Family Code maintains that a spouse cannot deny permission for the other to work outside the home, and increases the age of marriage to 18 years. A World Bank quantitative study (Hallward-Driemeier and Gajigo, 2013) found that this legal reform not only

strengthened women's economic rights but also enabled them to increase their economic participation. Women were relatively more likely to be in paid and full-time jobs and in occupations that require work outside the home and employ more educated workers. The increase in women's participation in these activities was 15%–24% higher in areas where the reform was carried out and was particularly strong for young unmarried women, especially those aged 15–19 years, in line with the increase in age at first marriage in these areas. However, the linkages between early marriage and labour force participation are complex and context-dependent. Although in Ethiopia early marriage is associated with lower education levels and lower wealth, a quantitative study concluded that it is not associated with lower or higher labour force participation but rather with involvement in work without cash earnings (Male and Wodon, 2016).

Based on data from the 2005 Ethiopia Labour Force Survey, Kolev and Suárez Robles (2010) estimate that private returns to education (the marginal effects of education on wages) are important for women and youth aged 15–24, and are systematically larger for higher levels of educational attainment. Education is associated with lower probability of participating in non-wage employment (self-employment and unpaid family work) and in informal private jobs, but with higher probability of entering the public sector (Suárez Robles, 2010, cited in Gable, 2013). Employment in the formal public or private sector is also associated with higher wages compared with informal employment, particularly for women (Kolev and Suárez Robles, 2010). Women with general education are 20% more likely to be in public wage employment compared to 17% for men. This figure increases to 50% for women and 37% for men with beyond-general education (Suárez Robles, 2010, cited in Gable, 2013). Moreover, it is estimated that just one extra year of schooling led to a 14% increase in wages for women in 2010, while the wage premium declined to 7% in 2012. Women aged 15–24 years received 78% and 74% of male wages in the public and private sector respectively in 2006; the gap increased in 2012 and they received 66% and 56%, although the gender gap improved for other female age groups (Gable, 2013).

6.4 Youth entrepreneurship

Supporting the development of MSEs as a substantial source of employment and job creation, the government has explicitly encouraged youth entrepreneurship (Broussar and Tekleselassie, 2012). Youth and women who want to start their business are prompted to organise themselves in groups and access technical and business skills training from the state-run Federal MSE Development Agency as well as credit and support to manage their business (CEDAW Committee, 2010; Sisay, 2013). Microfinance institutions can provide loans to those aged 18 and over, and some do give priority to youth groups. However, Kellow et al. (2010) find that MFIs may consider providing loans to young people too risky, with some young clients misusing the money. In addition, there is a gender bias for young women, who face greater difficulty accessing the necessary start-up capital as commercial banks are often reluctant to lend them money. Therefore, they rely heavily on informal institutions such as eqqub or borrow from their families (Bekele and Worku, 2008).

In one survey (Phororo and Verick, n.d.), young women aged 15–29 years (a quarter of them between 15 and 19) with small businesses in the informal economy reported problems with access to credit and markets; discriminatory attitudes to women in business resulting in them not being taken seriously; and lack of business skills and work premises as key barriers. In the absence of other employment opportunities, these women had decided to start a business collecting the necessary capital from family and friends. Those with family responsibilities spoke about problems combining work and family, while those with disabilities noted the additional discrimination they faced. However, another survey of urban employed youth (Broussar and Tekleselassie, 2012) found that only 3% of young women tried to start a business in 2011 compared to 12% in 1999. Access to adequate capital and working space is consistently identified as a problem (Delbiso, 2013; TDRTC, 2014). Yet urban youth aged 15–24 years with businesses in the informal economy reported a satisfactory improvement in their livelihoods (Delbiso, 2013).

A study of 500 MSEs in five regions over a period of six years found that those operated by men performed better than those operated by women. It is indicative that 78% of those enterprises that failed were women-operated. Thus the study estimates that businesses operated by women are 2.52 times more likely to fail

compared with those operated by men. Once again, limited policy support to women along with inadequate access to credit and skills development are identified as contributory factors (Bekele and Worku, 2008).

Aiming to tackle women's disadvantage and to enable them to start and successfully run businesses, donors, such as Sweden and the US, along with international agencies and NGOs, are implementing several schemes that provide training for MSE development and support to access the necessary start-up capital. Attention is also paid to groups with particular disadvantages, such as women with disabilities (ILO, 2003; OECD, 2014).

6.5 Access to credit and savings

Access to formal credit is largely through the banking sector and to some extent MFIs. However, banking services are limited in rural areas, as commercial bank branches are concentrated in urban towns, with more than a third in the capital. In 2012, less than 8% of Ethiopians (7.1 million) had a bank account and nearly 112,800 had a loan. Therefore, MFIs play an important role, particularly for the poor. Yet in 2012 only 31 MFIs were offering financial services to 2.9 million clients. Apart from MFIs, Savings and Credit Cooperatives (SACCOs) provide access to savings and loans. While urban SACCOs are mostly work-based cooperatives, rural SACCOs are small grassroots-based and semi-formal groups with between 50 and 200 members (Yèhoué et al., 2013). Informal savings and credit groups such as iddirs and eqqubs also play a significant role. The former are fundamentally burial societies that provide insurance to members in the event of death, accident or damages to property. The latter are groups whose members share characteristics and objectives and come together to save and distribute small amounts of credit and other resources on a rotating basis. While cooperatives appeared in Ethiopia in the 1960s, iddirs and eqqubs are traditional long-standing institutions in both urban and rural areas (Emana, 2009). The government acknowledges that women have equal rights to access bank loans, mortgages and other types of financial credit, yet this is difficult in practice because of women's limited awareness of the availability of these facilities, their lower capacity to provide the collateral banks require and gender bias and lack of trust in women. Thus women tend to access credit from MFIs, cooperatives and various savings and lending groups in order to engage in income-generating activities (CEDAW Committee, 2010).

Our search generated several studies on the participation of women and youth in cooperatives and informal groups. Overall, these studies stress that their participation is still low and needs to be further promoted and strengthened (Emana, 2009). While the number of agricultural and non-agricultural cooperatives has grown considerably (87% between 2007 and 2012), women and youth remain underrepresented as they are considered a risk in terms of loan repayment. In 2012, only 21.5% of cooperative members were women (Karunakaran and Gebru, 2015).

In a study of nearly 1,270 participants in Oromia and Dire Dawa regions (CRS, 2013), women were more involved than men in village savings and loan groups such as the NGO-led Savings and Internal Lending Communities (SILCs), as this approach better suits women's need for small and regular income to meet daily household costs. Most women in the study said they accessed credit largely through self-help groups or SILCs. Apart from economic benefits, membership in these groups has social benefits, as groups provide a safe space to meet, share and improve skills while also learning about rights and building confidence. However, women who wanted to expand their business felt the loan amount provided in SILCs was too small. The study emphasises that MFIs tend to help more formalised cooperatives dominated by men rather than smaller and more informal women's self-help groups established by NGOs. Yet the latter provide rather small loans that cannot make a real difference in women's lives and social status. Individual women or female groups cannot easily access larger loans as they may be seen as high risk because of lack of collateral; husbands may spend their wife's loans on their own activities. Some women also expressed fear of not being able to repay larger loans with high interest. A few also revealed that men tend to discourage women from accessing larger loans. Although the study included adolescent girls aged 10–17, it does not give more details on whether they are members of these groups and accessed loans. This is a consistent shortcoming of the literature. Another assessment of rural youth livelihoods (EDC, 2012) points out that women's groups and savings groups apparently consist mostly of married women, while it is unclear whether and to what extent unmarried young

women are able to access and benefit from them. Many young women who are already married participate in women's associations (*ibid.*). Girls and young women can also participate in youth cooperatives, which are often created as part of youth schemes, yet these groups are short term and not sustainable as they depend on external support (Kellow et al., 2010); they also tend to be dominated by young men (EDC, 2012).

Given the need to access credit to start or expand a business, women and youth go through informal institutions or family and friends (Karunakaran and Gebru, 2015). Men appear to have larger networks of support and a greater number of sources from which they can borrow money; they are also more likely to join *iddirs* than women (Kumar and Quisumbing, 2012). In a study of youth migrants to urban centres (Bezu and Holden, 2014c), 50% of male and 26% of female respondents said they participated in *eqqubs*. Many who did not have a resident identification card could not open a bank account and thus becoming members of these groups enabled them to save – young women saved more than men – and access credit while also accessing a social network and other resources.

Data on adolescent access to credit is very limited. The 2016 EDHS reports that 66% of employed married girls aged 15-19 were not paid and only 21% were paid in cash – 3% received both cash and in-kind payments (CSA and ICF, 2017). Regarding decision-making about the use of a wife's cash earnings, 28% of married girls mainly decided themselves, 56% decided jointly with their husband and for 15% their husband decided. Moreover, 72.5% girls reported that they had less cash earnings than their husband (*ibid.*). Young Lives research found that many children involved in child labour – regardless of their age – saved part of their earnings in *eqqubs* (Pankhurst et al., 2016). Some children give all their earnings to their families. Boys seem to have more independence and control over their income than girls, who face more pressure to contribute to the household (*ibid.*).

Ethiopia has integrated financial education into the school curriculum. Students in upper primary and lower secondary education in all government and private schools are expected to attend a special course unit on savings every year as part of civics class. This unit provides basic knowledge about saving, setting goals, planning, budgeting and using bank accounts (Hopkins et al., 2012).

The legal age to open a savings bank account is 18. Data from the 2016 EDHS reported that just 8% of girls 15–19 and 10% of boys used a bank account (CSA and ICF, 2017). Unassisted account opening requires a formal identification card issued to youth when they turn 18 years. The local administration can issue these for young workers with proof of employment. Those younger than the age of 18 require a special authorisation from a parent or guardian, according to the Civil Code. This implies that a 14 or 15 year old who can enter into a contract may also be able to open a bank account, though a guardian must sign for minors to open an account and withdraw money (UNCDF and MF, 2011). As part of the UN Capital Development Fund (UNCDF) YouthStart programme, local partners allowed adolescents aged 14–18 to open and manage their own bank account using an identification card for young workers with proof of employment or a labour contract. The programme has aimed to promote savings products as well as financial education for adolescents (Hopkins et al., 2012). Meanwhile, several NGOs have created youth-owned accounts. For instance, World Vision Ethiopia has provided 15,000 orphans and vulnerable children aged four to fourteen with matched savings accounts (meaning deposits are matched by a predetermined ratio) at the MFI they collaborate with. Savers can use their match for their education or to start a small business (Deshpande and Zimmerman, 2010).

6.6 Access to assets

Most of the accessed literature focuses on access to land and land rights, with very little information on adolescents' access to other assets. In Ethiopia, all land is owned by the state and landholders receive only perpetual user rights, but access to agricultural land is a constitutional right for rural Ethiopians. The 2005 Rural Land Administration and Land Use Proclamation reinforced this right for all citizens aged 18 years and above who choose to engage in agriculture, including orphans who have the right to use land through their legal guardians. The proclamation also provides rural women the right to obtain and use land. Where land is

jointly held, the land certificate should have the names of all joint holders (CEDAW Committee, 2010). Despite having equal legal rights to land, many women are still unaware of them (Tura, 2014). On the other hand, the government notes that women increasingly defend their rights to hold land certificates and against unlawful land possession by men in courts – yet no more information or data is provided (CEDAW Committee, 2010).

However, land scarcity is a major problem, especially in highland areas with high population densities and very small farm sizes, as in southern Ethiopia where farms are the smallest in the country, even smaller than is stipulated by law, and too small for sustainable livelihoods (Bezu and Holden, 2014b). In 2011, the CEDAW Committee also expressed concerns about the lease of vast areas of arable land to foreign companies, potentially resulting in the displacement of local communities, but noted that the government claimed that these leases took place in scarcely populated areas in lowland malaria-infested areas and local people were resettled and compensated. Women have the right to lease land from the government, and can access land through their parents, yet increasingly the only chance to access land is through marriage (OECD, 2014). The 2012 National Land Use Survey reported that youth aged 18–29 years account for 21% of all rural landholders; young female holders are even fewer, at just 3% (Bezu and Holden, 2014b).

Rural youth access land mainly through their parents, as the law prohibits the purchase and sale of land, land allocation from authorities does not occur frequently and the rental market has restrictions, such as on number of years and the amount of land that can be rented out. While the Land Law grants equal land acquisition and use rights to both men and women, it is parents who ultimately decide. Parents typically hand out a part of their land to their children before they die. A study in rural southern Ethiopia (Bezu and Holden, 2014a) observes that most land transfers take place at marriage, followed by when the son or daughter reaches adulthood. However, not all children inherit land, especially those whose parents have a small or low-value farm. First-born children are also more likely to inherit land. In addition, the patrilineal land inheritance tradition, with sons marrying and staying on the farm while daughters typically marry and move to their husband's village, means girls are less likely to inherit than boys. However, young women can access land through their husbands. In Bezu and Holden's (2014a; 2014b) study, three-quarters of surveyed household heads admitted that none of their daughters would inherit land. Small land size and land scarcity increase girls' disadvantage. The quantitative analysis shows that the smaller the farm size of their parents and the lower the education of the household head, the less likely daughters are to inherit land. For instance, girls in households with the smallest farm size are seven times less likely to inherit than daughters in households with a large average farm size (Bezu and Holden, 2014b). Household heads who intended to bequeath land to a daughter have on average four years of education compared to those who did not, who have an average of 2.8 years. Bezu and Holden (2014a) also found that daughters had lower expectation of land inheritance than young men: only 41% expected to inherit compared to 74% of young men. The land registration process did not increase the probability of daughters inheriting land from their parents in the study sites.

Linked to the literature on gender and agriculture, there is a considerable number of studies on women's access to land in Ethiopia – yet there is very little on adolescent girls. A study investigating the role of women's and men's asset inheritance concluded that the amount of inheritance received has more important impacts on long-term wellbeing than whether women inherit or not, with the value of assets and the area of inherited land particularly important (Kumar and Quisumbing, 2012). However, the 2011/12 Ethiopia Rural Socioeconomic Survey (CSA and World Bank, n.d.) reports that only 22% of farm holders are women. Women are also less likely to have land that supports both crops and livestock and more likely to have smaller farm holdings. They are also more likely to own sheep, hens and donkeys, whereas men own cattle (ibid.). The latest EDHS reports that 3% of girls aged 15–19 years owned their own land and 8% owned land jointly compared to 6% and 3% of boys respectively (CSA and ICF, 2017).

Apart from land and livestock, women have the right to own other types of property, and the Revised Family Code enables women to administer marital property jointly with their husband (OECD, 2014). According to the 2016 EDHS, 2% of girls aged 15–19 years owned their own house while 11% owned a house jointly, compared to 2% and 3% of boys respectively (CSA and ICF, 2017). Qualitative research with adolescents by ODI notes that

they rarely acquire their own assets but rather help their parents build family assets. However, as already mentioned, they can inherit or receive some of these assets as wedding gifts. Common wedding gifts in rural areas include a piece of land, animals, cash or household equipment. Most importantly, assets that girls receive as gifts from their parents come under the control and management of the husband. Some adolescents may receive only the blessings of their parents (Tefera et al., 2013).

6.7 Rural livelihoods and agriculture

Agriculture continues to be the largest economic sector, employing 85% of the population and generating over 40% of gross domestic product (GDP) (Broussar and Tekleselassie, 2012). Although the government prioritises agriculture in its development plans, the sector is still characterised by small scale subsistence farming with low levels of productivity (Aguilar et al., 2014; EDC, 2012). Although agriculture provides the majority of opportunities, rural youth face a number of challenges, including limited skills and restricted access to land and other productive assets. Many have increasingly limited potential to obtain a small plot of land and become independent farmers (Broussar and Tekleselassie, 2012; EDC, 2012).

The extent of the problem linked to the broader issue of youth employment has attracted policy and research attention. The 2004 National Youth Policy pays explicit attention to rural youth and aims to ensure they have access to agricultural and grazing land (Denu et al., 2005). In addition, the 2017 National Youth Development and Growth Strategy actively promotes and supports rural youth employment through specific measures. However, studies highlight that rural youth face growing landlessness as a result of land scarcity and land market restrictions; they also have limited alternative options as job creation in rural areas is inadequate to meet local needs (Bezu and Holden, 2014b; Broussar and Tekleselassie, 2012).

An assessment of rural youth livelihoods found that the majority of those aged 15–24 years were working – most as unpaid family workers – with only a small proportion in education or training. Land shortage and the seasonality of casual farm work mean many rural youth are underemployed. Despite high youth motivation and vision, local institutions provide inadequate support and services. Some youth view commercial farming with distrust and fear (EDC, 2012).

Although according to 2016 EDHS data most older adolescents are involved in agriculture (CSA and ICF, 2017), many young people and their parents no longer consider agriculture and farming viable livelihood options. Youth who attend school or even those out of school report preferring migrating and getting informal work in urban areas. Apart from land shortage, a combination of other factors, including increased fertiliser prices, climate change, loss of soil fertility and negative attitudes that agriculture is backward and too demanding, mean agriculture is no longer appealing to rural youth (Tadele and Gella, 2012). Given the centrality of agriculture in food security in the country, the status of farming needs to improve (EDC, 2012).

Educated rural youth are more likely to pursue urban wage employment than those who are no longer students. Based on data from southern Ethiopia, Bezu and Holden (2014a) conclude that education levels in terms of completed grades have a strong positive correlation with migration, as education raises aspirations for a better life, broadens the horizon and provides information about opportunities. Large land size is negatively correlated with migration. First-born children are more likely to engage in farming instead of choosing non-farm low-wage employment. Married youth who already have family responsibilities may also be less likely to leave their community. Youth from families with larger land holdings who have a higher level of education are also less likely to migrate but more likely to pursue non-agricultural livelihoods.

Interestingly, young women from farming households are more likely to report preference for non-farm employment. In rural southern Ethiopia, 66% of young women aged 15–29 reported urban salaried employment as their preferred livelihood occupation, 26% self-employment/business and only 6% farming, compared to 52%, 33% and 12% of their male counterparts respectively (Bezu and Holden, 2014a). Tadele and Gella (2012) found that negative attitudes were more pronounced among rural girls attending school who wished a better life through education instead of the hard life their parents and themselves experienced.

In general, the literature on young women in rural areas has not focused on their economic activities but mostly on the practice of early marriage (Kodama, 2012). However, the Ethiopia WIDE longitudinal study in 20 rural communities over the past 20 years concludes that girls and young women have increased and diversified their economic participation with farm and non-farm opportunities (Loveday and Dom, 2016). Although they continue to be significantly involved in agriculture, they also work in coffee-processing factories, flower farms and large infrastructural schemes such as irrigation, or in business activities and petty trading selling food and alcoholic drinks. Confronted with limited local employment opportunities and land scarcity, some migrate for work, with those from poor households often becoming domestic workers. A combination of factors shapes their economic participation, such as existing economic opportunities, access to assets and resources, status and social norms. While men expressed concerns about wives' economic activities, saying that they may neglect their household responsibilities or feel too powerful and behave inappropriately, girls and younger women sought greater independence and a better life linked to education, migration and non-farm employment. The study also highlights a number of problems: in some industrial sites, young women are paid less than men, and some face difficulty combining work with domestic and care responsibilities. In addition, access to credit is limited and does not meet demand. Finally, youth livelihood interventions largely bypass young women, as activities are perceived to be traditionally male, women have limited information, they are not encouraged to participate or savings requirements make it difficult for them to join savings groups. It is also unclear whether and how easily young unmarried women can access government or NGO women's cooperatives or whether they are excluded. Thus both youth and adult interventions potentially miss young rural women.

As we have already noted, the literature on gender and agriculture speaks about women's access to and use of land in general but has little information on adolescent girls. Women's involvement in agriculture varies by region, product and task, with social norms sometimes restricting their participation in some productive activities. For instance, weeding is considered 'women's work' and women are more likely to cultivate vegetable crops in small plots close to home (Aguilar et al., 2014). In livestock management, women are responsible for the majority of tasks (Nahusenay and Tessfaye, 2015). The government acknowledges that women's contribution to agriculture is 'tremendous', with rural women spending most of their time on heavy household and farm work, but adds that the community does not recognise their efforts (CEDAW Committee, 2010). Overall, women have lower access to land and productive assets and Ethiopia has one of the highest gender productivity gaps in agriculture in sub-Saharan Africa, with female farm managers (mostly female-headed households) 23% less productive than males. Contributory factors include owning and renting less land, having fewer hours for productive activities and having lower access to extension services, credit, skills training and information (Aguilar et al., 2014; Nahusenay and Tessfaye, 2015; World Bank, 2015).

6.8 Pastoralist livelihoods

Pastoralist areas support around 10 million people, of whom 56% are pastoralists, 32% agro-pastoral and 22% urban dwellers (EDC, 2012). Pastoral and agro-pastoral communities are mainly found in four regions of Ethiopia: Afar, Somali, Oromia and SNNPR (Eneyew and Mengistu, 2013). Pastoralist livelihoods and way of life are under stress as a result of a combination of factors, including drought and government policies (EDC, 2012). Ability to cope with droughts is reduced and resources, including water and grazing land, are degrading or difficult to access, with pastoral rights to land and resources highly insecure (Flintan et al., 2011). An assessment of rural youth livelihoods, including pastoralists in Oromia and Somali regions (EDC, 2012), found that some youth wish to continue traditional livelihoods, while those who had left and migrated wished to return to it when they could. Pastoralist youth seem to be a rather fluid and mobile group, given weather, seasons, opportunities or conflict. There are also considerable regional and local variations. Youth who continue their traditional way of life lack adequate skills including literacy and numeracy, with existing programmes providing very few services. These young people require alternative options and need to be provided with information about modern pastoralist approaches and relevant opportunities (ibid.). On the other hand, those who move out of pastoralism and young students from pastoralist backgrounds studying

agriculture and related courses may aim to gain public sector employment (Jackson, 2011). However, the literature tends to be in general about pastoralist youth; it is extremely difficult to find information about adolescent girls and their economic activities in these communities.

6.9 Migration

There is a growing body of literature on youth migration from rural to urban areas as well as on the migration of young women to the Middle East for domestic work. Rural to urban migration in Ethiopia has historically been low. Ethiopia is one of the least urbanised countries globally and even regionally; according to the 2007 census, only 16% of the population lived in urban areas while the average for sub-Saharan Africa is 34% (Bezu and Holden, 2014c). The government has not encouraged migration and has tried to control it. Yet chronic poverty, food insecurity, high population pressures on land and droughts have forced some people to move in search of labour opportunities. In recent years, data shows growing migration to large cities and towns (Denu et al., 2005). Thus the urban population is projected to reach 32% by 2045, with a growth rate among the highest in the world. Increased rates of land scarcity and youth landlessness in rural areas, along with employment, education and other opportunities in urban areas, make many rural youth migrate in search of better livelihoods. Addis Ababa is the most popular destination, attracting 43% of all migrants. Data from the Ethiopian Urban Migration Study Survey shows that 63% of recent migrants in Addis Ababa are women and only 4% of them report marriage arrangement as their reason of migration. Overall, youth aged 15–35 account for 51% of recent migrants. However, most male youth migrate to urban areas, whereas most young women migrate to rural areas. The majority of men migrate for employment reasons; most women migrate for marriage (Bezu and Holden, 2014c).

Using three datasets collected between 2007 and 2013 along with qualitative research, a study of youth migrating from southern Ethiopia to Addis Ababa and Hawassa, SNNPR (Bezu and Holden, 2014c), confirms high rural–urban youth migration rates between 2007 and 2013. Youth migrate for various reasons, but the major one is to get a job and find better livelihoods. The study notes that youth from poorer households and from villages with lower agricultural potential, as well as youth who expect to find better employment in urban areas and youth with more education, are more likely to migrate. Education is positively correlated with migration to urban areas. A one-year increase in years of schooling increases the odds of migrating to an urban area relative to staying in the village by a factor of 1.27. Belonging to a household with an older household head also increases the likelihood of migration. Young women are more likely to migrate as they are less likely to receive farm land. Most youth migrate to towns where they have contacts, with their parents often giving their consent and covering the costs of migration (*ibid.*).

In their destination, most youth migrants engage in informal self-employment as it has fewer requirements. Those engaged in street self-employment face higher insecurity and lower incomes. Male youth tend to get involved in shoe shining; more young women engage in street coffee vending. Rental and workplace tenure insecurity, food insecurity and limited social networks to provide support in times of crisis are the main identified challenges. Young women face greater disadvantage as they earn less in both formal and informal self-employment, have lower assets and are at higher risk of getting trapped in low-income employment. Interestingly, education appears to have a stronger positive impact on young women in terms of motivating and prompting them to find a better occupation. Despite difficulties, the majority of youth migrants reported being satisfied with their new urban life and 43% remitted money home (Bezu and Holden, 2014c). However, the World Bank (2015) notes that female migrants and less educated migrants experience much lower welfare gains from migration. Female migrants experience about half (56%) of the consumption gain male migrants experience – partly because male employment outcomes are better than those of females.

The literature also points out that migration provides opportunities but also entails risks for girls and young women who feel that migrating from rural areas to towns will improve their life chances. While, as already noted, most women migrate for reasons related to marriage, many girls move for employment, mostly as domestic workers; without a support network, these girls are vulnerable to exploitation and sexual abuse

(Crawford et al., 2013). Young women also migrate to work in factories (IOM, n.d.). Apart from marriage, work and education, family conflict also prompts girls to migrate (Ellis and Woldehanna, 2005). A study of girl migrants to Addis Ababa identified a strong association between the decision to migrate and the negative role of step-parents or other relatives who abused these girls physically, mentally or sexually (de Regt, 2016). However, as migration is costly, girls from the poorest households have lower ability to migrate (Tefera et al., 2013).

There is also a growing number of girls and young women migrating to the Middle East for domestic work. There is a lack of accurate data, let alone age-disaggregated data, but the majority of migrants are young women (GHE, 2015), and perhaps up to 1,500 girls and young women leave Ethiopia daily to work as domestics in the Middle East (Jones et al., 2014b). Qualitative research by ODI (Jones et al., 2014b; 2014c) highlights that international migration and remittances are increasingly appealing to low-income families and girls. Given that agricultural livelihoods become unattractive for youth, and graduates face high unemployment, families consider migration and the expected remittances an opportunity not to be missed. Apart from seeking employment to help parents and improve their lives, girls also migrate to escape child marriage, after having failed in the national school exams, because of broker or peer pressures, or as a result of family tensions. While the law prohibits migration of children, Jones et al. (2014b) found that it was relatively easy for girls as young as 13 to obtain false identification. Illegal brokers charging high fees help girls migrate quickly, instead of facing the lengthy delays required in legal migration processes. The so-called ‘maid trade’ is blooming, with most women and girls migrating through illegal channels (ibid.). Yet girls and young women who want to migrate are vulnerable to being trafficked, lured by false promises of informal recruiters. Orphaned girls are considered particularly vulnerable to trafficking. Girls are trafficked for sex work from rural to urban areas and for domestic servitude and sexual exploitation to the Middle East and other sub-Saharan African countries (IOM, n.d.) (also see Section 3).

6.10 Child labour

The minimum working age for youth employment is 14 and the maximum working hours for those aged below 18 is 7 hours daily. However, Ethiopia has one of the highest rates of child labour globally (UNESCO, 2012). Accurate and up-to-date data is hard to find. Most sources cite the 2001 Child Labour Survey, according to which 52% of children were working to supplement family income, with more than 80% of them being younger than 15. Most productive activities they were engaged in lasted for long hours and were demanding (MoE and UNICEF, 2012). The 2012 Urban Employment/Unemployment Survey reported that 14% of boys and girls aged 10–14 in urban areas were economically active (CSA, 2012). Several sources note that there is a large number of children in urban centres working as shoe shiners, porters, beggars, food and drink or lottery ticket sellers, domestic workers and sex workers. Small scale industries such as shoe factories and the traditional weaving industry, but also construction enterprises, also prefer to use children as they cannot negotiate their terms of employment (PIN, 2009; Save the Children, 2003; USDOL, 2015). In rural areas, children are more likely to get involved in agricultural activities from a young age. Boys look after cattle, sheep and goats; once they turn 10 they start participating in weeding and harvesting. Although girls are not allowed to plough land or look after cattle, they also participate in weeding and harvesting (Tadele and Gella, 2014).

Apart from participating in productive activities, children also help with domestic and care tasks. In particular, girls are expected to help their mothers and older sisters in fetching water, cooking food, looking after the garden, feeding poultry, milking and processing milk, washing clothes and cleaning the house and animal barns (Tadele and Gella, 2014). Data from the 2013 National Time Use Survey shows that younger adolescent girls aged 10–14 spend more time on water and firewood collection daily compared to older girls and boys. However, older adolescent girls spend more time on care and domestic tasks than any other group: 91% of girls aged 15–29 years spend on average 4.5 hours a day on unpaid domestic tasks (CSA, 2014b) (see Table 6). Studies also show that, during drought periods, the average time girls spend fetching water increases

substantially along with their other domestic tasks (BOCWA and BOLSA, 2016; Swarup et al., 2011). Girls from rural areas have heavier workloads than girls from urban areas (Tafere et al., 2009).

Table 6: Participation rates and average daily time spent on water and firewood collection and unpaid care and domestic services, 2013 (CSA, 2014b)

Groups	Water collection		Firewood/fuel collection		Unpaid domestic services		Unpaid care services	
	%	Min	%	Min	%	Min	%	Min
Girls aged 10–14	46	30	26	25	78	204	24	157
Boys aged 10–14	21	13	13	14	52	228	8	102
Female youth aged 15–29	43	27	21	18	91	274	44	210
Male youth aged 15–29	10	7	8	10	48	177	9	95

Research by Young Lives in two cities and one rural area reveals that children themselves want to engage in paid work and contribute to the daily survival of their families, having a strong sense of obligation towards their family. Some children also work to meet their own school costs. Working is seen as compatible with schooling, and in rural areas half day schooling is common, allowing children to contribute to their household livelihoods. In rural areas, children are mostly involved in agriculture, while in urban areas in petty trade – usually selling fruit and vegetables or in the family business. Girls also prepare food and drink for sale or work as waitresses and domestic workers. In addition, in rural areas older children may work on the PSNP substituting for their parents (Pankhurst et al., 2016)¹⁸.

A number of Young Lives studies find that children involved in child labour are more at risk of not completing primary school, depending on available opportunities for work, teacher absenteeism and poor school quality, parental death or illness or economic shocks. However, most interviewed children felt their work enabled them to become partly independent as they fulfilled their own basic needs and met school costs. They also benefited their families while they learnt skills important for their future life or the occupation they wanted to pursue. Children also mentioned praises and blessings from their parents and God, recognition by family members and their community, greater respect, personal pride and a sense of strong self-worth (Pankhurst et al., 2016).

Thus, apart from financial gains, children stress the personal satisfaction, social approval and moral fulfilment gained through their work. Yet they also identified risks such as accidents, health risks, economic threats, social risks and gender-related problems, including vulnerability to sexual abuse faced by domestic workers or gender wage discrimination by employers (Pankhurst et al., 2016). Based on Young Lives data, Morrow et al. (2014) find that adolescents between 14 and 16 years were injured during work – including unpaid work and household chores – with cuts most frequently reported. Adolescents engaged in physically demanding work, poorer adolescents, boys and those who perceive their health to be poor are at higher risk of work injuries (ibid.).

Several sources focus on child domestic workers in urban centres. Domestic work entails increased vulnerability for girls, because of a combination of socioeconomic, age and gender disadvantage. Living in the house of their employers makes girls invisible and isolated from social support networks (Pankhurst et al., 2016). Domestic workers and sex workers account for the majority of adolescent migrant girls in Addis Ababa. In a study by de Regt (2016), most girls said they had decided to migrate themselves, as a result of household poverty and a desire to help their parents, experience of abuse at home, a wish to escape early marriage or the aspiration to continue their education. Some domestic workers were in fact able to attend evening classes and hoped to continue their education and get better jobs. The majority of girls also spoke about their isolated

18 Several studies investigate the impact of participation in the public works scheme of the PSNP on child labour and schooling, with mixed results.

lives controlled by their employer, heavy workloads, low or no salaries and various forms of abuse. The often-cited Population Council study of adolescent girls in slum areas of urban Ethiopia, which stresses how highly vulnerable and largely invisible they are, mentions that girls working as domestics reported long working hours for US\$7.50 monthly compared with US\$51.50 for sex workers (Ferede and Erulkar, 2009). Often, girls do not receive any payment for their labour, only food and a place to sleep (van Blerk, 2008). On the other hand, female sex workers appear to have more money, freedom of movement and social networks (de Regt, 2016). However, sex workers face health, violence and debt risks, as they may borrow money from bar owners when they cannot find work and be drawn into debt (van Blerk, 2008). Studies emphasise that domestic work can lead to sex work and street life after girls are abused in domestic work (de Regt, 2016; PIN, 2009).

6.11 Assessment of the evidence and key gaps

Our search revealed a considerable and growing body of literature exploring several aspects of adolescent girls' economic capabilities. Despite the relative large amount of information on youth economic wellbeing, the literature speaks in general about young people aged 15–29 without differentiating between older adolescents and young adults. In addition, while there is some information about younger adolescents, particularly in relation to child labour, we know very little about other aspects of their economic wellbeing. Moreover, although the majority of adolescents work in agriculture, we know little about their involvement in such activities. We also know little about girls' employment in factories, which is a growing sector of the economy. While there is some literature on domestic and sex workers, much of it is framed in relation to reproductive health concerns and especially HIV and AIDS. The extent of girls' participation in public works schemes also remains unknown. The significant role of gender norms and attitudes in female employment is often cited but not explored in depth. Although studies report that girls are able to save through informal mechanisms, we know very little about their savings habits and their assets, while their participation in microfinance schemes remains unclear. Finally, it is difficult to find accurate data disaggregated by sex, age and location on adolescent employment, access to land, credit and savings.

7. Sexual and reproductive health, health and nutrition

Key points

- The health care system has been radically decentralised in recent years and national policies have created an enabling environment for services to improve the reproductive health of both youth and women, with contraceptives now provided for free down to the village level
- However, younger women are still less likely than older women to use contraceptives. Latest EDHS data shows that only 7.5% of married and sexually active unmarried girls aged 15–19 use any method of contraception, while 20.5% of married adolescent girls aged 15–19 report an unmet need for family planning. Sexual and reproductive health knowledge is generally dependent on age, living arrangements, location and wealth, while there is stigma and misinformation surrounding HIV
- Adolescent girls experience early pregnancy and childbirth with 13% of 17-year-olds and 28% of 19-year-olds having already begun childbearing in 2016, yet the majority do not deliver assisted by a skilled provider or in a health facility nor access postnatal care
- Knowledge of malaria and tuberculosis is generally quite high, whereas 29% of girls aged 15–19 are thin/undernourished and 20% are anaemic, which is closely related to malnutrition and poverty

7.1 Overview of the evidence

Our search generated 195 sources related to sexual and reproductive health, physical health and nutrition. While 132 of these were academic sources, 63 were grey literature. In addition, we found 15 sources with statistical data on health in Ethiopia, including the EDHS and other national household surveys. The majority of the literature focuses on sexual and reproductive health (SRH), while approximately a quarter of papers discuss food security and nutrition. Discussion of other health issues such as tuberculosis (TB) and malaria was largely absent. Even the handful of sources that centre on substance consumption, investigate its relation to risky sexual behaviour. Evidence is based on large scale surveys, such as the EDHS and Population Council surveys, as well as small scale studies of specific issues or with particular groups of health service users. For instance, we accessed a great number of in-depth studies of sexual behaviour or contraceptive use rates in one particular high school or village.

7.2 Health care system

The health care system in Ethiopia is funded through four main sources: government, donors, NGOs and private contributions (Bansal et al., 2012). Over the past few decades, and in particular since the introduction of the Millennium Development Goals, the government of Ethiopia has dedicated itself to improving the accessibility and quality of health care across the country. In 1993, it launched Ethiopia's first health care strategy in 50 years, and in 1997 it initiated the Health Sector Development Programme (HSDP) to implement the strategy (ibid.). There have now been four cycles of the HSDP, prioritising maternal, new-born and child health along with combating HIV and AIDS and other infectious diseases (CSA, 2014a). As part of this, the government of Ethiopia has committed to improving the health of adolescents. The National Reproductive Health Strategy 2006–15 (MoH, 2006) highlighted the importance of protecting adolescent reproductive health and sought to address service gaps for youth in rural areas (MoFED and UN Ethiopia, 2012).

One of the most innovative aspects of the HSDP has been the introduction of the Health Extension Programme (HEP) and the decentralisation of health care to the district level (Banteyerga, 2011). In aiming for universal coverage, the programme recruits HEWs from their home villages to deliver basic health care in rural communities. These health workers are expected to spend 75% of their time on outreach to bring health care and information directly to Ethiopian homes (CSA, 2014a). By 2010, the government had trained a total of

34,000 HEWs. Similarly, Community-Based Health Workers (CBHWs), trained by NGOs, work on a voluntary basis in rural communities (Bansal et al., 2012).

As a result, health care coverage in Ethiopia increased from 77% in 2005 to 90% in 2010 (Banteyerga, 2011). The CEDAW Committee (2011) praised government's efforts to improve women's and girls' access to health care, including SRH services, through training HEWs on maternal health and obstetric care. Likewise, the US Agency for International Development (USAID) has highlighted that Ethiopia's HEP should serve as a model for other developing countries (CHANGE, 2010).

Despite working with extremely limited resources, the MoH has made great progress on access to health care (Muntean et al., 2015). However, there is still a need for better coordination between the different ministries involved in delivering health care information, education and services, including MoWCYA and MoE (ibid.). In addition, despite their potential to expand health service delivery and contribute to youth wellbeing, NGOs operating in Ethiopia are limited by the Civil Society Registration Law which restricts their ability to run programmes on health information or life skills for adolescent girls. In particular, it makes it difficult for NGOs to promote girls' rights to family planning. It also ensures that all NGOs comply with the '70/30' budget rule, which categorises costs as programmatic or administrative (Bansal et al., 2012). This is particularly problematic for the health sector as administrative costs include health staff salaries.

7.3 Youth-friendly SRH services

National policies have created an enabling environment for services to improve adolescent reproductive health, yet implementation remains a problem (Bansal et al., 2012). Youth-friendly SRH services are noticeably limited in Ethiopia (Ayehu et al., 2016). For instance, in Harar, Harari, the Family Guidance Association is the only facility providing a youth-friendly service (Motuma, 2012). Numerous surveys on service utilisation have demonstrated that, even where youth-friendly services are in operation, these are not necessarily reaching all young people. For example, a survey in Awabel, Amhara, revealed that young people from wealthier family backgrounds who lived near a youth-friendly health centre were more likely to attend one, therefore excluding poorer, rural youth (Ayehu et al., 2016). Moreover, Mekbib et al. (2005) showed that 10 out of 13 organisations were serving more boys than girls, with older boys being the key beneficiaries; overall, only 22% of service users were 10–14 years old. It is perhaps not surprising that older individuals are more likely to use SRH services, as they are more likely to be sexually active. In a study of high school students in Amhara, Abebe and Awoke (2014) report that students aged 20–24 are 2.31 times more likely to utilise reproductive health service than those aged 15–19.

Social norms frequently dictate utilisation of sexual health services for young people. In a number of studies throughout Ethiopia, young people report that they do not use such services because they are afraid that these services lack confidentiality, feel embarrassed and are concerned that they may see someone they know (Abebe and Awoke, 2014; Bansal et al., 2012; Berhane et al., 2005). The ingrained nature of social norms, particularly around adolescent girls' sexuality, means these fears are sometimes unfortunately accurate. For instance, one study of health care workers found that, although the majority did have positive and progressive attitudes, almost 30% had negative attitudes towards the provision of SRH services to unmarried adolescents. In particular, 47% did not want to provide contraceptives to unmarried adolescents (Tilahun et al., 2012).

7.4 Adolescent sexual activity

Our search generated a number of small scale studies of the sexual behaviour of Ethiopian adolescents, based on particular villages or high schools – and studies like these contribute to our wider understanding of sexual debut in the country (Erulkar et al., 2004). In many parts of Ethiopia where traditional attitudes around female sexuality persist, adolescent girls are expected to remain pure and maintain their virginity until marriage, while social concepts surrounding masculinity encourage young men to have multiple sexual partners before marriage (Greene et al., 2012; Molla et al., 2008). Data from the latest EDHS shows that the mean number of

sexual partners for adolescent girls aged 15-19 who ever had sexual intercourse was 1.1 compared with 2.4 for their male counterparts (CSA and ICF, 2017).

The timing of sexual initiation is highly dependent on the timing of marriage – and this is particularly clear in places where child marriage is commonplace, like Amhara (Erulkar et al., 2004). According to the most recent available data from the 2016 EDHS, the median age at sexual debut is 17.1; yet it is lowest in Amhara at 15.8 years (CSA and ICF, 2017). In general, early sexual initiation occurs more often in rural than in urban areas (Mazengia and Worku, 2009), with the median age for rural females being 16.6 years compared with 19.3 years for urban females (CSA and ICF, 2017).

The accessed literature suggests that early sexual debut occurs in Ethiopia where there is a lack of well-designed sex education programmes targeted towards young adolescents (Mazengia and Worku, 2009). Peer pressure and parenting practices are also highlighted as significant factors (Cherie and Berhane, 2012). Consequently, interventions that aim to reduce sexual behaviour among adolescents should target adolescents as a group rather than individually, as well as enable parents to improve their parenting practices so they feel encouraged to speak more openly to their children about sex (ibid.).

7.5 Contraception

Overall, the use of contraception has become increasingly prevalent in Ethiopia, with just 8% of married women using contraceptives in 2000 compared to 42% in 2014 (CSA, 2014a). Ethiopia has therefore been seen as an overall family planning success story, with some of the most significant factors being political will, donor support, NGO and public-private partnerships, and HEWs (Olson and Piller, 2013). Among younger age groups, however, contraceptive use is still relatively low. The latest EDHS found that only 7.5% of married and sexually active unmarried girls aged 15–19 used any method of contraception compared to 26% of women aged 20–24 and 36% of women aged 25–29 in 2016 (CSA and ICF, 2017).

Unmet need for family planning has decreased alongside the rise in the use of contraceptives, but there are still problems. Overall, 20.5% of married adolescent girls aged 15–19 report an unmet need compared to 18.5% of young women aged 20–24 (CSA and ICF, 2017). There are significant regional differences, as women of all reproductive age groups living in rural regions, have much higher levels of unmet need in comparison with women living in urban areas. In addition, met need for family planning is very low in some areas, such as Somali region where it is just 1.5%, while it is much higher in other places, such as Addis Ababa at 56%. There are also differences based on education and wealth levels: women with no education and those in the lowest wealth quintile report the highest unmet need for family planning (CSA and ICF, 2017).

There is also a disparity between married and unmarried youth: a Population Council survey reports that 92% of sexually active unmarried boys and 63% of unmarried girls are aware of condoms. This contrasts with 66% of married boys and 41% of married girls (Population Council and UNFPA, 2010). This may reflect that married youth are more likely to live in rural regions, where contraceptive information and services are scarce, as well as that contraception is stigmatised within the context of marriage, especially as married girls are often expected to prove their fertility (Bansal et al., 2012).

A number of small scale studies confirm that risky sexual behaviour among adolescents is high in Ethiopia. For instance, almost half of students surveyed in Jimma, Oromia, reported unprotected sex at some point in their lives (Abebe et al., 2013), along with over 40% of female students in Addis Ababa University (Ahmed et al., 2012), and almost half of sexually active adolescents surveyed in Dilla, SNNPR (Abosetugn et al., 2015). Meanwhile, another study in Jimma, Oromia, found that stigma surrounding condom use was occurring alongside the liberalisation of sex (Ambaw et al., 2010). A number of studies also report high levels of unprotected sex between young people and sex workers (Alemu et al., 2007; Andargie et al., 2007).

7.6 Access to SRH knowledge

Available data from the 2016 EDHS reveals that 57% of girls aged 15–19 had come across a family planning message through various channels, including radio (24%), television (20%), newspapers, posters, leaflets, mobile phones and community events (27%), in the few months prior to the survey (CSA and ICF, 2017). In a comprehensive Population Council survey of out-of-school adolescent girls in urban slum areas, young people reported that the most common source of information on HIV and AIDS was the television (52%), followed by radio (50%) (Ferede and Erulkar, 2009). Tefera et al. (2013) comment that the dissemination of SRH information across the country is fairly good: the MoE produces educational programmes and videos for schools on HIV and AIDS, pregnancy and safe abortions.

However, a number of small scale surveys reveal that SRH knowledge is still dependent on age, living arrangements, location and wealth (Abajobir and Seme, 2014; Adinew et al., 2013; Erulkar et al., 2004; Oljira et al., 2013), while the 2016 EDHS showed that women with secondary or higher education were over twice as likely as those with no education to have been exposed to SRH information in the past few months (CSA and ICF, 2017). Kassa et al. (2016) find a particular lack of SRH knowledge among young people living with disabilities, and note that this group is especially reliant on the radio and television for information. Street children also face specific difficulties in accessing health information, skills and services during adolescence. In one study of street children, over 65% of respondents had not been exposed to any SRH educational programme (Habtmu and Adamu, 2013).

Pereznieto and Tefera (2013) confirm that there are still limits on the SRH information available to out-of-school adolescent girls. Moreover, their research highlights that although HEWs have a clear mandate to educate young girls about HIV and contraception, other vital topics, such as menstruation and fistula, are often side-lined. Their interviews reveal that discriminatory gender norms surrounding menstruation are often left to flourish. Indeed, this is compounded by the fact that parent-to-adolescent communication on SRH issues is extremely low (Ayalew et al., 2014; Dessie et al., 2015; Lemango et al., 2016; Shiferaw et al., 2014). There is therefore still a need for mass media and community-based campaigns to increase awareness about SRH issues and in particular to reach out-of-school girls, young people living with disabilities and street children (Bekele and Ali, 2008; Bogale et al., 2011; Kong and MCI, 2010).

7.7 HIV and AIDS

The prevalence of HIV is higher among young women aged 15–24 than among young men in the same age group – at 0.5% and 0.1% respectively (ICF International, 2012). The rates of women aged 15–24 who are HIV-positive vary depending on the region, from 0.2% in Oromia to 9% in Gambella (ibid.). Groups such as sex workers are at greater risk of contracting HIV: a 2014 study of Ethiopian sex workers found that HIV prevalence across 10 study sites ranged from 15% to 33%, in comparison with the national level of 2% (Population Council et al., 2015). The CEDAW Committee (2011) has stressed the importance of addressing the high number of young women living with HIV and AIDS in Ethiopia, and commented on the lack of drugs in the country to prevent mother-to-child transmission, along with the absence of special preventative programmes for vulnerable young women.

Unlike other indicators, young people aged 15–19 in Ethiopia have a higher level of comprehensive knowledge of HIV and AIDS in comparison with older people. Data from the latest EDHS shows that 24% of girls aged 15–19 had knowledge about HIV prevention compared to 38% of boys aged 15–19 in 2016. For example, over 60% of girls (and nearly 75% of boys) knew that HIV can be prevented by using condoms. Those living in Addis Ababa were far more likely than those living in Somali region to have such knowledge. Those in urban areas, with higher education levels and those in better-off households were also more likely to have this knowledge (CSA and ICF, 2017). However, one interesting point made is that knowledge of prevention alone is not necessarily enough (Ashenafi and Tadesse, 2005). Strategies to combat HIV often assume that all groups can choose to abstain from sex, stay faithful to one's partner and use condoms – yet the reality in Ethiopia and many other

countries is that young girls tend to be vulnerable to HIV and AIDS because of coercive circumstances and gender discrimination (ibid.). The latest EDHS data also shows that more than 25% of girls aged 15–19 have been tested for HIV compared to 20% of boys (CSA and ICF, 2017).

A number of studies have observed stigmatising discriminatory attitudes in relation to HIV infection in Ethiopia, and the Population Council and UNFPA survey highlights that this stigma tends to be higher in rural regions (Population Council and UNFPA, 2010). Nonetheless, in a study of urban slums, 41% of people reported that they would not want to be in the same room with an HIV-positive person (Ferede and Erulkar, 2009). In an investigation of knowledge and attitude levels on HIV in southern Ethiopia, Paul (2014) found that students who expressed negative attitudes towards HIV-positive people achieved lower scores on knowledge of HIV. Of course, one of the consequences of the HIV epidemic in sub-Saharan African countries like Ethiopia is high numbers of orphans. In a study of a secondary school in Addis Ababa, for example, nearly a fifth of respondents had experienced the death of at least one parent, for a range of reasons, including HIV (Menna et al., 2014). However, Crivello and Chuta (2012) analysed Young Lives data and found that parental death by HIV did not guarantee negative impacts on children's experiences; in fact, poverty levels and household location are far more important indicators.

7.8 Adolescent pregnancy and childbearing

In accordance with prevailing gender norms, in many parts of Ethiopia girls and women are valued primarily as wives and mothers. Consequently, adolescent girls experience early pregnancy and childbirth (Cherinet and Mulugeta, 2002; Glinski et al., 2014; Pereznieta and Tefera, 2013). According to the latest EDHS, 13% of adolescent girls aged 17, 20% of girls aged 18 and 28% of girls aged 19 were already mothers or pregnant in 2016 (CSA and ICF, 2017).

As it is evident in Table 7 below, girls in rural areas, without education, and of poor socioeconomic status were more likely to have already started childbearing. Significant variations also exist among regions, with nearly one in four girls in Afar already pregnant or having children compared to just 3% of girls in Addis Ababa (ibid.). On average, adolescent girls aged 15–19 report wanting 3.6 children, whereas women aged 20–24 report wanting 3.9 children (CSA and ICF, 2017). This average is higher for those living in rural areas and in some regions, with women aged 15–24 desiring 10.6 children in Somali region but 3.6 children in Addis Ababa (ibid.).

Ethiopia has experienced an overall fertility decline: between 2000 and 2016, the average number of children per woman fell from 5.5 to 4.6 (CSA and ICF, 2017). In the 2016 EDHS, only 1% of girls aged 15–19 had given birth at the age of 15 (ibid.). Small scale studies of specific locations demonstrate that adolescents are generally transitioning to later marriage and lower fertility (Ali et al., 2015; Herman et al., 2011). The adolescent fertility rate has more or less continuously declined since 1975, but particularly since the adoption in 1993 of the National Population Policy of Ethiopia, which centred on increasing the minimum age of marriage to age 18 and expanding the supply of modern contraceptives to women aged 15–49 (Gurmu and Dejene, 2012). While progress has been remarkable, the observed decline is not uniform across all groups; for instance, between the 2000 and 2005 EDHS, Ayele (2013) found a statistically significant increase in pregnancy among women aged 17–24 among some minority groups and poorer households.

Table 7: Adolescent pregnancy and motherhood, EDHS 2016

Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child, and percentage who have begun childbearing, by background characteristics, Ethiopia 2016				
Background characteristic	Percentage of women age 15-19 who:		Percentage who have begun childbearing	Number of women
	Have had a live birth	Are pregnant with first child		
Age				
15	0.6	1.0	1.6	708
16	3.5	0.9	4.4	701
17	11.2	2.1	13.2	641
18	14.7	4.9	19.6	913
19	25.1	2.6	27.7	417
Residence				
Urban	2.2	2.7	4.9	805
Rural	12.5	2.3	14.8	2,576
Region				
Tigray	9.4	2.5	12.0	276
Afar	20.0	3.3	23.4	30
Amhara	7.0	1.3	8.3	767
Oromiya	14.5	2.5	17.0	1,234
Somali	13.1	5.6	18.7	105
Benishangul-Gumuz	11.5	2.1	13.6	34
SNNP	7.2	3.4	10.7	681
Gambela	14.7	1.5	16.2	9
Harari	15.3	1.6	16.9	8
Addis Ababa	1.9	1.1	3.0	217
Dire Dawa	9.3	3.2	12.5	20
Education				
No education	24.1	3.8	27.9	469
Primary	9.8	2.3	12.1	2,148
Secondary	2.0	2.1	4.1	678
More than Secondary	3.4	0.0	3.4	87
Wealth quintile				
Lowest	16.4	5.3	21.8	511
Second	19.9	1.5	21.4	538
Middle	13.0	2.3	15.2	656
Fourth	5.3	1.3	6.6	678
Highest	2.8	2.3	5.1	998
TOTAL	10.1	2.4	12.5	3,381

(CSA and ICF, 2017)

7.9 Antenatal, delivery and postnatal care

In Ethiopia, pregnancy and childbirth related consequences are among the leading causes of death for adolescent girls aged 15–19 (Gebreselassie and Govindasamy, 2013) and the maternal mortality rate is one of the highest in the world (Bansal et al., 2012). The CEDAW Committee (2011) has commented on the high maternal mortality rate in the country as a consequence of obstetric complications such as fistula, early pregnancy, unsafe abortion and harmful practices, especially in rural areas. The latest EDHS estimated that maternal deaths account for 17% of all deaths among girls aged 15–19 (CSA and ICF, 2017).

Although antenatal services are available in all government health care facilities, utilisation is fairly low (Perezniето and Tefera, 2013). The 2016 EDHS data shows that one in three pregnant adolescent girls received no antenatal care, 67% delivered at home, only 33% had their delivery assisted by a skilled provider, and only 13% had a postnatal check-up in the first two days after birth (CSA and ICF, 2017). In another young adult survey conducted across Ethiopia, 47% of females stated that they had received at least one antenatal care visit, whereas 37% of boys reported that their partners had received care, suggesting boys are not always aware of their partner's antenatal care programme (Population Council and UNFPA, 2010). The survey found that 76% of girls from urban areas received antenatal care compared to 36% of girls from rural areas. Over 20% of boys and girls reported that they did not pursue antenatal care because of a perception that antenatal care was not commonly practised within the culture of their community. In a study in north-west Ethiopia, where 37% of girls were pregnant before age 19, around 31% had one antenatal care visit but only 16% had four or more (Alemayehu and Mekonnen, 2015).

In Munisa, south-east Ethiopia, women under the age of 20 are six times more likely to give birth with a skilled birth attendant than women over the age of 35, partly because older women are more likely to be illiterate, hold more traditional views and be unfamiliar with modern facilities (Amano et al., 2012). In north-west Ethiopia, women's education, residence and experience of antenatal care determines whether women pursue skilled birth attendance (Mengesha et al., 2013).

7.10 Unwanted pregnancy and abortion

Ethiopia's abortion law was passed in 2004 and is one of the most progressive in sub-Saharan Africa, permitting abortions in cases of rape, incest or foetal impairment, if the mother's or foetus' life is at risk, or in cases of psychological and physical incapacity. The government took positive measures to improve women's wellbeing, in collaboration with the local civil society and international development actors, including the Abortion Advocacy Working Group and Ipas (Bansal et al., 2012). In the 2016 EDHS, 18% of pregnant or young adolescent mothers reported that their births were wanted later (CSA and ICF, 2017). Indeed, the Population Council and UNFPA survey found that although 95% of fathers wanted the pregnancy to occur at the time it did, 83% of girls wanted their pregnancies – with 12% saying that they would have wanted it later and 6% saying that they did not want it at all (Population Council and UNFPA, 2010). Some small scale studies in high schools and villages have shown that abortions among students are markedly common (Melaku et al., 2014; Worku and Fantahun, 2006). The abortion law has made it easier for young women to terminate a pregnancy, but the CEDAW Committee (2011) stresses that there is still a high number of unsafe abortions taking place, often because sex is not openly discussed in Ethiopia (Bansal et al., 2012).

7.11 Menstruation

The Population Council and UNFPA survey reveals the mean age of menarche in their sample to be 14.5 years, with rural girls experiencing it at 14.8 years and urban girls at 14.3 years (Population Council and UNFPA, 2010). Yet a longitudinal study of 900 girls in Jimma, Oromia, found that food-insecure girls experienced menarche one year later than food-secure girls (Belachew et al., 2011).

Generally, underwear or rags are most commonly used during menstruation, and schools and other facilities often lack clean, separate latrines. This leads to increased stress levels for girls, who report worrying about

bleeding through their clothes in public, as well as increased chances of contracting infections (Fehr, 2010; Population Council and UNFPA, 2010). Studies on characteristics of adolescent girls' menstrual cycles are fairly scarce (Zegeye et al., 2009) and menstrual hygiene management is often side-lined in both the SRH and the water, sanitation and hygiene sectors in Ethiopia (TCECA, 2014). The topic of menstruation remains a taboo and it is rarely discussed. In Tamiru's (2015) study across six districts, 54% of adolescent girls responded that they were unable to speak freely about menstruation as a result of a mixture of fear, shame, taboos, religion and custom. Language is also very revealing: menstruation is referred to by some ethnic groups as idif, which means 'dirt', or gadawo, which means 'disease of the abdomen'; 18% of respondents perceived menstruation to be 'a curse from God' (TCECA, 2014). In addition, 25% of rural girls and 4% of urban girls reported isolating themselves in a field or elsewhere when they are menstruating (Population Council and UNFPA, 2010). Numerous studies seem to agree with one another that the majority of adolescent girls in Ethiopia are unaware of menstruation before they experience it (Population Council and UNFPA, 2010; Tamiru, 2015; TCECA, 2014; Upashe et al., 2015). However, the Population Council and UNFPA survey highlights that younger girls have better knowledge about menstruation than older girls, implying there have been improvements in menstruation education in recent years.

7.12 Food security and nutrition

Discriminatory gender norms dictate individual food security across the country, as sons are often seen as important assets to families whereas girls are merely married off (Brown, 2012). Adolescent girls are therefore more likely to eat a smaller quantity and lower quality of food than boys (Roba et al., 2015). Using data from the five-year longitudinal study in Jimma zone in south-west Ethiopia¹⁹, Belachew and Hadley (2010) found that, among food-insecure adolescents, there was a higher proportion of girls than boys reporting illness and difficulties with work because of poor health and feeling of tiredness. Another study using the same dataset also found that girls aged 13–17 years were more likely than boys to report being food-insecure themselves, especially in severely food-insecure households. This pattern was observed even when comparing sibling pairs of boys and girls living in the same household: in households facing severe food insecurity, close to 40% of girls reported food insecurity while their brother did not (Hadley et al., 2008). Stunted growth is thus unsurprisingly more common among females than males (Mulugeta et al., 2009, 2015), which can contribute to women's and girls' risk of obstetric fistula (Brown, 2012). Overall, the latest available EDHS data shows that 68% of girls aged 15–19 have a normal weight, while 29% are thin/undernourished and 3% are obese/overweight (CSA and ICF, 2017).

In addition, iodine deficiency disorders (Abuye et al., 2008) and anaemia (Tesfaye et al., 2015) occur as clear consequences of undernourishment. In the 2016 EDHS, 20% of girls aged 15–19 were anaemic. Data for all Ethiopian women of reproductive age shows that anaemia prevalence varies by location and region: 17% of women in urban areas are anaemic compared to 25% of those in rural areas, while 16% of women in Addis Ababa are anaemic in contrast with 59.5% in Somali region, which is far poorer than Addis Ababa. In addition, 17% of women in the highest wealth quintile are anaemic compared to 34% in the lowest (CSA and ICF, 2017). On the other hand, 18% of men aged 15–19 are also anaemic with similar location, region and wealth differentials (*ibid.*).

Women who married before the age of 15, are 16 times more likely to be undernourished than those who married between the ages of 18 and 19 (Belete et al., 2016). Adolescent girls attending private schools are significantly less likely to be malnourished (Gebreyohannes et al., 2014) and more likely to eat breakfast (Adole and Ware, 2014), revealing the relationship between poverty and malnutrition. Belachew et al. (2012) demonstrate that, in the context of the rise in Ethiopian food prices, adolescents from low-income households in urban areas are more likely to suffer than their counterparts in rural areas who have direct access to agricultural food products.

¹⁹ This is the Jimma Longitudinal Family Survey of Youth (JLFSY).

There are few adolescent nutrition messages in rural areas (Mulugeta et al., 2015). Any strategies to improve adolescent girls' nutritional status need to go beyond maternal and child health care and reach out to adolescent girls prior to conception in order to break the intergenerational cycle of malnutrition (Mulugeta et al., 2009). One promising approach has been the implementation of the PSNP in rural Ethiopia (Brown, 2012). Importantly, if households become food-secure, then they do not need to discriminate between girls and boys in food provision. Brown (2012) therefore asserts that a gendered understanding and expanded female participation in the PSNP could reduce gender food inequality and contribute to obstetric fistula prevention.

Over the past few decades Ethiopia has hosted refugees from Sudan, Eritrea and Somalia. Many of these refugees reside in camps and rely heavily on food aid and assistance from the World Food Programme (WFP) and UNHCR. Women and children remain particularly vulnerable to sexual exploitation to support their food security: WFP and UNHCR (2012) stresses that food distribution committees and other camp structures often mirror Eritrean and Somali discriminatory norms and deny women decision-making power despite their household responsibilities regarding food management. In addition, WFP highlights that marriage is frequently used in the camps as a food access strategy, but this varies by ethnic and religious group. In addition, reports note high levels of diarrhoeal disease, anaemia and malnutrition in camps (GoE et al., 2014).

7.13 Malaria and tuberculosis

Malaria is a major public health concern in Ethiopia and one of the key focus areas of the HEP and HEWs, with young children and pregnant women particularly vulnerable (MoH, 2012b). Data from the 2011 National Malaria Indicator Survey reveals that the proportion of women living in malaria-prone areas who knew malaria is caused by mosquito bites rose rapidly from 41% to 71% between 2007 and 2011 (ibid.). Generally, there is a high level of awareness of malaria: a similar proportion of women from both the richest and poorest households were able to report fever as a symptom of malaria (ibid.). Awareness of tuberculosis (TB) in Ethiopia is even higher: 88% of girls aged 15–19 and 90% of women aged 20–24 had heard of TB and knew how it is spread and that it is curable (CSA and ICF International, 2012).

7.14 Substance use

Khat is a common substance used in Ethiopia and neighbouring countries, and is largely seen as a social custom. Usage is generally more widespread among boys and men than among girls and women: the latest EDHS report that 7% of adolescent girls have chewed chat, the majority of them more than six times; on the other hand, 14% of boys of the same age reported having tried chat and again the majority several times (CSA and ICF, 2017). Similarly, the Population Council and UNFPA survey reports that 12% of boys and 3% of girls have tried khat (Population Council and UNFPA, 2010). Usage increases with age and is more common in Afar and Oromia regions (ibid.). Young men also tend to drink alcohol more than young women (Deressa and Azazh, 2011), and young people's consumption of alcohol is overall heavily influenced by parent, sibling or peer consumption (Birhanu et al., 2014). Khat and alcohol are often mentioned in the literature in relation to risky sexual behaviour and early sexual debut – and have therefore been highlighted as a significant part of strategies to address adolescent sexual behaviour (Kebede et al., 2005; Menna et al., 2014; Tilahun and Ayele, 2013). The 2016 EDHS reported that 30% of girls aged 15–19 have drunk alcohol and of those only 3% every day, compared to 39% and 5% of their male counterparts respectively (CSA and ICF, 2017).

Prevalence of smoking among young people in Ethiopia is very low in comparison with prevalence rates in other sub-Saharan African countries (Rudatsikira et al., 2007). According to available 2016 EDHS data, female adolescent respondents do not smoke tobacco products (CSA and ICF, 2017). While more men smoke tobacco than women, this gap is decreasing (Dereje et al., 2014). Substance use appears to be generally higher among street children (Habtamu and Adamu, 2013).

7.15 Assessment of the evidence and key gaps

Our search reveals that literature on the theme of SRH almost entirely dominates the evidence base on adolescent girls' physical health capabilities in Ethiopia. The evidence base is made up of both large scale surveys and a wide range of small scale studies from specific schools and villages.

Within the thematic area of SRH, there is a greater focus on older adolescent girls' sexual behaviour and contraceptive practices, as almost all of the sources are concerned with girls over the age of 15. Very few sources discuss younger adolescent girls' health concerns, with girls aged 10–14 seldom mentioned. For example, the literature on SRH knowledge and youth-friendly services rarely discusses the age of menarche. In addition, there is a lack of sex-disaggregated data in many places, as the sources on youth-friendly services often fail to distinguish between males and females. While a great deal of accessed sources focus on pregnancy, childbearing, antenatal care and the importance of skilled birth attendants, postnatal care for adolescent girls was rarely mentioned.

The second most common thematic area covered in the literature is nutrition and food security. Within this theme, anaemia and stunting are particularly common subthemes. We accessed a handful of articles on substance abuse, but this does not seem to be a prominent problem among adolescent girls in Ethiopia, except perhaps in the context of risky sexual behaviour. Infectious diseases such as malaria and TB also appeared in our search but to a much lesser extent. Moreover, these sources tend to focus on women and children, meaning adolescent girls are lost somewhere in between.

Although a number of government programmes to improve physical health were mentioned, such as the HSDP, the HEP, HEWs and the PSNP, only one study focuses specifically on policy impact on the health of adolescent girls. Overall, large scale data in combination with small scale studies provide us with a regional understanding of the status of girls in different locations. For instance, Amhara, SNNPR and Somali regions appear numerous times in the literature and seem to have high levels of poverty, gender inequality and poor health indicators.

References

- 28toomany. 2013. Country Profile: FGM in Ethiopia. London: 28toomany.
- Abajobir A.A. and Seme A. 2014. 'Reproductive health knowledge and services utilization among rural adolescents'. BMC Health Services Research 14 (138).
- Abebe T. 2008. 'Earning a Living on the Margins: Begging, Street Work and the Socio-Spatial Experiences of Children in Addis Ababa'. Geographies of Children and Youth 90 (3): 271-284.
- Abebe M. and Awoke W. 2014. 'Utilization of Youth Reproductive Health Services and Associated Factors among High School Students in Bahir Dar, Amhara Regional State, Ethiopia'. Open Journal of Epidemiology 4: 69-75.
- Abebe M., Tsion A. and Netsanet F. 2013. 'Living with Parents and Risky Sexual Behaviors Among Preparatory School Students in Jimma zone, South west Ethiopia'. African Health Sciences 13 (2): 498 - 506.
- Abera M., Robbins J. and Tesfaye M. 2015. 'Parents' perceptions of child and adolescent mental health problems and their choice of treatment option in southwest Ethiopia'. Child Adolesc. Psychiatry Ment. Health 9 (40).
- Abeya S.G., Afework M.F. and Yalew A.W. 2012. 'Intimate partner violence against women in west Ethiopia: a qualitative study on attitudes, woman's response, and suggested measures as perceived by community members'. Reproductive Health 9 (14).
- Abosetugn A.E., Zergaw A. and Tadesse H. 2015. 'Correlations between Risky Sexual Behaviour and Parental Communication'. Biol. Med. (Aligarh) 7 (5).
- Abuye C., Berhane Y. and Ersumo T. 2008. 'The role of changing diet and altitude on goitre prevalence'. East African Journal of Public Health 5 (3).
- ACPF (African Child Policy Forum) and Save the Children Sweden. 2006. Violence Against Children in Ethiopia In Their Words. Addis Ababa: ACPF.
- Adinew Y.M., Worku A.G. and Mengesha Z.B. 2013. 'Knowledge of reproductive and sexual rights among university students in Ethiopia: institution-based cross-sectional'. International Health and Human Rights 13 (12).
- Admassie A., Nuru S., May J.F. and Megquier S. 2015. The Demographic Dividend - An Opportunity for Ethiopia's Transformation. Addis Ababa: Population Reference Bureau and Ethiopian Economics Association.
- Adole A.A and Ware M.B. 2014. 'Assessment of breakfast eating habits and its association with cognitive performance of early adolescents (11-13 years) in Shebedino District, Sidama Zone, Southern Ethiopia'. Journal of Food and Nutrition Sciences 2 (4).
- Africa for Women's Rights. n.d. Ethiopia Women's Rights Protection Instruments. Addis Ababa: Africa for Women's Rights.
- Aguilar A., Carranza E., Goldstein M., Kilic T. and Oseni G. 2014. Decomposition of Gender Differentials in Agricultural Productivity in Ethiopia. Washington DC: World Bank.
- Ahmed F.A., Moussa K.M., Petterson K.O. and Asamoah B.O. 2012. 'Assessing knowledge, attitude, and practice of emergency contraception'. BMC Public Health 12 (110).
- Alem A., Zergaw A., Kebede D., Araya M., Desta M., Muche T. and Chali D. 2006. 'Child labour and childhood behavioral and mental health problems in Ethiopia'. Ethiop. J. Health Dev. 20 (2): 119-126.

- Alemayehu M. and Mekonnen W. 2015. 'The prevalence of skilled birth attendant utilization and its correlates in North West Ethiopia'. *BioMed Research International*. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4609361/>
- Alemu B. 2008. *Early marriage in Ethiopia: Causes and health consequences*. Addis Ababa: Pathfinder International.
- Alemu J., Haile D., Kassahun M., Belay A. and Davey G. 2007. 'Factors predisposing out of school youths to HIV AIDS related risky sexual behaviour in North West Ethiopia'. *J. Health and Popular. Nutrition* 25 (3): 344-350.
- Alemu Y. 2013. 'Assessment of provisions of guidance and counseling services in schools in East Harerge Zone and Hareri Region, Ethiopia'. *Middle Eastern and African Journal of Educational Research* 28 (2).
- Ali D.A., Deininger K. and Kemper N. 2015. *Pronatal Property Rights over Land and Fertility Outcomes. Evidence from a Natural Experiment in Ethiopia*. Washington DC: World Bank.
- Allen M. and Ni Raghallaigh M. 2013. 'Domestic Violence in a Developing Context. The Perspectives of Women in Northern Ethiopia'. *Affilia* 28 (3): 256-272.
- Amano A., Gebeyehu A. and Birhanu Z. 2012. 'Institutional delivery service utilization in Munisa Woreda, South East Ethiopia: A community based cross-sectional study'. *BMC Pregnancy and Childbirth* 12 (105).
- Ambaw F., Mossie A. and Gobena T. 2010. 'Boy Girl Friend and Virginity Values and Stigma Related to Condom Among Jimma'. *Ethiop. J. Health Sci.* 20 (3).
- Ambel A., Andres C., Bakilana A., Foster E., Khan Q. and Wang H. 2015. *Maternal and Child Health Inequalities in Ethiopia*. Washington DC: World Bank.
- Andargie G., Kassu A., Moges F., Kebede F., Gedefaw M., Wale F. and Alem A. 2007. 'Low prevalence of HIV infection, and knowledge, attitude and practice HIV/AIDS among high school students in Gondar, Northwest Ethiopia'. *Ethiop. J. Health Dev.* 21 (2): 179-182.
- Asfaw A. and Hagos B. 2008. *Desk review, case assessment on the present situation of corporal punishment, sexual abuse and bullying in schools in Ethiopia*. Addis Ababa: Plan Ethiopia.
- Ashenafi M. and Tadesse Z. 2005. *HIV/AIDS and Women's Inheritance and Property Rights*. New York: UNDP.
- Asrese K. and Abebe A. 2014. 'Early marriage in South Wollo and East Gojjam zones of the Amhara Region'. *Humanities and Social Sciences* 2 (2): 11-16.
- Ayalew M., Mengistie B. and Semahegn A. 2014. 'Adolescent parent communication on sexual reproductive health issues'. *Reproductive Health* 11 (77).
- Ayehu A., Kassaw T. and Hailu G. 2016. 'Level of Young People Sexual Reproductive Health Service Utilization and its Associated Factors Among Young People in Awabel District, Northwest Ethiopia'. *PLoS ONE* 11 (3).
- Ayele W.M. 2013. *Differentials of Early Teenage Pregnancy in Ethiopia, 2000 and 2005*. Washington DC: USAID.
- Azage M., Abeje G. and Mekonnen A. 2014. 'Sex trafficking awareness and factors among female youth'. *BMC Women's Health* 14 (85).
- Baah-Boafeng W., Ansu Y. and Tuffour J.A. 2013. *Mapping of Country Information on Employment, Unemployment and Policy Initiatives*. Africa Center for Economic Transformation. Tokyo: United Nations University, World Institute for Development Economics Research.
- Bansal S., Madan G., Morel C., O'Connell R., Reichlin L., Richardson-Osgood M., Sanders E. and Tackney M. 2012. *Youth Access to Reproductive Health Information and Services in Ethiopia*. New York: School of International and Public Affairs at Columbia University and Planned Parenthood Global.
- Banteyerga H. 2011. 'Ethiopia's Health Extension Program'. *MEDICC Review* 13 (3).

- Bastian J., Steer L., Berry C. and Lichtman L. 2013. *Accelerating Progress to 2015: Ethiopia*. Paris: The Good Planet Foundation.
- Bekele A. and Ali A. 2008. 'Effectiveness of IEC interventions in reducing HIV/AIDS related stigma among high school adolescents in Hawassa, Southern Ethiopia'. *Ethiop. J. Health Dev.* 22 (3): 232-242.
- Bekele E. and Worku Z. 2008. 'Women Entrepreneurship in Micro, Small and Medium Enterprises: The Case of Ethiopia'. *Journal of International Women's Studies* 10 (2).
- Belachew T. and Hadley C. 2010. 'Gender differences in food insecurity and morbidity among adolescents in Southwest Ethiopia'. *Pediatrics* 127 (2).
- Belachew T., Hadley C., Lindstrom D., Getachew Y., Duchateau L. and Kolsteren P. 2011. 'Food insecurity and age at menarche among adolescent girls in Jimma Zone Southwest'. *Reproductive Biology and Endocrinology* 9 (125).
- Belachew T., Lindstrom D., Gebremariam A., Jira C., Klein Hattori M. and Lachat C. 2012. 'Predictors of chronic food insecurity among adolescents in Southwest Ethiopia: A longitudinal study'. *BMC Public Health* 12 (604).
- Belete S. 2011. *Literacy, Skills Training and Entrepreneurship – Support for Rural Women in Ethiopia*. In Ballara M., Hinzen H., Medel-Añonuevo C. and Schwartz R. (eds.) *Non-formal Skills Training: Adult Education for Decent Jobs and Better Lives*. Bonn: dvv international.
- Belete Y., Negga B. and Firehiwot M. 2016. 'Under nutrition and associated factors among adolescent pregnant women in Shashemenne District, West Arsi Zone, Ethiopia: A community-based study'. *J. Nutr. Food Sci.* 6 (1).
- Berhane F., Berhane Y. and Fantahun M. 2005. 'Adolescents' health service utilization pattern and preferences: Consultation for reproductive health problems and mental stress are less likely'. *Ethiop. J. Health Dev.* 19 (1): 29-36.
- Betancourt T.S., Yudron M., Wheaton W. and Smith-Fawzi MC. 2012. 'Caregiver and Adolescent Mental Health in Ethiopian Kunama Refugees Participating in an Emergency Education Program'. *Journal of Adolescent Health* 51: 357-365.
- Beydoun K.A. 2006. 'Trafficking of Ethiopian domestic workers into Lebanon Navigating through a Novel Passage of the International Maid Trade'. *Berkeley J. Int'l Law.* 24 (3).
- Bezu S. and Holden S. 2014a. *Land access and youth livelihood opportunities in Southern Ethiopia: Summary report*. Nairobi: United Nations Human Settlements Programme (UN-Habitat).
- Bezu S. and Holden S. 2014b. 'Are rural youth abandoning agriculture?' *World Development* 64: 259-272.
- Bezu S. and Holden S. 2014c. *Rural-urban youth migration and informal self-employment in Ethiopia*. Oslo: Norwegian University of Life Sciences.
- Bhargava A. 2005. 'AIDS epidemic and the psychosocial wellbeing and school participation of Ethiopia orphans'. *Psychology, and Health & Medicine* 10 (3): 263-275.
- Biazen A. and Abegaz A. 2009. *Technical Vocational Education and Training in Ethiopia*. Addis Ababa: Edukans Foundation.
- Biresaw G. 2014. 'Implications of early marriage in Ethiopia'. *The Ahfad Journal* 31 (1): 79-85.
- Birhanu A.M., Bisetegn T.A. and Woldeyohannes S.M. 2014. 'High prevalence of substance use and associated factors among high school adolescents in Woreta Town, Northwest Ethiopia: multi-domain factor analysis'. *BMC Public Health* 14 (1186).

- BOCWA and BOLSA. 2016. Ethiopia: El Nino driven drought child protection rapid assessment (CPRA). Summary of findings from Dec 2015. Ethiopia: Bureau of Children and Women's Affairs (BOCWA) and Bureau of Labour and Social Affairs (BOLSA).
- Bogale G., Boer H. and Seydel E.R. 2011. 'Effects of a theory based audio HIV AIDS intervention for illiterate rural females'. *AIDS Education and Prevention* 23 (1): 25–37.
- Boyden J. 2012. 'Why are current efforts to eliminate female circumcision in Ethiopia misplaced?' *Culture, and Health and Sexuality* 14 (10): 1111-1123.
- Boyden J., Pankhurst A. and Tafere Y. 2013. *Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia*. Oxford: Young Lives.
- Brocklesby M.A, Hobley M. and Scott-Villiers P. 2010. *Raising Voice - Securing a Livelihood: The Role of Diverse Voices in Developing Secure Livelihoods in Pastoralist Areas in Ethiopia*. Brighton: Institute of Development Studies.
- Broussar N.H. and Tekleselassie T.G. 2012. *Youth Unemployment. Ethiopia Country Study*. London: London School of Economics and Political Science.
- Brown R. 2012. 'Food security's impact on obstetric fistula in Ethiopian women'. *Tulane Journal of International Affairs* 1 (2).
- Camfield L. 2011. 'A girl never finishes her journey': mixing methods to understand female experiences of education in contemporary Ethiopia'. *Research Papers in Education* 26 (4): 393-412.
- Camfield L. and Tafere Y. 2009. "No, living well does not mean being rich': Diverse understandings of well-being among 11–13-year old children in three Ethiopian communities'. *Journal of Children and Poverty* 15 (2): 119-138.
- Camfield L. and Tafere Y. 2011. 'Community understandings of childhood transitions in Ethiopia'. *Children's Geographies* 9 (2): 247-262.
- CDC. 2012. *Progress in abandoning female genital mutilation/cutting and child marriage in self-declared woredas*. Addis Ababa: MoFED and UNICEF Ethiopia.
- CEDAW Committee. 2010. 'Combined sixth and seventh periodic reports of states parties. Ethiopia'. Consideration of reports submitted by states parties under Article 18 of the Convention on the Elimination of All Forms of Discrimination against Women. New York: UN.
- CEDAW Committee 2011. *Concluding observations of the Committee on the Elimination of Discrimination against Women*. UN.
- Chaaban J. and Cunningham W. 2011. *Measuring the Economic Gain of Investing in Girls: The Girl Effect Dividend*. Washington DC: World Bank.
- CHANGE (Center for Health and Gender Equity). 2010. *Women's Sexual Reproductive Health and Rights in Ethiopia: The Role of the National Government and U.S. Foreign Assistance*. Washington DC: The Center for Health and Gender Equity (CHANGE).
- Cherie A. and Berhane Y. 2012. 'Peer pressure is the prime driver of risky sexual behaviors among school adolescents in Addis Ababa, Ethiopia'. *World Journal of AIDS* 2: 159-164.
- Cherinet H. and Mulugeta E. 2002. *Country Gender Profile Ethiopia*. Stockholm: Swedish International Development Cooperation Agency (SIDA).
- Chuta N. and Morrow V. 2015. *Youth Trajectories through work and marriage in rural Ethiopia*. Oxford: Young Lives.

- Coccaro R. 2007. Ethiopia report on action against child sexual exploitation. Bangkok: ECPAT International.
- Copestake J. and Camfield L. 2009. Measuring subjective wellbeing in Bangladesh, Ethiopia, Peru and Thailand using a personal life goal satisfaction approach. Bath: WeD – Wellbeing in Developing Countries ESRC Research Group.
- Crawford S., Saunders J. and Skuse A. 2013. Every Last Girl Strategy. Berkshire: Coffey International Development Ltd.
- Crivello G. and Chuta N. 2012. 'Rethinking Orphanhood and Vulnerability in Ethiopia'. Development in Practice 22 (4): 536-548.
- CRS. 2013. A sample gender analysis. Baltimore: Catholic Relief Services.
- CSA. 2012. Analytical report on the 2012 Urban Employment Unemployment Survey. Addis Ababa: Central Statistical Agency.
- CSA. 2014a. Ethiopia Mini Demographic and Health Survey 2014. Addis Ababa: Central Statistical Agency.
- CSA. 2014b. Ethiopia Time Use Survey 2013. How women and men spend their time. Main report. Addis Ababa: Central Statistical Agency.
- CSA and ICF International. 2012. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland: CSA and ICF International.
- CSA and ICF. 2017. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.
- CSA and World Bank. 2015. Ethiopia Socioeconomic Survey (ESS) - 2013/14. Survey Report. Addis Ababa: CSA and World Bank.
- CSA and World Bank. n.d. Gender Dimensions of Livelihoods. Washington DC: World Bank.
- Delbiso T.D. 2013. The role of informal sector in alleviating youth unemployment in Hawassa city, Ethiopia. Paper presented at Proceedings 59th ISI World Statistics Congress, 25-30 August 2013, Hong Kong (Session CPS102).
- Denu B., Tekeste A. and van der Deijl H. 2005. Characteristics and determinants of youth unemployment, underemployment and inadequate employment in Ethiopia. Geneva: International Labour Organisation (ILO).
- Dercon S. and Singh A. 2013. 'From Nutrition to Aspirations and Self-Efficacy: Gender Bias over Time among Children in Four Countries'. World Development 45: 31-50.
- De Regt M. 2016. Executive summary. Time to Look at Girls: Adolescent Girls Migration in Ethiopia. Geneva: Swiss Network for International Studies.
- Dereje N., Abazinab S. and Girma A. 2014. 'Prevalence and predictors of cigarette smoking among adolescents of Ethiopia'. J. Child Adolesc. Behav. 3 (1).
- Deressa W. and Azazh A. 2011. 'Substance use and its predictors among undergraduate medical students in Addis Ababa'. BMC Public Health 11 (660).
- Deshpande R. and Zimmerman J.M. 2010. 'Savings accounts for young people in developing countries: Trends in practice'. Enterprise Development and Microfinance 21 (4).
- Dessie Y., Berhane Y. and Worku A. 2015. 'Parent Adolescent Sexual Reproductive Health Communication Is Very Limited and Associated with Adolescent Poor Behavioral Beliefs and Subjective Norms: Evidence from a Community Based Cross-Sectional Study in Eastern Ethiopia'. PLoS ONE.
- DFID. 2012. Independent Verification and Evaluation of a Pilot Project of Results Based Aid (RBA) in the Education Sector in Ethiopia. London: DFID.

- Dibaba Y. 2007. 'Sexual violence against female youth in Jimma town: Prevalence, risk factors and consequences'. *Ethiop. J. Health Sci.* 17 (1).
- Dibaba Y., Fantahun M. and Hindin M.J. 2013. 'The association of unwanted pregnancy and social support with depressive symptoms in pregnancy: evidence from rural Southwestern Ethiopia'. *BMC Pregnancy and Childbirth* 13 (135).
- DiGiovanni P. 2014. 'Statement of Patrizia DiGiovanni, Representative a.i. On the occasion of the National Launch of the AU- Ending Child Marriage Campaign'. Addis Ababa: UNICEF.
- EDC. 2012. *Comprehensive Youth and Workforce Development Assessment in Rural Ethiopia*. Addis Ababa: EDC.
- Edmeades J., Hayes R. and Gaynair G. 2014. *Improving the lives of married adolescent girls in Amhara, Ethiopia. A Summary of the Evidence*. Washington DC: International Center for Research on Women.
- Ellis F. and Woldehanna T. 2005. *Ethiopia Participatory Poverty Assessment*. Addis Ababa: Ministry of Finance and Economic Development (MoFED).
- Emana B. 2009. *Cooperatives: a path to economic and social empowerment in Ethiopia*. Dar es Salaam: The Cooperative Facility for Africa (CoopAfrica).
- EMIS. 2014. *Education Statistics Annual Abstract 2006 E.C (2013/14 G.C)*. Addis Ababa: Ministry of Education.
- Endeshaw Y., Gebeyehu M. and Reta B. n.d. *Assessment of trafficking in women and children*. Addis Ababa: IOM.
- Eneyew A. and Mengistu S. 2013. 'Double marginalized livelihoods: Gender inequality in pastoralists'. *Societies* 3.
- Engel J. and Rose P. 2010. *Ethiopia's Progress in Education: A Rapid and Equitable Expansion of Access*. London: ODI.
- Erulkar A. and Ferede A. 2009. 'Social Exclusion and Early or Unwanted Sexual Initiation among Poor Urban Females in Ethiopia'. *International Perspectives on Sexual and Reproductive Health* 35 (4): 186-193.
- Erulkar A. and Mekbib T. 2007. 'Invisible and vulnerable adolescent domestic workers in Addis Ababa, Ethiopia'. *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, and Policy and Care* 2 (3): 246-256.
- Erulkar A.S., Mekbib T., Simie N. and Gulema T. 2004. *Adolescent experience in rural Amhara region*. Accra: Population Council.
- Erulkar A.S., Mekbib T.A., Simie N. and Gulema T. 2006. 'Migration and Vulnerability among Adolescents in Slum Areas of Addis Ababa, Ethiopia'. *Journal of Youth Studies* 9 (3): 361-374.
- Favara M. 2016. *Do dreams come true? Aspirations and educational attainments of Ethiopian boys and girls*. Oxford: Young Lives.
- Feeny E. and Crivello G. 2015. *How Gender Shapes Adolescence: Diverging paths and opportunities*. Oxford: Young Lives, University of Oxford.
- Fehr A.E. 2010. *Summary Report for CARE Ethiopia: Stress, Menstruation and School Attendance - Effects of Water Access Among Adolescent Girls in South Gondar, Ethiopia*. Atlanta: Emory University.
- Ferede A. and Erulkar A. 2009. *Adolescent Girls in Urban Ethiopia: Vulnerability and Opportunity*. Addis Ababa: Population Council.

- Feyera J., Mihretie G., Bedaso A., Gedle D. and Kumera G. 2015. 'Prevalence of depression and associated factors among Somali refugee at melkadida camp, southeast Ethiopia: a cross-sectional study'. *BMC Psychiatry* 15.
- Fikrie Z. 2010. 'Factors associated with perceived continuation of Females' Genital Mutilation among women in Ethiopia'. *Ethiop J Health Sci.* 20 (1).
- Flintan F., Cullen B. and Latosky S. 2011. Pastoral women's thoughts on change: voices from Ethiopia. Paper presented at International Conference on the Future of Pastoralism 21-23 March 2011. Future Agricultures Consortium; Institute of Development Studies; Feinstein International Center.
- FORWARD (Foundation for Women's Health, Research and Development) and PFDI (ProFutures Development Initiative). 2014. 'No Child Should Be A Child Bride: Taking Action to End Child Marriage in Lay Armachiho District, Amhara Region, Ethiopia. London: FORWARD and PFDI.
- Gable S. 2013. Girls and Income Growth in Ethiopia. Addis Ababa: Girl Effect.
- Gage A. 2009. Coverage and effects of child marriage prevention activities in Amhara Region, Ethiopia: Findings from a 2007 Study. Washington DC: USAID.
- Gage A. 2013a. 'Association of Child Marriage With Suicidal Thoughts and Attempts Among Adolescent Girls in Ethiopia'. *Journal of Adolescent Health* 52: 654-656.
- Gage A. 2013b. 'Child marriage prevention in Amhara. Association of communication exposure and social influence with parents/ guardians' knowledge and attitudes'. *Social Science & Medicine* 97: 124-133.
- García-Moreno C., Jansen H., Watts C., Ellsberg M. and Heise L. 2005. WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses. Geneva: WHO.
- Garoma S., Belachew T. and Wondafrash M. 2008. 'Sexual coercion and reproductive health outcomes among young females'. *Ethiop Med J* 46.
- Gebreselassie T. and Govindasamy P. 2013. Levels and trends in unmet needs for family planning among adolescents and young women in Ethiopia: Further Analysis of the 2000, 2005, and 2011 Demographic and Health Surveys. Calverton: ICF International.
- Gebreyohannes Y., Shiferaw S., Demtsu B. and Bugssa G. 2014. 'Nutritional status of adolescents in selected government and private secondary schools of Addis Ababa, Ethiopia'. *International Journal of Nutrition and Food Sciences.* 3 (6): 504-514.
- Geldof M. 2008. ICT and low-literate youth in Ethiopia and Malawi: Fieldwork report. London: Royal Holloway.
- Gerthnerová E. and Haajj H. 2015. 'Early Marriage and Girls Access to Education in Amhara Regional State, Ethiopia: Bahir Dar Special Zone Case Study'. *Development, and Environment and Foresight* 1 (2).
- Getahun H.B. 2010. 'Some Social Goals of Ethiopian Adolescents: An Aspirational Perspective'. *EASSRR* XVI (1).
- GHE (Girl Hub Ethiopia). 2013. Ethiopia: Insights on Girls Education in Afar. Addis Ababa: GHE.
- GHE (Girl Hub Ethiopia). 2015. 'What do we know about girls in Ethiopia?' Addis Ababa: GHE.
- Glinski A., Sexton M. and Petroni S. 2014. Understanding the adolescent family planning evidence base. Washington DC: ICRW.
- Global Initiative to End All Corporal Punishment of Children. 2016. Corporal punishment of children in Ethiopia. London: Global Initiative to End All Corporal Punishment of Children.
- GlobeScan. 2012. Youth Research-Education and Skills. London: Global Insights.

- GoE, Administrative for Refugees, Returnees Affairs, UNHCR and World Food Program. 2014. Ethiopia: Joint Assessment Mission (JAM) Final Report. Addis Ababa: Administrative for Refugees and Returnees Affairs.
- Greene M., Alleman P., Gleckel J., Haile-Mariam A., Mekonen W., Santilan D. and Worku Y. 2012. USAID/Ethiopia HAPN Gender Assessment. Arlington, Virginia: DevTech Systems, Inc.
- Gurmu E. and Dejene T. 2012. 'Trends and differentials of adolescent motherhood in Ethiopia: Evidences from 2005 Demographic and Health Survey'. *African Journal of Reproductive Health* 16 (4).
- Gurmu E. and Etana D. 2014. 'Age at First Marriage and First Birth Interval in Ethiopia: Analysis of the Roles'. *African Population Studies* 28 (3).
- Guruge S., Bender A., Guruge F., Hyman I., Tamiru M., Hailemariam D., Kassa A. and Refaie-Shirpak K. 2012. 'Towards a Global Interdisciplinary Evidence-Informed Practice: Intimate Partner Violence in the Ethiopian Context'. International Scholarly Research Network.
- Habtmu D. and Adamu A. 2013. 'Assessment of Sexual Reproductive Health Status of Street Children in Addis Ababa'. *Journal of Sexually Transmitted Diseases*.
- Hadley C., Lindstrom D., Tessema F. and Belachew T. 2008. 'Gender Bias in the Food Insecurity Experience of Ethiopian Adolescents'. *Soc Sci Med* 66 (2): 427–438.
- Hallward-Driemeier M. and Gajigo O. 2013. Strengthening Economic Rights and Women's Occupational Choice: The impact of reforming Ethiopia's family law. Washington DC: World Bank.
- Herman M., Hogan D., Belachew T., Tessema F., Gebremariam A., Lindstrom D., Hadley C., Jira C. and Woldemichael K. 2011. Better-educated youth as vanguard of social change: Adolescent transitions to later marriage and lower fertility in southwest Ethiopia. In Teller C. and Hailemariam A. (eds.) *The Demographic Transition and Development in Africa*. New York: Springer.
- Himaz R. 2009. 'The impact of parental death on schooling and wellbeing: Evidence from Ethiopia using longitudinal data'. Young Lives Working Paper No. 40, Oxford: University of Oxford, Young Lives.
- Hopkins D., Porter B., Perdomo M. and Munoz L. 2012. Insights from UNCDF's YouthStart Programme. Policy opportunities and constraints to access youth financial services. New York: UNCDF.
- Hussein M.A., Abdi A.A. and Mohammed M.A. 2013. 'Knowledge, attitude and practice of female genital mutilation among women in Jigjiga Town, Eastern Ethiopia'. *Gaziantep Med J* 19 (3): 164-168.
- ICF International. 2012. Atlas of youth reproductive health: 2011 DHS data. Calverton: ICF International.
- Igbatayo S.A. and Babalola O.O. 2014. 'The challenges of youth unemployment and regional stability in Africa: A comparative assessment of Ethiopia and Nigeria'. *Journal of Social and Economic Policy* 11 (2): 117-128.
- ILO. 2003. Developing Entrepreneurship Among Women With Disabilities in Ethiopia. Geneva: ILO.
- ILO. 2012. Africa's response to youth employment crisis. Regional report: Synthesis of Key Issues and Outcomes from Eleven National Events on Youth Employment in the Africa Region. Geneva: ILO.
- IOM. n.d. Breaking the cycle of vulnerability. Pretoria: IOM Regional Office Southern Africa.
- Iossifov I. and Wassie A. 2016. Most girls in my village are married before 18: Report on obstacles to education for girls. North Shewa, Amhara, Ethiopia. Leiden: International Child Development Initiatives.
- IRC. 2011. Gender Based Violence Emergency Assessment Halewen Refugee Camp, Dolo Ado. Addis Ababa: IRC.
- Jackson E. 2011. The Role of Education in Livelihoods in the Somali Region. Medford: Feinstein International Center.

- Jani N., Vu L., Kalibala S., Mekonnen G. and Kay L. 2015. Addressing mental health disorders and HIV vulnerability of marginalized adolescents in Addis Ababa, Ethiopia. Washington DC: USAID.
- Jones N., Tefera B., Stephenson J., Gupta T., Perezniето P., Emire G., Gebre B. and Gezhegne K. 2014a. Early marriage and education: the complex role of social norms in shaping Ethiopian adolescent girls' lives. London: ODI.
- Jones N., Presler-Marshall E., Tefera B., Emirie G., Gebre B. and Gezahegne K. 2014b. Rethinking girls on the move: The intersection of poverty, exploitation and violence experienced by Ethiopian adolescents involved in the Middle East 'maid trade'. London: ODI.
- Jones N., Presler-Marshall E. and Tefera B. 2014c. Rethinking the 'Maid Trade': Experiences of Ethiopian Adolescent Domestic Workers in the Middle East. London: ODI.
- Jones N., Tefera B., Presler-Marshall E., Gupta T., Emirie G., Gebre B. and Berhanu K. 2015a. The power of dialogue. The role of community awareness interventions in ending child marriage in Amhara, Ethiopia. London: ODI.
- Jones N., Tvedten I., Arbulu A., Perezniето P., Lindstrom J. and Norbakk M. 2015b. Evaluation of Norway's support to women's rights and gender equality in development cooperation. Oslo: Norad.
- Jones N., Presler-Marshall E., Tefera B. and Gebre B. 2016a. The politics of policy and programme implementation to advance adolescent girls' wellbeing in Ethiopia. London: ODI.
- Jones N., Tefera B., Emirie G., Gebre B., Berhanu K., Presler-Marshall E., Walker D., Gupta T. and Plank G. 2016b. One size does not fit all: The patterning and drivers of child marriage in Ethiopia's of hotspot districts. London: UNICEF and ODI.
- Jones N, Emirie G, Tefera B. and Presler-Marshall E. 2016c. Surprising trends in child marriage in Ethiopia. London: UNICEF and ODI.
- Karam A. 2015. 'Faith-inspired initiatives to tackle child marriage'. The Review of Faith & International Affairs 13 (3).
- Karippai R. and Kassa B. 2010. National Assessment on Girls' Education in Ethiopia Challenges and Opportunities at Primary and Secondary School levels. Ethiopia: Haramaya University.
- Karunakaran R. and Gebru A. 2015. 'Strategies for inclusion of women and youth in cooperatives'. International Refereed Multi-disciplinary Journal of Contemporary Research 3 (4).
- Kassa T.A., Luck T., Bekele A. and Riedel-Heller S.G. 2016. 'Sexual reproductive health of young people with disability in Ethiopia: a study on knowledge, attitude and practice: a cross-sectional study'. Globalization and Health 12 (5).
- Kebede D., Alem A., Mitike G., Enquselassie F., Berhane F., Abebe Y., Ayele R., Lemma W., Assefa T. and Gebremichael T. 2005. 'Khat and alcohol use and risky sex behaviour among in and out of school youth in Ethiopia'. BMC Public Health 5.
- Kellow N., Ayele G. and Yusuf H. 2010. Enabling the private sector to contribute to the reduction of urban youth unemployment. Addis Ababa: Private Sector Development Hub/Addis Ababa Chamber of Commerce and Sectoral Associations.
- Kodama Y. 2012. Young Women's Economic Daily Lives in Rural Ethiopia. Chiba: Institute of Developing Economics.
- Kolev A. and Suarez Robles P. 2010. 'Exploring the Gender Pay Gap through Different Age Cohorts: The Case of Ethiopia'. In Arbache J.S., Kolev A. and Filipiak E. (eds.) Gender disparities in Africa's Labor Market. Washington DC: World Bank.

- Kong and MCI. 2010. Gender Needs Assessment for Mekelle City Ethiopia. New York: Millennium Cities Initiative, Columbia University Academic Commons
- Koohi-Kamali F. 2008. Intrahousehold Inequality and Child Gender Bias in Ethiopia. Washington DC: World Bank.
- Krishnan P. and Shaorshadze I. 2013. Technical and Vocational Education and Training in Ethiopia. London: IGC.
- Kumar N. and Quisumbing A. 2012. 'Inheritance practices and gender differences poverty and well-being in rural Ethiopia'. Development Policy Review 30 (5): 573-595.
- Lemango F., Gone T.H., Michael Y. and Ololo S. 2016. 'Assessment of Parent-Adolescent Communication on HIV/AIDS Prevention in Kemebata Tembaro Zone, Southern Ethiopia'. Journal of Infectious Diseases and Epidemiology 2 (1).
- Loveday L. and Dom C. 2016. Economic participation of women and girls in rural Ethiopia (2010-13). WIDE Discussion Brief No. 7. http://ethiopiawide.net/wp-content/uploads/WIDE_DBSeriesII-Compilation.pdf
- Mabsout R. and van Staveren I. 2010. 'Disentangling Bargaining Power from Individual and Household Level to Institutions: Evidence on Women's Position in Ethiopia'. World Development 38 (5): 783-796.
- Mackie G. and LeJeune J. 2009. Social dynamics of harmful practices abandonment. Florence: UNICEF Innocenti Research Centre.
- Mains D. 2007. 'Neoliberal Times: Progress, Boredom, and Shame among Young Men in Urban Ethiopia'. Journal of the American Ethnological Society 34 (4): 659-673.
- Male C. and Wodon Q. 2016. Basic Profile of Child Marriage in Ethiopia. Knowledge Brief. Washington DC: World Bank.
- Mariam A.G., Hailemariam A., Belachew T., Michael K.W. and Lindstrom D. 2009. 'Support for the continuation of female genital mutilation among adolescents in Jimma Zone, Southwest Ethiopia'. Ethiop J Health Sci. 19 (2): 119-129.
- Marsh J., Patel S., Gelaye B., Goshu M., Worku A., Williams M.A. and Berhane Y. 2009. 'Prevalence of workplace abuse and sexual harassment among female faculty and staff'. J Occup Health 51: 314-322.
- Mazengia F. and Worku A. 2009. 'Age at sexual initiation and factors associated with it among youths in North East Ethiopia'. Ethiop. J. Health Dev. 23 (2): 154-162.
- Mekbib T.A., Erulkar A. and Belete F. 2005. 'Who are the targets of youth programs: results of a capacity building exercise in Ethiopia'. Ethiop. J. Health Dev. 19 (1): 60-62.
- Melaku Y.A., Berhane Y., Kinsman J. and Reda H.L. 2014. 'Sexual and reproductive health communication and awareness of contraceptive methods among secondary school female students, northern Ethiopia: a cross-sectional study'. BMC Public Health 14: 252.
- Mengesha Z.B., Biks G.A., Ayele T.A., Tessema G.A. and Koye D.N. 2013. 'Determinants of skilled attendance for delivery in Northwest Ethiopia: a community based nested case control study'. BMC Public Health 13: 130.
- Menna T., Ali A. and Worku A. 2014. 'Prevalence of "HIV/AIDS related" parental death and its association with sexual behavior of secondary school youth in Addis Ababa, Ethiopia: a cross sectional study'. BMC Public Health 14: 1120.
- Misganaw A.C. and Worku Y.A. 2013. 'Assessment of sexual violence among street females in Bahir-Dar town, North West Ethiopia: a mixed method study'. BMC Public Health 13: 825.

- Mjaaland T. 2016. 'Negotiating gender norms in the context of equal access to education in north-western Tigray, Ethiopia'. *Gender and Education*. <http://www.tandfonline.com/doi/full/10.1080/09540253.2016.1175550>
- MoE. 2010. National Girls' Education Strategy. Addis Ababa: Ministry of Education.
- MoE. 2015. Ethiopia: Education for All 2015 National Review. Paris: UNESCO.
- MoE, and UNICEF. 2012. Study on Situation of Out of School Children (OOSC) in Ethiopia. Addis Ababa: MoE and UNICEF.
- MoFED and UN Ethiopia. 2012. Investing in boys and girls in Ethiopia: Past, present and future. Addis Ababa: Ministry of Finance and Economic Development and the United Nations in Ethiopia.
- MoH. 2006. National Reproductive Health Strategy 2006-2015. Addis Ababa: Ministry of Health.
- MoH. 2012a. National mental health strategy 2012/13-2015/16. Addis Ababa: MoH.
- MoH. 2012b. Ethiopia National Malaria Indicator Survey 2011. Addis Ababa: MoH.
- Molla M., Berhane Y. and Lindtjørn B. 2008. 'Traditional values of virginity and sexual behaviour in rural Ethiopian youth: results from a cross-sectional study'. *BMC Public Health* 8: 9.
- Morrow V., Barnett I. and Vujcich D. 2014. 'Understanding the causes and consequences of injuries to adolescents growing up in poverty in Ethiopia, Andhra Pradesh (India), Vietnam and Peru: a mixed method study'. *Health Policy and Planning* 29: 67-75.
- Motuma A. 2012. 'Youth-friendly Health Services Utilization and Factors in Harar, Ethiopia'. *Harar Bulletin of Health Sciences* 4: 15-25.
- MoWCYA. 2013. Assessment of Conditions of Violence Against Women in Ethiopia. Final report. Addis Ababa: Ministry of Women, Children and Youth Affairs (MoWCYA).
- Mulugeta A., Hagos F., Stoecker B., Kruseman G., Linderhof V., Abraha Z., Yohannes M. and Samuel G.G. 2009. 'Nutritional Status of Adolescent Girls from Rural Communities of Tigray, Northern Ethiopia'. *Ethiop. J. Health Dev.* 23 (1): 5-11.
- Mulugeta A., Tessema M., H'sellase K., Seid O., Kidane G. and Kebede A. 2015. 'Examining Means of Reaching Adolescent Girls for Iron Supplementation in Tigray, Northern Ethiopia'. *Nutrients* 7: 9033-9045.
- Muntean N., Kereta W. and Mitchell K.R. 2015. 'Addressing the Sexual and Reproductive Health Needs of Young People in Ethiopia: An Analysis of the Current Situation'. *Afr. J. Reprod. Health* 19 (3): 87-99.
- Nahusenay A. and Tessfaye T. 2015. 'Roles of Rural Women in Livelihood and Sustainable Food Security in Ethiopia: A Case Study from Delanta Dawunt District, North Wollo Zone'. *International Journal of Nutrition and Food Sciences* 4 (3): 343-355.
- Negash A., Abera M., Gruber-Frank C. and Frank R. 2015. 'An adolescent with significant emotional and medically unexplained complaints: case report and proposal of an intervention'. *Child Adolesc Psychiatry Ment Health* 9: 48.
- Nganwa P., Assefa D. and Mbaka P. 2015. 'The Nature and Determinants of Urban Youth Unemployment in Ethiopia'. *Public Policy and Administration Research* 5 (3): 197-205.
- OECD. 2014. Social Institutions and Gender Index: Ethiopia. Paris: OECD.
- Oljira L., Berhane Y. and Worku A. 2013. 'Assessment of comprehensive HIV/AIDS knowledge level among in-school adolescents in eastern Ethiopia'. *Journal of the International AIDS Society* 16: 17349.
- Olson D.J. and Pillar A. 2013. 'Ethiopia: An Emerging Family Planning Success Story'. *Studies in Family Planning* 44 (4): 445-459.

- Paik K. 2014. *Strong Girls, Powerful Women. Program Planning and Design for Adolescent Girls in Humanitarian Settings*. New York: Women's Refugee Commission.
- Panigrahi M.R. 2013. 'Perception of secondary school stakeholders towards women representation in educational leadership in Harari region of Ethiopia'. *International Women Online Journal of Distance Education* 2 (1): 27-43.
- Pankhurst A. 2014. *Child Marriage and Female Circumcision (FGM/C): Evidence from Ethiopia*. Oxford: Young Lives, Oxford Department of International Development (ODID), University of Oxford.
- Pankhurst A., Crivello G. and Tiumelissan A. 2016. *Children's Work in Family and Community Contexts: Examples from Young Lives Ethiopia*. Oxford: Young Lives, Oxford Department of International Development (ODID), University of Oxford.
- Paul M. 2014. 'Health Literacy: Investigating the Knowledge and Attitudes of HIV/AIDS among Students in Southern Ethiopia'. *Health Tomorrow* 2.
- Pells K. 2010. *Inequalities, Life Chances and Gender*. Oxford: Young Lives, University of Oxford.
- Pereznieto P. and Tefera B. 2013. *Social justice for adolescent girls in Ethiopia: tackling lost potential*. Country briefing. London: Overseas Development Institute.
- Phororo H. and Verick S. n.d. *Vulnerability and young women entrepreneurs: a case study of the Ethiopian informal economy*. Geneva: International Labour Office.
- PIN (People in Need). 2009. *A study on the situation of child labour in Ethiopia: Review of existing studies and brief assessment*. Addis Ababa: People in Need.
- Piper B. 2010. *Ethiopia Early Grade Reading Assessment. Data Analytic Report: Language and Early Learning*. Addis Ababa: USAID/Ethiopia.
- Playgo I., Kibur M., Bitew M., Gebreselassie T., Matsuda Y. and Pearson R. 2013. *Multidimensional child deprivation trend analysis in Ethiopia: Further analysis of the 2000, 2005 and 2011 Demographic and Health Surveys*. Addis Ababa: ICF, MoFED, UNICEF.
- Population Council. 2004. *Child Marriage Briefing: Ethiopia*. New York: Population Council.
- Population Council and UNFPA. 2010. *Ethiopia Young Adult Survey. A Study in Seven Regions*. Addis Ababa: Population Council.
- Population Council, Miz-Hasab Research Center and Organization for Social Services for AIDS. 2015. *Experiences with pregnancy among female sex workers in Ethiopia: A Link Up Exploration*. Washington DC: Population Council.
- Pryce J.M., Jones S.L., Wildman A., Thomas A., Okrzesik K. and Kaufka-Walts K. 2015. 'Aging Out of Care in Ethiopia: Challenges and Implications Facing Orphans and Vulnerable Youth'. *Emerging Adulthood*: 1-12.
- Rahlenbeck S., Mekonnen W. and Melkamu Y. 2010. 'Female genital cutting starts to decline among women in Oromia, Ethiopia'. *Reproductive BioMedicine Online* 20: 867-872.
- Roba A.C., Gabriel-Micheal K., Zello G.A., Jaffe J., Whiting S.J. and Henry C.J. 2015. 'A Low Pulse Food Intake May Contribute to the Poor Nutritional Status and Low Dietary Intakes of Adolescent Girls in Rural Southern Ethiopia'. *Ecology of Food and Nutrition* 54 (3): 240-254.
- Rolleston C., James Z. and Aurino E. 2013. *Exploring the effect of educational opportunity and inequality on learning outcomes in Ethiopia, Peru, India, and Vietnam*. Paris: UNESCO.
- Rudatsikira E., Abdo A. and Muula A.S. 2007. 'Prevalence and determinants of adolescent tobacco smoking in Addis Ababa, Ethiopia'. *BMC Public Health* 7: 176.

- Sathiyasusuman A. 2011. 'Mental health services in Ethiopia: Emerging public health issue'. *Public Health* 125: 714-716.
- Save the Children. 2013. Multi-Country Assessment of Employment and Entrepreneurship Opportunities for Youth in High Growth Potential Value Chains within the Agriculture Sector. Ethiopia. Addis Ababa: Save the Children.
- Save the Children Denmark. 2003. Child Labor in Ethiopia with special focus on Child Prostitution. Addis Ababa: Save the Children Denmark.
- Save the Children Sweden. 2010. A Study on Child Protection Mechanisms in Ethiopia. Addis Ababa: Save the Children Sweden.
- Schulte J. and Rizvi Z. 2012. In Search of Safety and Solutions: Somali Refugee Adolescent Girls at Sheder and Aw Barre Camps, Ethiopia. New York: Women's Refugee Commission.
- SDD. 2010. Social Assessment for the Education Sector, Ethiopia. London: Social Development Direct.
- Shay T.Z., Haidar J. and Kogi-Makau W. 2010. 'Magnitude of and driving factors for female genital cutting in schoolgirls in Addis Ababa, Ethiopia: A cross sectional study'. *SA Journal of Child Health* 4 (3): 78-82.
- Shiferaw K., Getahun F. and Asres G. 2014. 'Assessment of adolescents' communication on sexual and reproductive health matters with parents and associated factors among secondary and preparatory schools' students in Debreworkos town, North West Ethiopia'. *Reproductive Health* 11: 2.
- Sisay A. 2013. 'Youth unemployment: lessons from Ethiopia'. *AfricaRenewal* 27: 1.
- Smith L., Frankenberger T., Langworthy B., Martin S., Spangler T., Nelson S. and Downen J. 2015. Ethiopia Pastoralist Areas Resilience Improvement and Market Expansion (PRIME) Project Impact Evaluation. Baseline Survey Report. Volume 1: Main Report. Rockville, MD: Westat.
- Sommer M., Ackatia-Armah N., Connolly S. and Smiles D. 2015. 'A comparison of the menstruation and education experiences of girls in Tanzania, Ghana, Cambodia and Ethiopia'. *Compare: A Journal of Comparative and International Education* 45 (4): 589-609.
- Swarup A., Dankelman I., Ahluwalia K. and Hawrylyshyn K. 2011. *Weathering the storm: Adolescent girls and climate change*. London: Plan UK.
- Tadele G. and Gella A.A. 2012. 'A Last Resort and Often Not an Option at All': Farming and Young People in Ethiopia'. *IDS Bulletin* 43 (6): 33-43.
- Tadele G. and Gella A.A. 2014. *Becoming a young farmer in Ethiopia: Processes and challenges*. Working Paper 083. Brighton: University of Sussex.
- Tafere Y. and Pankurst A. 2015. *Can Children in Ethiopian Communities Combine Schooling with Work?* Oxford: Young Lives, University of Oxford.
- Tafere Y., Abebe W. and Assazinew A. 2009. *Key Transitions and Well-being of Children in Ethiopia: Country Context Literature Review*. Oxford: Young Lives, University of Oxford.
- Tamire M. and Molla M. 2013. 'Prevalence and belief in the continuation of female genital cutting among high school girls: a cross - sectional study in Hadiya zone, Southern Ethiopia'. *BMC Public Health* 13.
- Tamiru S. 2015. *Girls in Control: Compiled Findings from Studies on Menstrual Hygiene Management of Schoolgirls*. Ethiopia, South Sudan, Tanzania, Uganda, Zimbabwe. Addis Ababa: SNV Ethiopia.
- TCECA. 2014. Baseline survey on menstrual hygiene management (MHM) in school at Tigray, Amhara, SNNPR and Oromia Regional State, Ethiopia. Addis Ababa: SNV and Tiret Community Empowerment for Change Association (TCECA).

- TDRTC (Triple Dot Research and Training Consult). 2014. National Assessment on Existing Income Generating Activities (IGAs): As part of the development of National Profile of Types of IGAs of Women and Youth in Ethiopia. Addis Ababa: MoWCYA.
- Tefera B., Pereznieta P. and Emirie G. 2013. Transforming the lives of girls and young women. Case study: Ethiopia. London: ODI.
- Temesgen G. 2014. Root causes and solutions to human trafficking in Ethiopia. <http://aigaforum.com/articles/root-causes-and-solutions-to-human-trafficking-in-Ethiopia.pdf>
- Tesfaye M., Yemane T., Adisu W., Asres Y. and Gedefaw L. 2015. 'Anemia and iron deficiency among school adolescents: burden, severity and determinant factors in southwest Ethiopia'. *Adolescent Health, and Medicine and Therapeutics* 6: 189-196.
- Tilahun M., Mengistie B., Egata G. and Reda A.A. 2012. 'Health workers' attitudes toward sexual and reproductive health services for unmarried adolescents in Ethiopia'. *Reproductive Health* 9: 19.
- Tilahun M. and Ayele, G. 2013 'Factors associated with age at first sexual initiation among youths in Gamo Gofa, South West Ethiopia: a cross sectional study'. *BMC Public Health* 13: 622.
- Tura H.A. 2014. 'A Woman's Right to and Control over Rural Land in Ethiopia: The Law and the Practice'. *International Journal of Gender and Women's Studies* 2 (2): 137-165.
- UNCDF and MF. 2011. Listening to youth. Market research to design financial and non-financial services for youth in sub-Saharan Africa. New York: UN Capital Development Fund.
- UNDP. 2015. National Human Development Report 2014 Ethiopia: Accelerating Inclusive Growth for Sustainable Human Development in Ethiopia. Addis Ababa: UNDP.
- UNESCO. 2012. EFA Global Monitoring Report 2012. Youth and Skills. Putting Education to Work. Paris: UNESCO.
- UNESCO. 2015. Education For All Global Monitoring Report 2015. Paris: UNESCO.
- UNFPA. 2012. Marrying too young: End child marriage. New York: UNFPA.
- UNHCR. 2016. Ethiopia Factsheet May 2016. Geneva: UNHCR.
- UNICEF. 2013. Female Genital Mutilation/Cutting. A statistical overview and exploration of the dynamics of change. New York: UNICEF.
- UNICEF Innocenti. 2010. The dynamics of social change. Towards the abandonment of female genital mutilation/cutting in five African countries. Florence: UNICEF Innocenti Research Centre.
- Upashe S.P., Tekelab T. and Mekonnen J. 2015. 'Assessment of knowledge and practice of menstrual hygiene among high school girls in Western Ethiopia'. *BMC Women's Health* 15: 84.
- US State Department. 2015. Trafficking in Persons Report 2014: Ethiopia. Washington DC: US State Department.
- USDOL. 2015. Ethiopia. Moderate Advancement. In USDOL 2014 Findings on the worst forms of child labor. Washington DC: US Department of Labor (USDOL).
- Van Blerk L. 2008. 'Poverty, migration and sex work: youth transitions in Ethiopia'. Area 40.
- WFP and UNHCR. 2012. Evaluation Brief. Ethiopia: Joint UNHCR-WFP Impact Evaluation on the Contribution of Food Assistance to Durable Solutions in Protracted Refugee Situations (2003-2010). Addis Ababa: WFP and UNHCR.
- Woldehanna T., Araya M. and Pankhurst A. 2017. Education and Learning: Preliminary Findings from the 2016 Young Lives Survey (Round 5): Ethiopia. Oxford: Young Lives, University of Oxford.

- Woldehanna T. and Gebremedhin A. 2015. Is Child Work Detrimental to the Educational Achievement of Children? Results from Young Lives in Ethiopia. Oxford: Young Lives, University of Oxford.
- Woldehanna T. and Pankhurst A. 2014a. Education and Learning: Round 4 Preliminary Findings. Preliminary Findings from the 2013 Young Lives Survey (Round 4) in Ethiopia. Oxford: Young Lives, University of Oxford.
- Woldehanna T. and Pankhurst A. 2014b. Youth and Development: Round 4 Preliminary Findings. Preliminary Findings from the 2013 Young Lives Survey (Round 4) in Ethiopia. Oxford: Young Lives, University of Oxford.
- Woldehanna T., Jones N. and Tefera B. 2006. Children's educational completion rates and dropouts in the context of Ethiopia's national poverty reduction strategy. Paper presented at Contributed paper prepared for presentation at the International Association of Agricultural Economists Conference, Gold Coast, Australia, August 12-18, 2006.
- Woldehanna T., Jones N. and Tefera B. 2008. 'The invisibility of children's paid and unpaid work. Implications for Ethiopia's national poverty reduction policy'. *Childhood* 15 (2): 177-201.
- Wondie Y., Zemene W., Reschke K. and Schroder H. 2011. 'Early Marriage, Rape, Child Prostitution, and Related Factors Determining the Psychosocial Effects Severity of Child Sexual Abuse in Ethiopia'. *Journal of Child Sexual Abuse* 20: 305-321.
- Worku S. and Fantahun M. 2006. 'Unintended pregnancy and induced abortion in a town with accessible family planning services: The case of Harar in eastern Ethiopia'. *Ethiop. J. Health Dev.* 20 (2): 79-83.
- World Bank. 2009. Ethiopia. Unleashing the Potential of Ethiopian Women. Trends and Options for Economic Empowerment. Washington DC: World Bank.
- World Bank. 2015. Ethiopia Poverty Assessment. Washington DC: World Bank.
- World Vision. 2014. Exploring the links: Female genital mutilation/cutting and early marriage. London: World Vision UK.
- Yèhoué E., Kinoshita N., Ramirez G. and Wajid S.K. 2013. IMF Country Report No. 13/309. The Federal Democratic Republic of Ethiopia. Selected Issues. Washington DC: International Monetary Fund.
- Yigzaw T., Berhane Y., Deyessa N. and Kaba M. 2010. 'Perceptions and attitude towards violence against women by their spouses'. *Ethiop. J. Health Dev.* 1: 39-45.
- Zegeye D.T., Megabiaw B. and Mulu A. 2009. 'Age at menarche and the menstrual pattern of secondary school adolescents in northwest Ethiopia'. *BMC Women's Health* 9: 29.

Annex: Methodology

Search grids for Google and Google Scholar

Annex Table 1: Gender and empowerment

Population	Theme	Intervention type	Thematic terms	Research terms
Girl	Empowerment	Girls club	Attitude	Impact
Adolescent	Norm Change	Peer support	Gender norm	Evaluation
Youth	Ethiopia	Mentor	Social norm/norm change	Assessment
'Young women'		Adolescent/Youth development programme	Expectation	Analysis
		Social network	Perception	Research
		Life skills	Physical violence	Results
		Rights	Sexual violence	Programme / Project
		'Soft skills' 'interpersonal skills'	Harassment	Intervention
		'Behaviour Change Communication'	Rape	Interview
		Media	Workplace violence	Participatory
		Campaign	Transactional sex	Study
		Marketing/ social marketing	Age of marriage	
		Youth group	Empowerment	
		Community dialogue/ discussion/conversation	Early/child/forced marriage	
		Positive deviance	Negotiation skills	
		Soap opera	Decision making	
		Radio/TV	Leadership	
		Magazine	Voice/ Speaking out	
		School material	Confidence	
		Theatre/ drama/ skit/puppet	Friends/social network	
		Cell phone/SMS/ internet/ICT/computer	Participation	
		Safe spaces	FGM/C	
		Masculinity	Marriage by Abduction/Bride Kidnapping	
			Discrimination	
			Mobility/Freedom of movement	
			Self-esteem	

Annex Table 2: Education and learning

Population	Theme	Intervention type	Thematic terms	Research terms
Girl	Education	Education	Enrolment	Impact
Adolescent	Ethiopia	Literacy	Attendance	Evaluation
Youth		School	Exam results/grades/ qualifications	Study
'Young women'		Cash transfer/in-kind transfer	Learning outcomes	Assessment
		School building	Vocational skills	Analysis
		Primary school	Staff attitudes	Research
		Secondary school	Violence	Results
		New schools	Attitudes towards violence	Programme/Project
		Quality	Physical violence	Intervention
		Teachers	Sexual violence	Interview
		'Girl friendly'	Harassment	Participatory
		Non formal	Rape	
		Informal	Transactional sex	
		Second chance	Early/child/forced marriage	
		Catch up	Corporal punishment	
		Bridge	Confidence	
		Ration	Friends	
		Girls clubs	Decision making	
		Club	Expectation	
		After school club	Negotiation	
		School feeding	Retention	
		Scholarship	Transition	
		Radio/Newspapers	Completion	
		Computer/Internet	Distance	
		SMS/Cell phone/Mobile	Accessible service	
			Household/domestic chores	
			Time use	
			Menstruation	

Annex Table 3. Economic empowerment

Population	Theme	Intervention type	Thematic terms	Research terms
Girl	Economic Empowerment	Economic empowerment	Assets	Impact
Adolescent	Ethiopia	Skill	Income	Evaluation
Youth		Business	Savings	Assessment
'Young women'		Entrepreneurship	Livelihoods	Analysis
		Grant	Labour force participation/employment	Research
		Start-up capital	Ownership	Programme/Project
		Financial literacy	Inheritance	Intervention
		Microfinance	Social network	Participatory
		Savings	Confidence	Study
		Bank	Friends	Interview
		Loan	Decision making	Results
		Cash transfer/In kind transfer	Expectation	
		Work experience/apprenticeship	Negotiation	
		Training	Transactional sex	
		Economic opportunities	Migration	
		Vocational skills	Child Labour	
		Mobile/ SMS/cell phone/ICT/computer/ internet	Sex work	
		Informal economy	Trafficking	
			Domestic work	
			Unemployment/ underemployment	
			Land	
			Agriculture	
			Street children	
			Workplace violence/ harassment	
			Work	
			Public Works/ PSNP	

Annex Table 4: Physical and psychosocial wellbeing

Population	Theme	Intervention type	Thematic and outcome terms	Research terms
Girl	Health	Youth friendly service	Weight	Impact
Adolescent	Ethiopia	Sexual health service	Nutritional status	Evaluation
Youth		Reproductive health	Contraception/birth spacing	Assessment
'Young women'		HIV/AIDS	Fertility	Analysis
		Nutrition	Maternal health	Research
		Supplement	Pregnancy	Results
		Staff training	Emotional wellbeing	Programme /Project
		Counselling	Abortion	Intervention
		Support	STI	Interview
		Helpline	Anaemia	Participatory
		Mental health	Malaria	Study
		Psychosocial /psychological wellbeing	TB	
		(sex) health education/ information/training	Anxiety	
		Health insurance	Depression	
		Fee waiver	Micronutrient deficiency	
			HIV/AIDS	
			Friends	
			Social network	
			Confidence	
			Relationship	
			Happiness	
			Life satisfaction	
			Service access/use	
			Height	
			BMI	
			Obesity	
			Antenatal/postnatal	
			Alcohol	
			Khat	
			Tobacco	
			Substance	
			Menstruation	

Annex Table 5: Databases and websites searched

Academic databases searched
Econlit
ERIC
PubMed
International organisation websites
African Development Bank
DFID
ILO
IOM
OECD/ SIGI
UNAIDS
UNCDF
UNDP
UNESCO
UNFPA
UNHCR
UNICEF
UN Women
USAID
WFP
WHO
World Bank
University of Oxford – Young Lives
International NGO websites
28toomany
CARE International
Catholic Relief Services - CRS
Girl Effect Ethiopia
Girls Not Brides
International Center for Research on Women – ICRW
International Rescue Committee – IRC
Pathfinder International
Plan International
Population Council
Population Reference Bureau
Save the Children
World Vision

National and regional NGO websites
African Child Policy Forum
FAWE
Amhara Development Association
National government websites
Central Statistical Agency
Ministry of Education
International reports
Education for All Country Reports
National Human Development Reports
UNFPA State of the Population Reports
UNICEF State of the World's Children Reports
World Bank Country Poverty Assessment Reports
World Bank World Development Reports
International data
DHS Country Reports
MICS Country Reports
SIGI Country Report
WHO Country Statistics



GAGE Programme Office

Overseas Development Institute
203 Blackfriars Road
London SE1 8NJ
United Kingdom
Email: gage@odi.org.uk
Web: www.gage.odi.org

About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a nine-year longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org.uk for more information.

Disclaimer

This report is an output of the GAGE programme, which is funded by UK aid from the UK Department for International Development (DFID). The views expressed and information contained within are not endorsed by DFID, which accepts no responsibility for such views or information or for any reliance placed on them.

Copyright

Readers are encouraged to quote and reproduce material from this report for their own non-commercial publications (any commercial use must be cleared with the GAGE Programme Office first by contacting gage@odi.org.uk). As copyright holder, GAGE requests due acknowledgement and a copy of the publication. For online use, we ask readers to link to the original resource on the GAGE website, www.gage.odi.org

© GAGE 2017. This work is licensed under a Creative Commons Attribution – NonCommercial-ShareAlike 4.0 International Licence (CC BY-NC-SA 4.0).

Front cover: © Trócaire/flickr

