Policy Note

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Adolescent boy in Dire Dawa, Ethiopia
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Gender and regional inequalities in adolescent psychosocial well-being and voice and agency
Policy and programming implications from the GAGE baseline findings

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Overview

While adolescence is a critical life-stage in terms of emotional and social development, evidence highlights that age- and gender-related social norms can limit adolescents' opportunities for voice and agency in their family and community, and affect their psychosocial well-being and mental health, with implications for their current and future lives (Samuels et al., 2017). In Ethiopia, there is still only limited evidence on adolescent agency, but recent research findings suggest that change is taking place, fostered by a rapid increase in school enrolment and opportunities to participate in school-based clubs as well as growing opportunities to participate in the community owing to recent political transformations in the country (CSA and ICF, 2017). Less is known about Ethiopian adolescents' psychosocial well-being (Harper et al., 2018; Dercon and Singh, 2013). Previous research has focused on sub-populations and has found that child labourers, domestic workers, and engaged and married girls are at higher risk of mental ill-health that their peers (Erulkar and Ferede, 2009; Gage, 2013; Presler-Marshall and Stavropoulou, 2017; Wondie et al., 2011). How these shifts are being experienced by the broader population of adolescents, and what impacts they might be having on adolescents' psychosocial well-being, remains unclear.

This policy note synthesises findings from baseline mixed-methods research as part of the Gender and Adolescence: Global Evidence (GAGE) longitudinal study (2015–2024) to address these knowledge gaps. Our work included nearly 7,000 adolescent girls and boys between the ages of 10 and 19, as well as their caregivers, service providers and programme and policy actors. More details can be found in the full companion report (Jones et al. 2019). Paying careful attention to gender and regional differences, here we focus on adolescents' psychosocial well-being and voice and agency – which we delineate as resilience and emotional efficacy; voice and decision-making opportunities within the family and community; mobility, access to peer networks and safe spaces; access to age-appropriate information and digital technology; and access to inspirational role models. We then discuss emerging change strategies and key actions to accelerate progress.

Key findings: scope and scale of the challenge

Resilience and emotional efficacy

Using the General Health Questionnaire (GHQ-12), an internationally validated measure of common mental disorders (Tait et al., 2003), GAGE survey findings suggest that overall, adolescents in our sample have generally low levels of mental distress (with a mean score of 0.95 on a 0–12 scale for the younger cohort, and 1.63 for the older cohort). Our qualitative findings complemented this to some extent, with many adolescents demonstrating strong emotional resilience and independence. Nevertheless, our qualitative research also pointed to a considerable number of adolescents who are stressed and anxious for a variety of reasons – including financial poverty, educational performance, and violence at home and in the community. Boys involved in a community-mapping exercise in Community G (South Gondar) explained: '*There is a financial problem for those from poor households to buy exercise books. If we do not buy it, we get stressed*'. A 16-year-old girl from Community A (Zone 5) added, '*Recently there has been conflict… It was a terrible moment*'.

Our research identified important differences between adolescents in different locations. For example, according to our survey findings, urban adolescents generally fare worse than their rural counterparts (16% difference). Our qualitative work suggests this is due to greater anxiety about education and employment. A father from Batu explained, '*Parents around here are not rich or well off. So children feel bad that they are becoming an additional burden. They become hopeless. Some might try to commit suicide*'. We also found that adolescents from Afar experience greater distress than those from Amhara and Oromia, which is possibly linked to lower levels of emotional support from caregivers reflected in adolescents feeling less able to confide in them on important issues (such as relationships, future employment, religion, bullying) and more limited social connections with peers.

In terms of gender differences, while younger girls and younger boys had similar GHQ-12 scores, older girls score significantly worse than boys of the same age. Our qualitative work suggests that this is because of concerns about child marriage in rural areas and about sexual harassment and sexual violence in urban areas. A 15-year-old girl from Dire Dawa explained, '*After rape, you will not have an option rather you may want to commit suicide because you care for your family, for yourself and your friends. It is really shame for a girl to live after getting raped*'. In line with previous work, we also found that already married girls are at especially high risk of isolation, depression and in some cases suicidal ideation. As a 12-year-old married girl from Community D, South Gondar, recounted: '*I have no one to talk to so I usually cry … I have some friends but if I told them anything they will tell my mother-in-law*'.

Voice and decision-making

Our survey found that in terms of decision-making within the family, the mean for young adolescents on an index scored 0–6 was 2.8, suggesting that adolescents feel that they have a medium degree of voice in their household. Our qualitative work also confirms this, indicating that there is a gradual consensus that adolescents enjoy relatively greater decision-making today than in the past. As described by a father from Batu, East Shewa, '*most children these days decide and think for themselves*'. Family support is an important factor in adolescents' ability to participate in decision-making. Based on an index of issues that adolescents feel able to discuss with their caregivers (including education, work, bullying and religion) the mean score out of 4 among the younger cohort was just over 2 and for the older cohort 2.4.

Our work identified large location differences in adolescents' access to voice and agency in the household. Adolescents in urban areas and in South Gondar are significantly advantaged compared to those in rural areas and in Afar, which has the lowest mean decision-making score (2/6). For example, one 17-year-old girl from Batu stated: '*If I am interested in something, my parents cannot hinder me from doing it.*' This contrasts sharply with the perspective of an older boy from Community B (Zone 5), who reported, '*I will accept what my family say because I can't do anything without them.*'

There were also significant gender gaps, with girls, especially married girls, have more limited access to decision-making than boys. As a 12-year old girl from Community F, South Gondar, noted: '*Girls are widely perceived as more obedient than boys, and have little say in their families. I do everything she tells me to*'. Girls' more limited agency also plays out across the decisions that shape their life course. Many are unable to refuse FGM/C or child marriage. That said, our work highlights that this is shifting, albeit in very uneven ways. In South Gondar, girls are refusing to marry, so that they can focus on their schooling. In East Hararghe, on the other

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(A father from Batu, Community K, East Hararghe)

▶▶ If I am interested in something, my parents cannot hinder me from doing it.

(A 17-year-old girl from Batu)

Adolescent girl from Afar
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hand, some girls are choosing to stay out all night, engaging in traditional shegoye dancing at the expense of their education (and often marrying the boys they meet there without the approval of their parents).

Mobility, access to safe spaces and peers

Mobility is a necessary precursor to access to the safe spaces and time to socialise with peers that is central to adolescent psychosocial well-being (Edmeades et al., 2014; Sewasew et al., 2017). However, our findings show that an overwhelming majority of young adolescents (92%) have to seek permission before they go out, in large part due to concerns about their safety. Despite limitations on their mobility, our survey found that 76% of young adolescents and 84% of older adolescents have a friend they trust.

Our research captured a variety of differences between locations. For example, we found that urban adolescents have more restrictions than their rural peers, which our qualitative work suggests is probably due to more extensive opportunities for them to engage in risky behaviour. Our findings also indicate a significant difference across rural research sites, with adolescents from Afar being less likely to need permission to leave home (75%) than their counterparts in South Gondar (95%) or East Hararghe (91%). There is also a stark difference in social connections with peers between rural regions. Due to demands on their time, only 21% of younger adolescents in Afar have a friend that they can trust compared to 82% in both Gondar and Hararghe. A 12-year-old boy from Community A (Zone 5) explained, '*I don't have friends...I mostly herd goats alone*'.

Gender differences in mobility were also notable and grew as adolescents became older, as restrictions on boys declined while those on girls increased. Among older (urban) adolescents, girls were 38% more likely to need permission to leave home than boys, largely due to perceived threats to girls' safety and their families' honour. A 12-year-old girl from Community C, Gondar, noted: '*Boys can go anywhere they want...but there are girls who stay home the whole time.*' In contrast to the broader literature – which highlights that girls are more likely to suffer from social isolation (Edmeades et al., 2014; Jones et al., 2017) and have fewer friends (Camfield, 2011) – our survey found no gender gap in access to trusted friends and our qualitative work highlighted that girls are more likely than boys to confide in their friends.

▶▶ Boys can go anywhere they want...but there are girls who stay home the whole time.

(A 12-year-old girl from Community C, South Gondar)

Access to age-appropriate information and communication technology

Unsurprisingly for a low-income, still overwhelmingly rural, country, adolescents' access to information and communication technology (ICT) remains quite limited. Our survey found only 3% of the younger cohort had a phone and virtually no young adolescents (less than 0.3%) had reliable internet access. While access increases with age, even in urban areas only about one quarter of older adolescents have internet access and less than half (43%) have their own phone. Our qualitative work found that both adolescents and adults are aware of the mixed impacts of ICT. On the one hand, it opens doors. A key informant in Community B (Afar), explained: '*When I was an adolescent I knew nothing about government, development, rights, education … But now adolescents know about many things. They talk about*

▶▶ Children here can get a mobile phone at any age they want, but what matters most is the economic condition of the family.

(A 17-year-old girl in Batu, East Shewa)

what is happening in our region and in our country, they hear different news from the mobile phone'. On the other hand, it can distract young people from their schooling and expose them to new forms of risk (e.g. pornography and gratuitous violence).

Location differences in access to mobile phones were large and also surprising. Specifically, we found that in addition to the fact that urban adolescents are more likely to have access, and at an earlier age, adolescents in Afar have greater access than those in other regions (5%

Girls group in Batu-Ziway
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> **When I was an adolescent I knew nothing about government, development, rights, education … But now adolescents know about many things. They talk about what is happening in our region and in our country, they hear different news from the mobile phone'.**
>
> (A key informant in Community B, Afar)

compared to 1% in South Gondar and 4% in East Hararghe). Our qualitative research suggests this could be due to the long distances that families travel to find grazing areas for livestock, especially when families are forced to split up in search of safe pastures.

Gender differences in access to ICT were large but expected, given previous research (Livingstone et al, 2016). For example, among older adolescents living in urban areas, girls are 16% less likely than boys to have a phone for their own use (47% of boys versus 39% of girls). A government key informant in Dire Dawa explained, '*Boys have greater access to smart phones and their ability to use technology is much greater compared to girls*'. Girls' access to the internet is compromised both by not having a mobile phone and by restrictions on their mobility, given that access is generally available at cafés and in libraries.

Role models

Although role models can be key to helping young people, particularly girls, envisage new futures for themselves, especially in the Ethiopian context – where the majority of adolescents are first-generation learners (Jones et al., 2017) – our work found that only 35% of young adolescents are able to identify a person that they wanted to be like (versus 66% of older (urban) adolescents). Amongst those who could, models ranged from community members such as teachers and health extension workers, to national leaders such as the former and current prime ministers, to sports and film stars. Critically, our qualitative work highlights the importance of peer pressure and negative role models.

> **Most of them are dropping out of school by saying "If a university graduate is remaining employed, why should we waste our time in learning?"**
>
> (A key informant from Community I, East Hararghe)

Box 2: Adolescent demand for digital and information technology varies by location

Adolescents' access to digital and information technology differs significantly by location, both between and among urban and rural regions in Ethiopia. Among younger adolescents, those from urban areas are twice as likely to have a phone as those from rural areas (5.2% compared to 2.7%). They are also more likely to have access to the internet: even though only 2.1% of young urban adolescents can use the internet whenever they want or need to, none of the younger rural adolescents we surveyed have consistent or reliable internet access.

Our qualitative research showed that in urban areas, adolescents are more likely to have a phone at a younger age, and often as a result of peer influence. For example, a 12-year-old girl in Debre Tabor (South Gondar) noted that: '*In our class, most of the students have a mobile phone, and when there is a ceremony in the school they bring their mobile phone to class. Then I asked my family to buy me a mobile phone too.*' The factors that drive access in urban areas tend to be economic, with poorer adolescents less likely to have a phone. As a 17-year-old girl in Batu, East Shewa, pointed out: '*Children here can get a mobile phone at any age they want, but what matters most is the economic condition of the family*'.

While adolescents in urban areas have greater connectivity than their rural counterparts, there were marked differences between urban areas. Older adolescents in Dire Dawa, for instance, have greater access to both phones and internet than those in Debre Tabor or Batu, with 52% reporting having a phone for their own personal use (compared to 44% in Debre Tabor and 36% in Batu), and 37% reporting access to the internet whenever they want or need it (29% in Debre Tabor and 17% in Batu). While this could be partly shaped by cheaper products on account of contraband and/or more trade and therefore economically better-off households, our qualitative research highlighted that adolescents in Dire Dawa have relatively better access to public internet resources like internet cafes and libraries. As one 16-year-old boy from Dire Dawa explained: '*I go to the public library and I download information using the WiFi... There are ipads and computers... I have been using the internet there for three years*.'

Of the young adolescents in rural areas who do have a mobile phone, those living in Afar had surprisingly greater access than those in other regions (5%, compared to 1% in South Gondar and 4% in East Hararghe). Our qualitative research suggests this could be due to the long distances that families travel to find grazing areas for livestock, especially when families are forced to split up in search of safe pastures, and therefore relatively high demand for mobile connectivity. Some young adolescents use their phones to stay in touch when separated from their families, 'calling relatives to share information about conflict or peace in areas' (12-year-old married girl, Community A, Afar) or '*informing them either by telephone or sending a message*' (12-year-old boy, Community A). Even those adolescents without a phone in Afar cite being able to contact family members as a key reason for aspiring to own a phone, '*so we can talk to each other when [my parents] travel far away*' (12-year-old girl from Community B).

Some adolescents had dropped out of school at the urging of their friends and others were demotivated by the fact that their slightly older, well-educated peers are unable to find decently remunerated work. As a key informant from Community I, East Hararghe, noted: '*Most of them are dropping out of school by saying "If a university graduate is remaining employed, why should we waste our time in learning?"*'

Among the younger adolescents we surveyed, those in urban areas – who have more exposure to mass media – are almost twice as likely to have a role model as their counterparts in rural regions (57% compared to 33%). Urban adolescents are also more likely to have non-traditional role models. For example, a 10-year-old boy in Community B, Zone 5 (Afar), emphasised: '*I wish to be just like my elders*', while a 17-year-old girl in Batu talked about a scientist whom she hoped to emulate: '*There is a doctor I look up to … he got medicine for bilharzia (schistosomiasis) from the fruit of a plant.*'

Our quantitative research found that fewer young girls have role models than their male counterparts, (32% versus 38%). The gender gap persisted among the older cohort – 69% of older boys in urban areas reporting having a role model as opposed to 63% of girls. Our qualitative research reinforced these results, showing that particularly in rural areas, girls were likely to explicitly note that they lacked a role model. A 10-year-old girl in Community L, East Hararghe, for example noted that: '*I have no one whom I see as a model or want to be like.*'

Change strategies

GAGE research found that improvements in adolescents' access to voice and agency and psychosocial well-being are largely, though not exclusively, mediated through their greater access to formal education, which exposes them to new ideas (including their rights), offers them time to socialise with their friends, and provides opportunities to participate in clubs about topics that interest them. '*Because they are literate, they start to decide for themselves*', explained a father from Community D (South Gondar). Girls' clubs are especially important as they provide lessons on gender issues, '*a counselling service*' (leader, Community E, South Gondar), opportunities to engage in '*peer teaching*' (leader, Community G, South Gondar), and a venue to '*report any challenges*' (leader, Community C, South Gondar). In addition to school-based programmes, we also found that churches (but seldom mosques) give adolescents a chance to spend time together, albeit perhaps at the cost of limiting agency, especially for girls, given the messages conveyed. Religious institutions – as well as NGOs and school-based and community groups such as parent-teacher-student-associations and 1:5 groups – are also working with parents, to help them better support their adolescent children given the often wide generation gap. Our research found little evidence that systems and services, outside the more informal strategies provided through schools, are working to support young people's psychosocial well-being and access to voice and agency. We also found that access to Youth Centres and other recreational spaces is quite rare, even in urban areas, and that this was especially the case for younger adolescents and for adolescent girls.

Box 3: The importance of using one's voice and harnessing the 'hidden gold'

Derartu is the youngest child in a large family living in Batu. Her father is a fisherman, her mother sells fish, and two of her siblings have severe hearing impairments. Derartu is '*among students that rank 1 to 3*' in her 9th grade class, what is most striking about her is her confidence in her own voice: '*I do not have a person as a role model. There is no one that I copy completely.*'

These days, she emphasised, people '*are focusing on modern things … and we are forgetting our culture.… I would be happy if I had a masinko and kirar [traditional musical instruments] at home. Nowadays people never think to play music without a guitar or piano, but if electric power is cut off … kirar will never stop making music.*'

While Derartu says that her parents '*do not listen to what I say, not because I am female, but since I am the last-born child*', this does not '*stop me from expressing my ideas and avoiding unreasonable fears*'.

Derartu uses her voice to speak up for other adolescent girls who do not feel they can speak up for themselves: '*I like to defend females, since they are forced to do things that are not in their interests*'. She told a story about an adolescent mother she sees regularly in the market. '*She does not have choices, she leads her life insulted. Individuals in her neighbourhood and the community blame the girl after she got pregnant, no one is concerned about the man. They insult her. No one knows how she got pregnant, whether in her interests or not, but she gets blamed.*'

Derartu has realised, from talking to her own parents, that it can be '*difficult to convince parents on certain issues*'. So she knows that when she sets out to change minds about gender equality, she needs to situate her argument in tradition. '*Sometimes knowing history helps you [because if you] know about something from its origin, you can talk to people from a religious viewpoint or from science [and explain how things are] simply cultural practice… There is hidden gold in your house … unless we use our culture, no one comes from the outside and uses it to help us to use it*'.

Boy with a hearing impairment in Ebenat, Amhara © Nathalie Bertrams/GAGE 2019

Key actions to accelerate progress

In order to capitalise on the opportunities adolescence offers, and support children to become adults who feel empowered to make decisions about their own lives and contribute to their communities, it is vital to balance young people's growing needs for independence and connection and their protection. Our research suggests undertaking nine key actions to better support adolescents' psychosocial well-being and access to voice and agency:

- Provide guidance to parents including through parenting classes for parents of adolescents to better support them to guide young people in transitions through puberty into adulthood, including on non-violent disciplinary approaches.
- Provide guidance to teachers and school counsellors through refresher teacher training how to best support adolescent transitions, including child-friendly teaching methods that encourage classroom participation through revised teacher-training curricula and monitoring of teachers' practice, and positive disciplinary approaches.
- Develop and maintain spaces where adolescents can safely spend time with peers and contribute to their communities, including investing in youth centres that are well-resourced and friendly for younger adolescents and especially for girls; and expand clubs and extracurricular activities, including children's parliaments, girls' clubs, and sports activities in schools to encourage opportunities for participation.

- Use school lessons and clubs to map out with adolescents the locations they feel are safe and unsafe, and support them to think through ways to avoid unsafe spaces, as well as providing opportunities for adolescents to volunteer in their communities.
- Provide outreach to the most disadvantaged adolescents, with programmes designed to reach the most isolated groups such as married girls, herding boys, domestic workers, migrant workers, and street-connected children.
- Continue to develop and expand a cadre of social workers trained to support young people's mental health needs, and simultaneously provide training to health extension workers and teachers on how to identify young people in need of support and counselling.
- Invest in hotlines for young people with psychosocial ill-being/mental ill health, given increasing access to mobile phones for adolescents, and drawing on international good practice.
- Expose young people to aspirational but actionable ideas for their future by engaging with role models from the community and developing school- and district-level alumni associations with links to local schools to provide regular access to role models and mentors.
- Support adolescents to gain safe access to information, including through education for adolescents and their parents on safe internet use. Begin in urban areas, through civics classes to provide lessons on safe online access (e.g. privacy, cyber-bullying and pornography) and adolescent-friendly sites.

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