GENDER & ADOLESCENCE: GLOBAL EVIDENCE

BASELINE REPORT SERIES

Adolescent well-being in Ethiopia: exploring gendered capabilities, contexts and change strategies

A synthesis report on GAGE Ethiopia baseline findings

Nicola Jones, Sarah Baird, Joan Hicks, Elizabeth Presler-Marshall, Tassew Woldehanna and Workneh Yadete

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Introduction

Ethiopia has one of the youngest populations in the world, with over half of its citizens under 20 years of age. Over the past two decades, it has made remarkable progress in increasing school enrolment rates for girls and boys, in expanding young people's access to health and sexual and reproductive health (SRH) services, and in making some inroads into tackling conservative gender norms that perpetuate harmful practices such as child marriage and female genital mutilation/cutting (FGM/C) (Jones et al., 2017; CSA and ICF, 2017). Rapid economic growth has also led to a fall in poverty rates but despite this, according to recent World Bank data, Ethiopia is one of five countries accounting for the world's largest absolute numbers of people living in poverty, with nearly one-quarter of all citizens living below the poverty line (UNDP Ethiopia, 2018; Katayama, 2019). It also has very high youth un- and underemployment rates (CBMSIN, 2018).

This report draws on evidence from GAGE (Gender and Adolescence: Global Evidence) – a unique longitudinal mixed-methods research and impact evaluation study focused on what works to support the development of adolescents' capabilities during the second decade of life (10–19 years), exploring the patterning of adolescent girls' and boys' experiences in Ethiopia as they transition from early adolescence through puberty and into early adulthood. The far-reaching physical, cognitive, psycho-emotional, social and sexual transformations that take place during the adolescent years, and especially following the onset of puberty, are considered second only to those experienced in infancy and early childhood in terms of their scope and speed. Given these pivotal life changes – and with a global adolescent population of more than 1.2 billion, most of whom live in the global South – the development community is increasingly recognising that adolescence offers a unique window in which to accelerate progress in tackling poverty, inequality and discrimination. By investing in young people, there is an opportunity to reap a triple dividend – for adolescents, for their adult trajectories, and for their children.

GAGE's starting point is that adolescent transitions shape girls' and boys' lives, but often in highly gendered ways, due to the prevailing norms in their socio-cultural environments. These norms – especially around sexuality – start to become more rigidly enforced and more consequential in early adolescence, forcing girls' and boys' trajectories to diverge as they approach adulthood. To fast-track social change, understanding and tailoring programme interventions that are informed by this divergence is key.

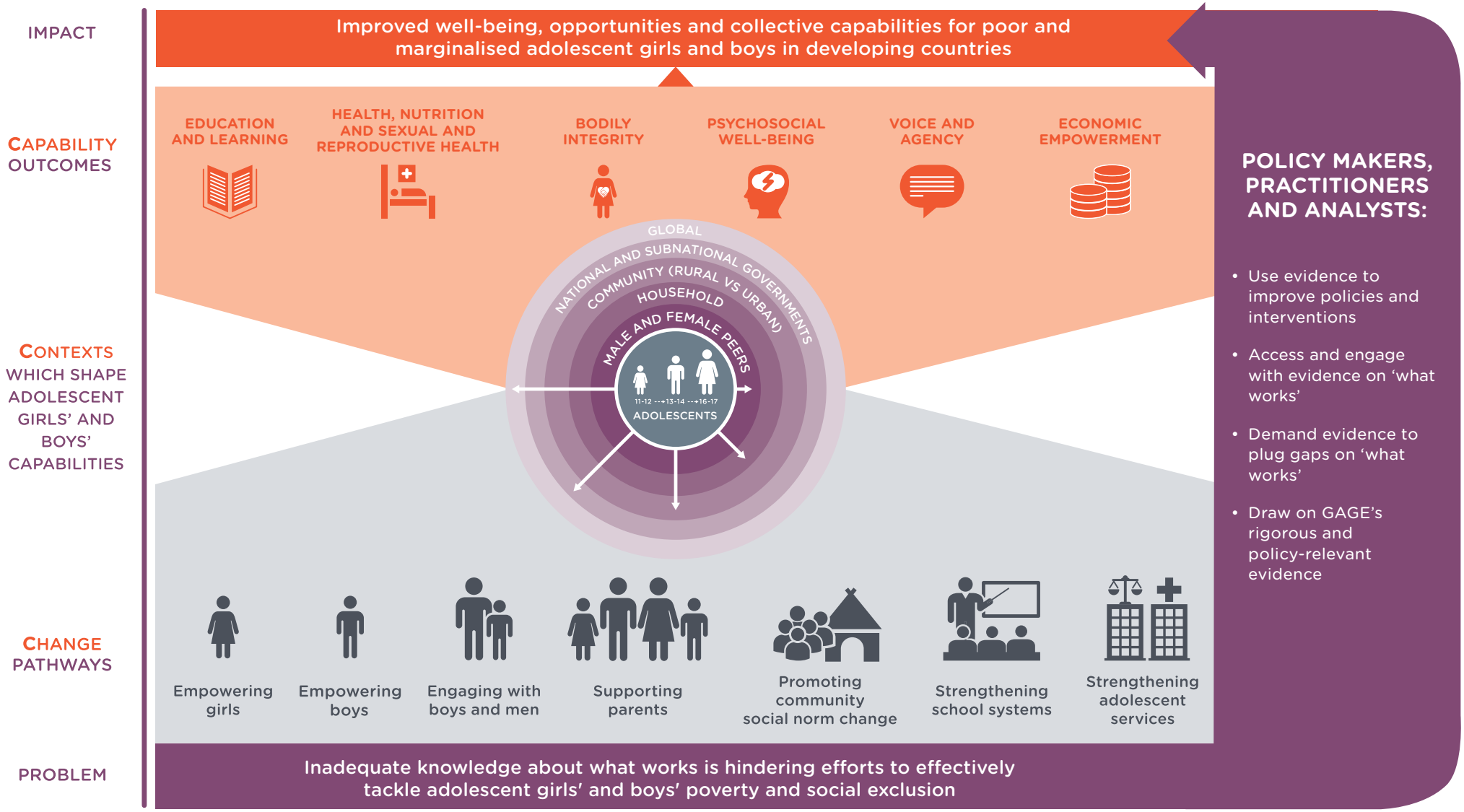
This report is one of a series of short GAGE baseline reports focused on emerging mixed-methods findings. Based on the GAGE conceptual framework (see Figure 1), there will be a total of six reports outlining our baseline findings about adolescent boys' and girls' capabilities in six key domains: (1) education and learning; (2) health, nutrition and sexual and reproductive health; (3) bodily integrity and freedom from violence; (4) psychosocial wellbeing; (5) voice and agency; and (6) economic empowerment. This companion synthesis report summarises key findings and policy implications from a multidimensional capability lens.

Conceptual framing

GAGE's conceptual framework takes a holistic approach that pays careful attention to the interconnectedness of what we call 'the 3 Cs': Capabilities, Change strategies and Contexts' in order to understand what works to support adolescent girls' and boys' development and empowerment – now and in the future (see Figure 1). This framing draws on the three components of Pawson and Tilley's (1997) approach to evaluation, which highlights the importance of outcomes, causal mechanisms and contexts; however, we tailor that approach to the specific challenges of understanding what works in improving adolescent girls' and boys' capabilities.

The first building block of our conceptual framework are capability outcomes. Championed originally by Amartya Sen (1984; 2004), and nuanced to better capture complex gender dynamics at intra-household and societal levels by Martha Nussbaum (2011) and Naila Kabeer (2003), the capabilities approach has evolved as a broad normative framework exploring the kinds of assets (economic, human, political, emotional and social) that expand the capacity of individuals to achieve valued ways of 'doing and being' (see Figure 2). Importantly, the

Figure 1: GAGE conceptual framework



approach can encompass relevant investments in girls and boys with diverse trajectories, including the most marginalised and 'hardest to reach' such as those who are disabled or are already mothers.

The second building block of our conceptual framework is context. Our 3 Cs framework situates girls and boys ecologically, recognising that their capability outcomes are highly dependent on family or household, community, state and global contexts.

The third and final building block of our conceptual framework acknowledges that girls' and boys' contextual realities can be mediated by a range of change strategies, including: empowering individual adolescents, supporting parents, engaging with men and boys, sensitising community leaders, enhancing adolescent-responsive services, and addressing system-level deficits.

Research questions

Stemming from our conceptual framework, there are three sets of questions that are central to GAGE's research. They focus on: (1) adolescent experiences and the ways in which these are gendered and also differ according to adolescents' economic, social and geographical positioning; (2) the ways in which programmes and services address adolescent vulnerabilities and support the development of their full capabilities; and (3) the strengths and weaknesses of programme design and implementation in terms of ensuring programme efficacy, scale and sustainability. At baseline, we are focusing on the first two questions; we will explore the third question in more detail at midline and endline.

Research methodology

To explore these research questions, GAGE is employing a mixed-methods research approach. This baseline involved data collection in rural and urban sites in Ethiopia, with a total of more than 6,700 adolescent girls and boys and their caregivers completing the GAGE survey (GAGE Consortium, 2018). We also engaged with a sub-sample of 220 adolescents, their families and communities through a variety of interactive individual and group in-depth qualitative tools (for more details see Jones et al, 2018b) on the research methodology and research ethics). Our sample included two cohorts: younger adolescents (10–12 years) and older adolescents (15–17 years) (for more details see the Annex).

Our baseline quantitative and qualitative data was collected between late 2017 and early 2018. Going forward, the quantitative survey will entail three follow-up rounds with the younger cohort when they reach 12–14 years, 13-15

Box 1: Overview of GAGE and our baseline report series

GAGE is a unique longitudinal mixed methods research and impact evaluation study focused on exploring what works to support the development of adolescents' capabilities over the course of the second decade of life (10–19 years) as children transition from early adolescence through puberty and into early adulthood.

The far-reaching physical, cognitive, psycho-emotional, social and sexual transformations take place during the adolescent years – and especially following the onset of puberty – are considered second only to those experienced in infancy and early childhood in terms of their scope and speed. Given these pivotal life changes – and with a global adolescent population of more than 1.2 billion, the overwhelming majority of whom reside in the Global South – it is increasingly recognised by the development community that adolescence offers a unique window to accelerate progress against the effects of poverty, inequality and discrimination. By investing in young people there is an opportunity to reap a triple dividend for adolescents now, for their adult trajectories and for those of their children.

GAGE's starting point is that adolescent transitions shape both girls' and boys' lives, but often in highly gendered ways, due to the norms of their socio-cultural environments. These norms – especially around sexuality – start to become more rigidly enforced and more consequential in early adolescence, which forces girls' and boys' trajectories to diverge as they approach adulthood. To fast-track social change, understanding this divergence is key.

This report is one of a series of short baseline reports focused on emerging mixed methods findings from the GAGE baseline. Based on the GAGE conceptual framework (see Figure 1), there will be a total of six reports focused on our baseline findings about adolescent boys' and girls' capabilities. These include (1) education and learning, (2) health, nutrition, and sexual and reproductive health, (3) bodily integrity and freedom from violence, (4) psychosocial well-being, (5) voice and agency and (6) economic empowerment. This companion synthesis report summarises key findings and policy implications from a multidimensional capability lens.

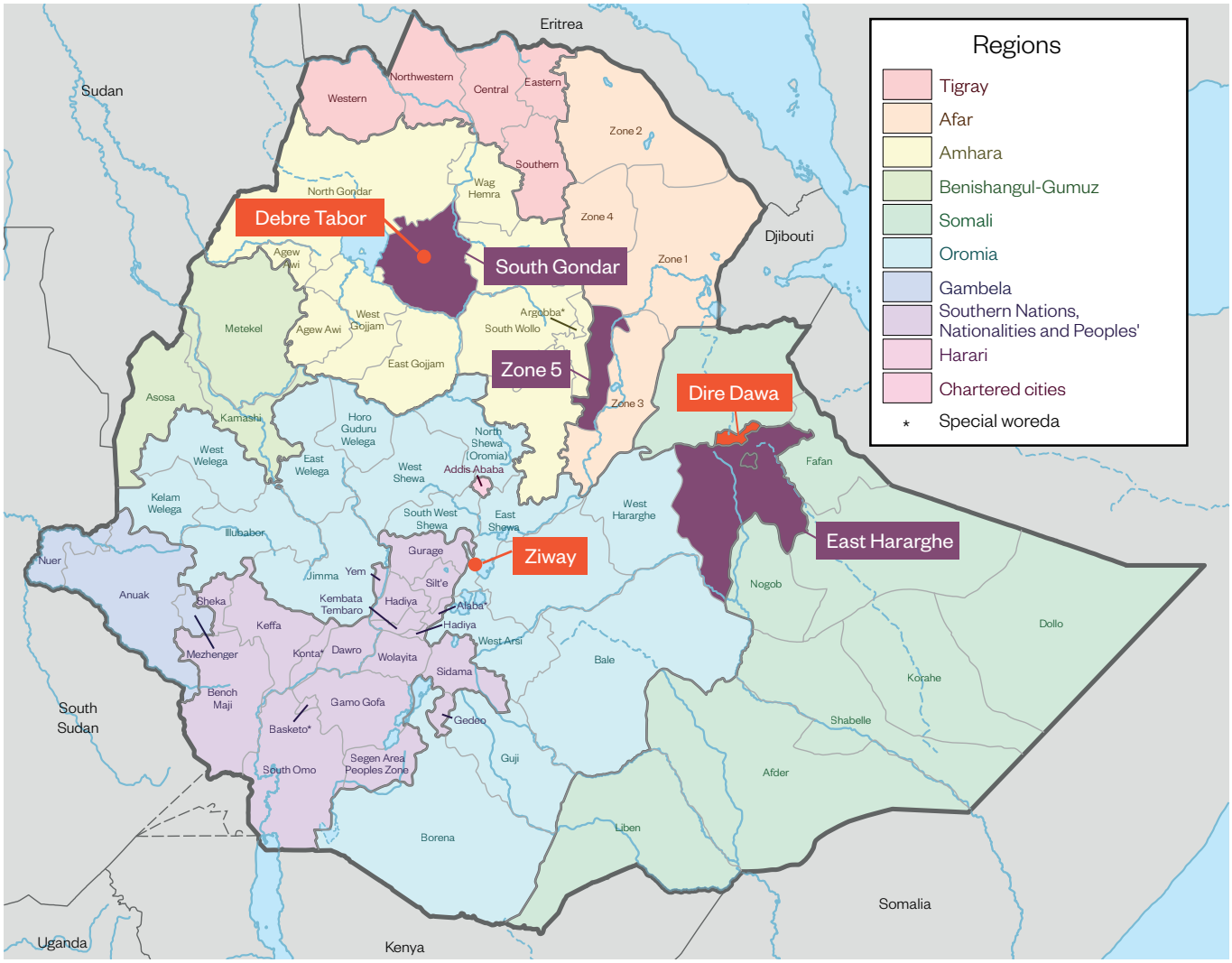
years and 15–17 years, and with the older cohort at 17–19 years, 18-20 years and 20–22 years. The main qualitative research will happen at the same junctures, but we will also undertake annual peer-to-peer and participatory research from late 2018/early 2019 onwards.

Research sites

Our research sample in Ethiopia involves adolescents from rural, urban and pastoralist communities from three regions: Afar, Amhara and Oromia, as well as adolescents from Dire Dawa city administration (see Annex).

The rural sites were selected on the basis of two key but complementary considerations: (1) a review of existing data and evidence on adolescents and gender in Ethiopia, which highlighted the importance of understanding both the economic and social drivers that underpin disadvantage (see Stavropoulou and Gupta-Archer, 2017a; 2017b); and (2) programming capacity on the part of two of the GAGE consortium implementing partners, Pathfinder and Care Ethiopia[1]. In terms of the first consideration around vulnerability criteria, we selected geographical areas with high rates of child marriage (as a proxy for conservative gender norms) (see Annex) and those with the greatest proportion of 'hotspot' child marriage districts (see Jones et al., 2016), as well as areas that are economically disadvantaged and/or food insecure (see Annex). In total we are working in five districts in each rural region, including 75 kebeles (communities) in South Gondar, 80 in East Hararghe and 20 in Afar.

Figure 2: Map of Ethiopia with research sites highlighted



Source: Originally created from File:Ethiopia adm location map.svg by User:NordNordWest and modified to show GAGE research sites.

1 Here we took into account pragmatic considerations from an impact evaluation perspective, whereby final site selection at zonal and district levels factored in where the non-governmental organisation (NGO) implementing partners have operational experience and presence in order to be able to implement an integrated adolescent package – Act with Her – funded by the Bill & Melinda Gates Foundation.

The urban sites were selected to offer variation in size to contribute to ongoing debates about urbanicity (Hannigan and Richards, 2017; Chant et al., 2017). Thus Batu is a district town, Debre Tabor a zonal town, and Dire Dawa its own city administration and one of the largest cities in the country. We also selected urban sites that were in proximity to the rural sites in the case of Debre Tabor (South Gondar zone) and Dire Dawa (which is geographically close to East Hararghe) to better allow for urban–rural comparisons. In addition, we wanted to be able to understand adolescent transitions from education into work, and therefore Batu (with its significant floriculture industry and role as a migration hub for young people, particularly from the south of Ethiopia) and Dire Dawa (as a corridor to migration to the Middle East and with its emerging industrial park) both provide windows into new forms of employment. They can also reveal the extent to which young people are able to benefit (or not) from these new economic opportunities.

Given GAGE's strong focus on vulnerable cohorts of adolescents, in line with the 'leave no one behind' agenda linked to the Sustainable Development Goals (SDGs), our sample includes adolescents who are especially disadvantaged, such as: adolescents with disabilities; married, separated or divorced adolescent girls; adolescent mothers; and those from internally displaced communities. We included these adolescents in two ways: through a community listing process involving a random sample of adolescents of the requisite age; and through purposive sampling, in an effort to overcome the stigma, discrimination and invisibility that such young people often face in their communities (Muz et al, 2018).

1 Education and learning

1.1 Introduction

Ethiopia has made remarkable progress in expanding access to education over the past two decades (UNESCO, 2015). With policy commitments made tangible by doubling the share of the budget allocated to education – to 27% in 2013 (World Bank, 2018) – the government has tripled the number of primary schools across the country (to nearly 35,000 in 2017), seen the number of primary students climb from only 3 million to nearly 21 million (MoE, 2018), and is closing in on universal primary enrolment. However, significant hurdles remain if all Ethiopian adolescents are to access their right to a quality education. Dropout rates remain high, with only about half of young people completing grade 5 and enrolment rates at less than 10% in upper-secondary school (11th and 12th grades) (ibid.). Furthermore, '*learning levels are poor and appear to have stalled in recent years*' (RISE, 2018), especially for girls, who often miss school when menstruating or when forced to forgo homework in order to do chores (Pankhurst et al., 2018; Bastian et al., 2013; MoFED and UN Ethiopia, 2012; Woldehanna et al., 2017; Woldehanna and Pankhurst, 2014). Adolescents with disabilities have very limited opportunities to exercise their right to an education: only 4.6% of urban children and 2.3% of rural children are estimated to be attending school (Katsui et al, 2014; Jones et al., 2018).

1.2 Adolescent aspirations

Research has found that Ethiopian adolescents' educational aspirations are, overall, quite high (Tefera et al., 2013; Camfield, 2011; Feeny and Crivello, 2015; Jones et al., 2014a, 2016c, 2017), and although aspirations become less ambitious as adolescents become older, they are nevertheless predictive of the number of years of schooling eventually completed (Favara, 2017). While noting that there are significant differences driven by context – with adolescents in South Gondar having the highest educational aspirations and those in Zone 5 having the lowest – both our quantitative and qualitative research supports the notion that adolescents are aiming high. Overall, of the young adolescents involved in our research, nearly all (94%) would like to attend at least some secondary school and over three-fifths (61%) would like to attend some post-secondary school. Indeed, with some exceptions, our qualitative work found that most adolescents see education as the pathway to a successful future and would prefer to have professional careers. As a 17-year-old girl with a physical impairment from Debre Tabor said, '*The sole agenda we have is education*'. While our research found that adolescents have high aspirations, it also found reasons for concern. First, educational aspirations are gendered; for instance, girls in South Gondar have higher aspirations than boys, while boys in East Hararghe have markedly higher aspirations than girls. Second, some professions that require a person to be educated (like teaching) are less and less attractive to adolescents because salaries are significantly lower than what they could earn by doing work that requires only basic literacy (such as chat farming or domestic work in the Middle East).

1.3 Parental support

Parental support for both girls' and boys' education has improved considerably over the past generation, as families increasingly recognise that education is helpful in terms of preparing their children for paid employment and a more secure economic future (Jones et al., 2014a; 2016c; 2017; Smith et al., 2015). Again, although there are important contextual differences, our research found that the vast majority (98%) of female caregivers, like most adolescents, aspire for their children to attend post-secondary education. Indeed, our qualitative work found that caregivers' buy-in to education, at least in some locations, is improving annually – in part because they have come to recognise that education is necessary for a non-agricultural future. As one man in Community C (South Gondar) noted, *'There is a severe shortage of farmland in our locality. Farming livelihood is no longer viable, so parents encourage their children to focus on education.'*

Despite progress, our research found that some girls, especially those in East Hararghe, continue to receive less parental support for education than boys, largely because of the discriminatory gender norms that shape how their families define and value girls' roles. Most importantly, parents often provide their daughters with less material support for education, and overburden them with domestic chores that keep them from attending school

and prevent them from doing homework. A school principal in Community H (East Hararghe) observed that mothers are so determined to have their daughters support them at home that they sometimes resort to throwing stones at the *kebele* leaders sent to bring girls to school: *'When we go to their homes to bring students to school, there are some mothers who throw stones at us. They think the girls should help them in the house because they have no other support.'*

1.4 Access to quality education

On a national level, but with marked regional variation[2], nearly all children now enrol in primary school (UNESCO, 2018; Ministry of Education, 2018). However, our research paints a more complex picture of adolescents' access to quality education, identifying four hurdles: initial enrolment, regular attendance, continued enrolment, and learning. While our survey found that 85% of young adolescents are enrolled in school, and that the average student is roughly on grade level (having completed 4.6 years of schooling by age 11), our qualitative work found that some adolescents (especially those in Zone 5) continue to be shut out of school entirely while others enrol later than they should, primarily due to the realities of animal husbandry and the seasonal mobility of pastoral households. As a key informant from the Women's Association in Community D (South Gondar) explained, *'Parents with low incomes have to decide to make some of their children farmers and others go for education'*. Children with disabilities are especially likely to be denied access to school, due to the lack of schools that can accommodate children with special learning needs.

Our research also found that many adolescents – again, particularly those in Zone 5 – are regularly absent from school, sometimes for a day or two at a time, other times for weeks at a stretch. Across rural areas, students in our younger cohort missed an average of 15% of school days over the two weeks prior to our survey (versus 6% in urban areas). Our qualitative work found that agricultural and domestic duties most often drive non-attendance. As one teacher from Community H (East Hararghe) explained: *'When parents go to farm land to do farm work, children look after the cattle and goats. They come back maybe after 2 or 3 months.'* As adolescents (and particularly adolescent boys) get older, their absences are increasingly likely to be driven by work-related seasonal migration. An educational expert in Community C (South Gondar) noted: *'Children often migrate to other places in search of jobs. Boys usually go to commercial farming areas of Metema and Humera in search of seasonal jobs, mainly during sesame weeding and harvesting periods.'*

> When we go to their homes to bring students to school, there are some mothers who throw stones at us. They think the girls should help them in the house because they have no other support.
>
> (A school principal, Community H, East Hararghe, Ethiopia)

As underscored by government figures, which show that enrolment rates in upper-primary school are approximately half the rates for lower-primary school, our baseline research is ideally timed in terms of *'catching'* adolescents as they begin to drop out of school. Our qualitative research suggests that drivers of school-leaving are many, varied, and highly dependent on both gender and context. Respondents explained that family problems (including parental illness and death as well as divorce), school violence, 'mandatory' grade promotions in the absence of mastery, inadequate learning environments (including a lack of learning materials as well as limited access to WASH), distance to school, and the opportunity costs of educating adolescents all play a role. Boys and girls alike drop out of school, either to work at home alongside their parents or for pay in the cash economy. Girls also leave school to marry – sometimes because they are forced to do so (most common in South Gondar and Afar) and other times because they 'choose' to do so (most common in East Hararghe).

Disaggregating statistics and disentangling stories becomes more important as adolescents grow up. For example, we found that at age 11, girls are more likely to be enrolled than boys in South Gondar (96% versus 89%) and boys are more likely to be enrolled than girls in East Hararghe (85% versus 70%). In Zone 5, boys miss far more days of school than girls (29% versus 18%). This same complexity was evident in our qualitative research, which suggests that the relationship between gender and education is static in some areas but in flux in others. For

2 Enrolment in emerging regions lags considerably behind the national average, with apparent intake rates in Somali and Afar, for example, roughly half those in SNNPR and Gambella (Ministry of Education, 2018).

example, in South Gondar, it appears that boys' growing engagement with paid work is beginning to offset (and even overtake in some ways) the more traditional disadvantages that have faced girls. In East Hararghe, on the other hand, boys are still significantly advantaged over girls on every metric – from aspirations to grade level. In Zone 5, however, few adolescents (girls or boys) had made it past 2nd grade.

Our qualitative research found that adolescents, adults and educators largely agree that educational quality lags due to a lack of resources and under-investment in teacher training. Teachers, especially in rural areas, reported that they often feel disheartened. Not only are classrooms overcrowded, which precludes any level of individual attention, but they also lack basic equipment including desks and books. Also, teachers are all too often *'assigned in a field they didn't get training in'* (teacher, Community F, South Gondar). A key informant in Community H (East Hararghe) further noted that because lower-grade classrooms are so overcrowded, teachers are often told they must promote children regardless of their academic performance. Teachers *'are ordered to promote all students from one grade level to another and not to report students who have failed'*.

1.5 Support for educational transitions

At a national level, the net enrolment rate (NER) for lower-secondary school is only about 25%, though the gross enrolment rate (GER) is nearly twice as high due to the large number of students who are over age for grade (MoE, 2018), while only about 10% of students attend upper-secondary school (ibid.). Noting that our baseline research includes primarily younger adolescents (who are several years away from transitioning out of primary school) and that our older adolescents all live in urban areas (which makes them quite distinct from the majority of their peers), our findings identified several key barriers to secondary education. Distance to school is the main barrier, as rural students must often move *'far from their families'* – meaning high costs for *'food, stationery*

> Teachers are ordered to promote all students from one grade level to another and to not report students who have failed.
>
> (A key informant, Community H, East Hararghe, Ethiopia)

Adolescents in Oromia
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materials, house rent and others' (teacher, Community G, South Gondar). High rates of exam failure – again especially for students from rural schools – and the draw of the cash economy also preclude continued education for many adolescents. For girls, there are even more barriers. As well as child marriage, which becomes more common in mid-adolescence, girls are more likely to fail exams due to years of poor attendance and limited time for homework; parents also increasingly limit their daughters' mobility due to concerns about their safety, as a key informant at the Women's Association in Community D (South Gondar) explained: *'Parents don't want to send their older female children because they might be attacked or become unexpectedly pregnant'*.

1.6 Change strategies

Our research identified a number of change strategies that appear to be working to improve adolescents' access to education. Outside of efforts to scale up primary school infrastructure, strategies most often revolve around raising parents' and adolescents' awareness about the importance of education. Also, in some communities, girls' clubs and girls' tutorials are supporting girls to pursue education, while in others, teachers and/or kebele officials are assigned to go to students' homes and bring them to school when they are absent. A teacher in Community I, East Hararghe, for example, reported that, *'Apart from the regular teaching activity, teachers are also assigned to go to the homes of the students and bring them to school … Every day teachers have to go to their homes in the afternoon to make parents send the children to school.'* Economic support – offered by individual teachers, wealthier families and non-governmental organisations (NGOs) – and school feeding were also reported by some respondents as important in helping adolescents pursue education, although the former is almost entirely ad hoc, and the latter appears to have been largely discontinued.

2 Bodily integrity and freedom from violence

2.1 Introduction

Most Ethiopian adolescents have experienced at least one form of age- or gender-based violence. Pankhurst et al. (2016) report that 90% of the children in the Young Lives qualitative study sample have experienced violence; physical violence (especially corporal punishment at school) is most prevalent, while boys (especially younger boys) are most at risk (Pankhurst et al., 2016; Save the Children, 2011). Sexual and gender-based violence (SGBV) – including harmful practices such as child marriage and female genital mutilation/cutting (FGM/C), as well as harassment and rape – is also prevalent (Jones et al., 2014a; 2014b; 2016a; 2016b; 2016c; 2017; Camfield and Tafere, 2011; Pankhurst et al., 2018). Child marriage, though a deeply rooted practice, is showing significant recent declines – in most regions of the country and among the youngest girls. The latest Ethiopia Demographic and Health Survey (DHS) data shows that 40% of women aged 20–24 were married before the age of 18 and 6% of girls aged 15–19 were married before the age of 15 (compared to 14% of young women aged 20–24 (CSA and ICF, 2017). Patterning is similar for FGM/C, though declines appear less steep (ibid.).

2.2 Age-based violence

In line with the broader literature, our research found that most adolescents experience corporal punishment at the hands of their parents and teachers. Evidence suggests that intra-household violence directed at children and adolescents is nearly universal in Ethiopia (Pankhurst et al., 2018; Jones et al., 2017; Save the Children, 2011), largely because parents 'share cultural assumptions and beliefs in the necessity of child corporal punishment so as to insure [sic] proper child upbringing' (Wonde et al., 2014: 21). Indeed, nearly 70% of young adolescents who completed our survey reported that they had experienced or witnessed violence in the home, with no significant gender differences.

In terms of physical violence by teachers, previous studies have highlighted that corporal punishment is endemic across Ethiopia and is meted out not only to punish children for misbehaving, but also to punish them for things that are often beyond their control (such as arriving late or not having completed their homework) – usually driven by household poverty or being required to do domestic chores (Jones et al., 2015; 2016a; 2016b; 2017; Save the Children, 2011; Pankhurst et al., 2016, 2018). GAGE findings confirmed this: 72% of our survey respondents reported having experienced violence at school, boys more so than girls (78% versus 66%). Our qualitative research found that for boys especially (who tend to be less compliant), this punishment can be quite severe. Girls are more likely to be punished for violating gender norms, such as improperly preparing food or being seen in public with a boy, and for 'misdeeds' beyond their control, including arriving late because of their domestic and care work responsibilities. Boys recognise these gender differences, and agreed overwhelmingly that they are punished more because they are less well-behaved than girls. A 10-year-old boy in Community K (East Hararghe) explained, *'He [the teacher] does not beat them [girls] since they do not disturb the class'.*

Peer-to-peer violence, which our qualitative research found to be primarily perpetrated by boys against other boys, appears widespread and is largely related to boys' need to demonstrate their masculinity. In line with the existing literature, which emphasises the links between understandings and practices of masculinity with violence in Ethiopia (Heinonen, 2011; Pankhurst et al., 2018; Pells and Morrow, 2018), our findings highlighted that younger boys fight over grazing rights and to prove their strength, while older boys fight over girls and for revenge. A 12-year-old from Community D (South Gondar) bragged that he was both loved and hated by his peers for his fighting prowess: *'They [other children] love me but they fear me at the same time because I beat them when they send their cattle to eat our harvest. I win against them.'*

2.3 Sexual and gender-based violence

Sexual and gender-based violence (SGBV) is also recognised as being widespread in Ethiopia (CSA and ICF, 2017), but the knowledge base on adolescents' experiences is relatively limited, and the evidence that does exist focuses

> In our locality, girls get forced to marry. He raped her, afterwards she was married.
>
> (A young adolescent girl, Community C, South Gondar, Ethiopia)

more on older adolescents (Jones et al., 2014a; 2014b; 2016b; 2017; Erulkar and Mekbib, 2007; Erulkar and Ferede, 2009). Our GAGE findings suggest that for girls, the links between verbal violence, physical violence and sexual violence are complex and difficult to disentangle, in that girls are often sexually harassed and beaten when they are young and increasingly at risk of sexual assault as their bodies mature. As an older adolescent girl in Dire Dawa summarised, *'We all regret it when we get older each year'*. Although a minority of girls in our research were willing to defend each other from sexual harassment and physical violence perpetrated by younger boys, girls appear to have fewer defences against the sexual violence perpetrated by older boys and men – largely because of gender norms that see girls as 'willing' participants in all sexual activity and blame them for being assaulted. In South Gondar, many girls explained that if they were to be raped and their families found out about it, they would most likely be married in order to ensure that a resultant pregnancy was within the confines of marriage. As a young adolescent girl in Community C (South Gondar) explained, *'In our locality, girls get forced to marry. He raped her, afterwards she was married.'* Although less at risk than their female counterparts, some boys in our research sites also reported being subject to sexual violence – something that historically has been taboo to discuss.

2.4 Female genital mutilation/ cutting

The Ethiopia DHS (2016) found tremendous regional variation in terms of the proportion and type of cutting and the age at which cutting occurred (CSA and ICF, 2017). Our findings confirm that FGM/C is a deeply rooted cultural practice that is carried out on girls at very different ages (ranging from early infancy to early adolescence), which varies by type across regions (from the less invasive Type I or *'sunna'* to the more invasive Types II and III) (see World Health Organization (WHO), accessed 2018). Our

> Their daughters beg their families in order to get circumcised.
>
> (A 10-year-old girl, Community J, East Hararghe, Ethiopia)

qualitative work in South Gondar, where the practice is carried out during infancy, found that it is becoming less common, largely because of growing understanding about the associated health risks. In East Hararghe, where cutting is often undertaken in early adolescence and tends to be more invasive (Type II or Type III), we found that girls themselves are demanding to be cut – so that they fit in with their circle of friends and are seen as upholding cultural norms. As a 10-year-old girl from Community J said, *'Their daughters beg their families in order to get circumcised'*. In Zone 5, where historically the practice has been particularly invasive but *'the community is not willing to abandon it'* (local leader, Community B), the type of FGM/C is gradually moving towards *'sunna'* (the less invasive type) due to growing awareness of health risks.

2.5 Child marriage

Variation in the patterning of child marriage in Ethiopia is also striking. Rates of child marriage, and age at first marriage, diverge considerably by region – and, as noted by Jones et al. (2016a; 2016b), even between *kebeles* and *woredas* in a single zone. Our GAGE research highlighted that while child marriage is rooted in attempts to control girls' sexuality and preserve cultural traditions, the practice varies significantly across locations in terms of incidence, age at marriage (and how this compares to past generations), as well as the degree of choice in marriage partner. In South Gondar, age at marriage is climbing and the incidence of child marriage is falling, largely because of growing commitment to education linked to an understanding that agriculture no longer provides a secure livelihood. Furthermore, while most marriages in the area are still arranged, and for the youngest girls is almost always still forced, there is growing (albeit still limited) space for girls to have a say in who they marry. As a mid-adolescent girl from Community C asked, *'How can I get married without their permission? My family asked me if I want to get married, I said yes and they got me married to him. I know that he is from our area but I don't know him in depth.'*

In East Hararghe , on the other hand, girls in some locations are 'choosing' to marry as children – often against their parents' wishes – and adults report that the age at marriage is dropping. Some parents believe that the drought is to blame, as it has made parents pull their children out of school. Girls *'prefer marriage than to simply sit idle,'* explained a father from Community K. Others believe that traditional *shegoye* dancing has taken on a different form and has now become a cultural space that

Adolescent girl with a physical disability in Ebenat, Amhara
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is encouraging child marriage, especially where marriage brokers are involved. Girls themselves sometimes blame peer pressure. One 15-year-old adolescent girl from Community J, reported: *'I got married because they [referring to friends] got married'.*

In Zone 5 (Afar), there are limited signs of change, largely because of the absuma marriage system, which dictates that marriage partners are maternal cousins, and mandates that girls have no say in who they marry and when. While adults and some adolescent boys are highly committed to the practice, because they believe that '*our family line would discontinue*,' (man, Community A) if absuma marriages were abandoned, we found that girls are simply resigned to it. One girl from Community B observed: '*So long as we are alive, we will end up marrying our cousin*'. Indeed, respondents reported that even attempted suicide was not an exit strategy. An older adolescent boy in Community A explained that one girl, who '*drunk a poison because … she disliked the person whom she was forced to marry*', was told by clan leaders to '*stick to her marriage and to respect the absuma marriage system*'.

> I got married because they [referring to friends] got married.
>
> (A 15-year-old adolescent, Community J, East Hararghe, Ethiopia)

2.6 Change strategies

Efforts to tackle age- and gender-based violence against adolescents are highly uneven, depending on the type of violence and the regional context. In general, very little is being done to reduce the corporal punishment that adolescents experience at home and at school. While some civics teachers tell students about the Convention on the Rights of the Child and children's right to be free of violence, adolescents noted that those same teachers continue to perpetrate violence. Efforts to address sexual and gender-based violence are nascent, but more promising. A female prosecutor in Batu (East Shewa), for example, explained that her office not only has a *'special division … that deals with rape cases'* but is working *'in collaboration with Women and Children Affairs'*, encouraging girls and women to report violence by working to ensure that they are safe from retaliation. Efforts to reduce child marriage (and, to a lesser extent, FGM/C) are more advanced, especially in Amhara, and largely revolve around awareness-raising for parents and girls, though legal approaches are also sometimes brought to bear. Our research highlights the critical need to focus on child marriage hotspots and to develop strategies that are informed by the uneven and complex nature of social norm change processes.

3 Health, nutrition, and sexual and reproductive health

3.1 Introduction

While Ethiopia is renowned for its cadre of health extension workers who provide basic preventive health care at the community level, we know relatively little about adolescents' access to and experiences with these health services. The evidence base on adolescents' physical health is primarily focused on nutrition and the sexual and reproductive health (SRH) behaviours of those aged over 15 years. This narrow focus has largely been driven by concerns about the reproductive health needs of the significant number of adolescent girls subject to child marriage, over a quarter of whom are already pregnant or mothers by the time they reach 19 years of age (CSA and ICF, 2017).

3.2 General health

The general health needs of younger adolescents as well as the broader health vulnerabilities of all adolescents are rarely addressed in the literature (Patton et al., 2012). While our baseline research finds that nearly 90% of adolescents report their health as 'good', poverty-related disease remains common. Some of the ill health reported by adolescents stems from poor sanitation. A 12-year-old boy from Community F (South Gondar), for example, noted: *'I recently had a stomach illness … The health worker told me the sickness is because of unclean water so they told me to use the water only after I boil it.'*

Adults talked about the longer-term health risks facing adolescents. In line with evidence that substance use among boys (especially alcohol and chat) is increasingly problematic (Jones et al., 2017), a key informant in Dire Dawa noted that, *'These days, addiction behaviour is increasing and becoming a common practice by adolescents. It is really a serious problem and a major threat to the country at large.'* Boys are seen to be at significantly greater risk than girls, who are less likely to consume either alcohol or chat because it is less socially acceptable for girls.

> These days, addiction behaviour is increasing and becoming a common practice by adolescents. It is really a serious problem and a major threat to the country at large.
>
> (A key informant in Dire Dawa, Ethiopia)

Our research found that different groups of adolescents face markedly different health risks. In urban areas, for example, traffic and work-related injuries are far more common. In East Hararghe, adults reported that climate change is leading to higher rates of malaria. Overall, there is concern among adults that ill health impacts girls more than boys, partly because girls are more likely to be responsible for caring for those who are ill.

While some adolescents report seeking health care for a wide variety of illnesses and injuries, our qualitative work highlights that many permanent disabilities continue to result from limited access to timely health care. For example, several adolescent respondents had been left blind by trachoma – a preventable and treatable infection.

3.3 Nutrition

There is evidence that the nutritional status of adolescents is slowly improving over time (Pankhurst et al., 2018) – albeit from a low base, and less so for girls than boys (Brown, 2012). Our quantitative work found that the average adolescent in the GAGE sample lives in a moderately food-insecure household and according to our qualitative data is more likely to report poor diet quality than insufficient quantity. However, in rural areas – and especially in East Hararghe given the recent drought – adolescents have more compromised nutrition and it is not uncommon for some to go without food. The longer-term poor nutrition of adolescents in rural areas is evident in their body mass index (BMI) and height-for-age scores, both of which are significantly worse than those of their urban peers.

We found some evidence that girls are at particular risk of poor nutrition. Their height-for-age scores are lower than

> In this locality, parents give priority to their male children, especially in the provision of nutritious food.
>
> (A health officer, Debre Tabor, South Gondar, Ethiopia)

Adolescent girl in Dire Dawa
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those of boys; some key informants reported that this is due to gendered social norms and practices, whereby parents prioritise sons by giving them better-quality food. As a health officer in Debre Tabor (South Gondar) explained, *'In this locality, parents give priority to their male children, especially in the provision of nutritious food'.*

3.4 Puberty and menstruation

Access to school-based health education appears mixed. While the Ministry of Education (MoE) (2018) reports that 80% of the country's secondary schools include health education as part of the curriculum, Jones et al. (2017) found that adolescents in rural areas often had very limited access to puberty education and were not prepared for menstruation (see also Sommer et al., 2015; Blake et al., 2018). In the same vein, our baseline survey found that young adolescents, especially those in rural areas, have limited access to timely information about puberty, with only 52% reporting that they had a source of information. Our qualitative work found that the information they do have tends to be general in nature rather than practical. Only a few of the younger and prepubescent adolescents, mostly in urban areas, could identify that *'puberty in boys means growing a beard, having a rough voice' and 'puberty in females means getting a monthly period and growing hair on her armpit'* (11-year-old girl, Debre Tabor, South Gondar).

Knowledge about menstruation is especially limited, and menarche and menstrual management are sources of great anxiety for girls, given that some girls (particularly in rural areas) believe it to be a sign of serious illness. Gendered social norms that stigmatise girls' sexuality – coupled with inaccurate beliefs that menstruation is a sign of sexual activity – leave mothers and daughters, and even sisters, unable to discuss menstruation. Limited water, sanitation and hygiene (WASH) facilities at school, poor access to menstrual management products, and being teased by boys all combine to force some girls to miss school for several days each month.

3.5 Sexual and reproductive health

Although contraceptive uptake has climbed rapidly at the national level and across age groups – from only 6% in 2000 to 35% in 2016 (CSA and ICF, 2017) – adolescent girls remain less likely than older women to use contraception (UNFPA, 2017). Our GAGE qualitative baseline findings underscored that adolescents' access to and uptake of contraceptive information, supplies and

> My mother-in-law has awareness about the health risks of delivering at an early age and she told me to take contraceptives for one year. I told my husband, but he refused.
>
> (A 15-year-old married girl, Batu, East Shewa, Ethiopia)

services is highly variable, except for the fact that girls in all research sites primarily use injectables. Some 45% of younger girls in South Gondar, compared to 12% in East Hararghe and 5% in Zone 5, could accurately identify a method of contraception.

Our qualitative work highlighted that in South Gondar, both married and unmarried girls are likely to use contraception, with husbands largely supportive of delayed pregnancy to improve maternal and infant outcomes, and parents of unmarried girls often keen to prevent pregnancy in case their daughters are raped. In Oromia, on the other hand, where child-driven child marriages appear to be becoming more common and to be taking place at younger ages, few married girls use contraception until they have given birth at least once – to prove their fertility. Even though female relatives may encourage them to use contraception, husbands often overrule this. As a 15-year-old married girl from Batu (East Shewa) reported, *'My mother-in-law has awareness about the health risks of delivering at an early age and she told me to take contraceptives for one year. I told my husband, but he refused.'* In Afar, proximity to town appears especially important in uptake of contraceptives – unsurprisingly, given the remoteness of some pastoralist communities. Adolescents in Community A reported that unmarried girls are increasingly using contraception to prevent pregnancy before they enter into arranged *absuma (maternal cousin)* marriages in mid-adolescence. Boys in Zone 5 observed that premarital pregnancies were costly for them as well due to a penalty system whereby they will be compelled to compensate the girl's *absuma* with a significant livestock payment, as one older boy from Community A explained: *'If she got pregnant, he would be penalised to pay throughout her life time'.*

Adults report considerable concern about rising rates of HIV, which they observe is driven by rural–urban migration, the increasing number of men who keep mistresses (often adolescent girls or young women) in town, and changing adolescent sexual behaviour (e.g. the rise of premarital sex linked to *sadah*, a traditional cultural dance involving adolescent girls and boys without parental supervision) in Zone 5, especially given increased access to contraception. Concern is especially marked given that condom supplies are limited in many areas, and social acceptability of their use is variable at best.

3.6 Change strategies

Health extension workers are playing a pivotal role in delivering improvements in health, nutrition and SRH in a number of our rural research sites, especially in South Gondar, but the quality of services is more variable in East Hararghe and in particular Zone 5 (Afar). As well as providing basic services, health extension workers are educating parents and adolescents about the importance of nutrition and sanitation, and the risks of early pregnancy. In urban areas, some health clinics are rolling out adolescent-friendly services that include evening opening hours, more private consultation spaces, and home visits. Although some puberty-related information is delivered in the classroom, we found that girls' clubs – where they are active – play a key role in giving girls practical information about puberty and supporting them through menarche. In terms of nutrition, the Productive Safety Net Programme (PSNP) is helping to mitigate household-level food insecurity and, where school feeding programmes exist, they are helping adolescents in drought-stricken communities avoid going hungry. However, respondents noted that in a number of our research communities the list of households included in the PSNP has remained static for as long as a decade, and that this is especially problematic for young married couples.

4 Psychosocial well-being

4.1 Introduction

Psychosocial wellbeing encompasses adolescents' sense of self and ability to set their own goals and demonstrate resilience in the face of setbacks. It recognises the importance of both internal emotional capacity and external social support – from trusted adults and peers (Jose et al., 2012) – while adolescents who lack close social ties appear to be at increased risk of mental ill health (Lamblin et al., 2017). In Ethiopia, where notions of intergenerational reciprocity and collective wellbeing have long been central to culture (Kassa et al., 2016), research suggests that being connected to family is especially important for adolescent wellbeing (Camfield and Tafere, 2009; 2011; Bireda and Pillay, 2017; Jones et al., 2017). Conversely, however, evidence indicates that mental illness burdens in Ethiopian children are high (between 12% and 25%), and that poverty, food insecurity and exposure to violence are risk factors (Asfaw and Hagos, 2008; MoH, 2012; Jebena et al., 2016).

Ethiopian adolescent girls are generally found to have poorer psychosocial outcomes than their male peers. Social norms that restrict adolescent girls' mobility – often leaving them socially isolated – have been identified as key drivers of this gendered impact (Jones et al., 2017; Pankhurst et al., 2018), as they over-burden girls with domestic work, jeopardise their schooling, and put them increasingly at risk of sexual violence. Some groups of girls are particularly vulnerable to poorer mental health outcomes, including engaged and married girls and domestic workers (Erulkar and Ferede, 2009; Gage, 2013; Jones et al., 2014b; 2016b).

4.2 Resilience and emotional efficacy

Using the General Health Questionnaire (GHQ-12), an internationally validated measure of common mental disorders (Tait et al., 2003),[3] GAGE survey findings suggest that overall, adolescents in our sample are generally emotionally resilient (with a mean score of 0.95 on a 0–12 scale for the younger cohort, and 1.64 for the older cohort). However, there are important differences by location: urban adolescents generally fare worse than their rural counterparts (16% difference), with the important exception of adolescents in Afar, whose mean GHQ-12 score was almost twice as high as in other regions, indicating a significantly higher level of mental distress. As we discuss below in more detail, this is possibly linked to lower levels of emotional support from caregivers and more limited social connectivity with peers. It also resonates with findings of a positive correlation between poorer mental health and exposure to poverty and food insecurity (Jebena et al., 2016), which our qualitative findings underscored as dominating adolescent experiences in Afar communities. As a 10-year-old girl in Community A, Semurobi, noted: *'We are 6. We children used to eat but we stopped eating since there is not enough. The teacher urges us to eat food before we go to school but I do not eat breakfast. My mother doesn't cook food in the morning – she only boils coffee.'*

Gender differences in GHQ-12 scores were minor and only marginally significant among our younger cohort but significantly worse (28% higher) for older adolescent girls compared to their male counterparts. This gender differential was also present in the self-efficacy index, with older females scoring 5% lower than older males and in line with other research in Ethiopia. For example, Dercon and Singh (2013), using Young Lives data, reported that Ethiopian girls have lower self-efficacy than boys in terms of feeling in charge of their own lives and destinies. Similarly, Jones et al. (2014a; 2014b; 2016b; 2016c; 2017) found that the gender difference is most probably because adolescent girls have less input into the important decisions that affect their lives, especially on age at marriage, schooling beyond primary school level, and mobility in their community (due to fears of sexual violence and threats to family honour).

For adolescents with disabilities, GHQ-12 scores were the highest among our research sample – being almost twice as high as adolescents without a disability for both age cohorts, and also reflected in poorer scores on the

3 Note that while GHQ-12 has not been used before with adolescents in Ethiopia, it has been validated in LMICs (e.g. Abubakar et al., 2011, Gelaye et al., 2015). It is usually used with adults, but has been used with adolescents by Tait et al. (2003) with young adolescents 11–15 years in the Australian context, with adolescents and young adults 13–22 years in Malawi (Baird et al., 2012) and by Gelaye et al. (2015) among adolescents and young adults aged 18–35 in Chile, Ethiopia, Peru and Thailand.

self-efficacy index among older adolescents (those with a disability scored 8% lower). As our qualitative research findings underscore, this is probably due to high levels of stigma, discrimination and social isolation that they experience. As one out-of-school 15-year-old girl, who is blind, explained, *'I do not have friends. I do not tell anyone when I feel sad and have worries. I just keep quiet and sit.'*

4.3 Emotionally supported by adults

Family support has been found to be critical to Ethiopian adolescents' psychosocial wellbeing (Camfield and Tafere, 2009; 2011; Bireda and Pillay, 2017; Jones et al., 2017). Based on an index of issues that adolescent girls and boys feel able to discuss with their male and female caregivers (including education, work, bullying and religion) that took on a value from 0 to 4, the mean score among the younger cohort was 2.01 for fathers and 2.05 for mothers, and among the older cohort, 2.26 and 2.58 respectively. In general, girls reported feeling less able than boys to discuss issues with their fathers, while adolescents with disabilities felt less able to discuss issues with their parents than their peers without a disability, and the difference was especially marked in the case of mothers (17% less).

Interestingly, while Jones et al. (2017) found that in rural areas, emotional connectedness to family was more important to most adolescents than connectedness to peers, the GAGE survey findings indicate that urban adolescents feel more able to discuss issues with their parents than do rural children. This could be due to shifts in parenting style in urban areas: Kassa et al.'s (2016) research suggests that urban parents (especially those that are better-off) are increasingly invested in the emotional satisfaction of their children and provide them with the emotional and pragmatic support they need in order to pursue their own – rather than collective – ambitions. Indeed, this was borne out in our qualitative research findings, which highlighted that urban adolescents tend to enjoy more open communication with their parents. For example, one 16-year-old girl from Batu, East Shewa, noted that: *'I am very open with my mother and my father. There are times when I do not ask their permission because they have trust in me. I only tell them I am going somewhere just not to make them worry. So in our house there is no suspicion and we trust each other. For example, I ask my father to give me money for buying menstrual pads.'*

By contrast, in rural communities, and especially among the poorest households, economic necessity means that

Adolescent boy in Afar
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> Sometimes when the girls share their worry for their families it causes conflict with others. For instance, when a girl who is raped informs her family [about what]... happened, instead of trying to support the girl, the family may go to attack or kill the rapist.
>
> (A 12-year-old girl, Community A, Zone 5, Afar, Ethiopia)

most parents continue to focus on ways that children can support the family. A key informant from Community H, East Hararghe, explained that this stemmed from a lack of parenting education: *'There is a gap in this regard with parents – discussing with children ... It is a gap that results from having no knowledge.'* This communication gap appeared to be especially stark in our research sample in Afar communities, where adolescents were significantly less likely to discuss issues with parents (1.33 with fathers and 1.35 with mothers compared to the overall index mean of 2.01 and 2.05). Our findings suggested that this was particularly the case with girls and on issues related to family honour. As a 12-year-old girl from Community A, Zone 5 (Afar), explained: *'Sometimes when the girls share their worry for their families it causes conflict with others. For instance, when a girl who is raped informs her family [about what] ... happened, instead of trying to support the girl, the family may go to attack or kill the rapist.'*

4.4 Socially supported by peers

Social connectedness to peers and community has also been found to be important for adolescent psychosocial wellbeing (Population Council and UNFPA, 2010; Edmeades et al., 2014; Sewasew et al., 2017; Jones et al., 2014a; 2016b; 2017). Our survey found that over three-quarters of young adolescents (76%) and 84% of older adolescents have a friend they trust. Adolescent girls and boys spoke of spending time with their friends, doing chores such as collecting water, playing, studying, and helping them to resist negative peer pressure. As a participant in a community mapping exercise with 10–12-year-old girls explained, *'Sometimes there are good friends; and there are bad influencing friends too. For instance, I have a friend that is like a sister to me who pushes me to study, do homework together and help me with house chores. To the contrary, there are girls who lead you to a wrong path of life ... There are girls who push their friends to go to wrong place like where boys are found. They insist to watch football or go out with guys so that they buy food and drink with them.'*

In contrast to the broader literature – which highlights that gender has important effects on connectedness with peers, but that girls are more likely to suffer from social isolation (Edmeades et al., 2014; Jones et al., 2014a; 2016b; 2016c; 2017) and have fewer friends (Camfield, 2011) – our survey findings paint a more nuanced picture. We found that younger girls are 7% more likely to have a friend they trust and that there was no gender gap among the older cohort. However, girls are significantly less likely to be part of broader peer networks, especially as they enter mid- and older adolescence: younger girls are 19% less likely than boys of the same age to be an active member of a group, increasing to 35% less likely once they reach 15 years or older. Girls of both the young and old cohort are also less likely to participate in physical sporting activities with peers: 22% and 46% respectively. As a key informant from Community I, East Hararghe, noted: *'In this woreda it is not cultural and not common to send female children to sport ... For the time being, all the club members are boys.'*

There were also strong gender differences evident in our qualitative findings in Afar. While girls and boys are both part of a *fiema* – a group of age mates whom they grow up with – culturally there is a much more structured role given to the boys' *fiema* as it is a process whereby adolescent boys and young men become inducted into the rules and moral code of the clan. While this can provide adolescent boys with a strong sense of belonging, it also has a negative side in that non-compliance with *fiema* rules can result in violent group punishment, even to the point of death. As the participants of a group discussion with older adolescent boys highlighted, using the example of not attending an elder's funeral ceremony, the *fiema* collective will *'kick him ... hurt him until he becomes very injured ... If he dies he will*

> Sometimes there are good friends; and there are bad influencing friends too. For instance, I have a friend that is like a sister to me who pushes me to study, do homework together and help me with house chores. To the contrary, there are girls who lead you to a wrong path of life ...
>
> (A 10–12-year-old participant in community mapping exercise, Ethiopia)

be buried there … If he is very injured we will take him in the traditional ambulance [stretcher] to the health facility and we will not ask his family to cover the medical treatment – the fiema will pay for the costs … It is to make him better than before we beat him.'

4.5 Quality psychosocial services

Research has found that Ethiopian adolescents' access to psychosocial services is extremely limited – especially in rural areas (Jones et al., 2014b; 2017). While secondary schools sometimes provide (at least in theory) guidance and counselling services that can help students deal with physical, emotional and academic difficulties, awareness of programming is low and uptake even lower. One study, for example, found that only half of students, and a third of teachers, knew that services existed and that only a fifth had ever sought any kind of help (Alemu, 2013). Given that our GAGE sample is predominantly still at primary school, access to counsellors is even more limited, and none of our respondents mentioned accessing a school counsellor. Importantly, in contrast to Alemu (2013), which found that girls were more likely to be aware of services but boys were more likely to use them, our findings suggest that if anything, girls have better access to informal counselling and guidance from girls' clubs coordinators at school, which are increasingly widespread, especially in Amhara region. Even so, according to key informants, this is very much dependent in practice on individual coordinators who typically receive no specialised psychosocial training. As one girls' club coordinator from Gondar noted: *'When we see the problems of the female students there is no strong support even from the school and nobody understands them. Nobody approaches the girls and understands their problems in detail and tries to support them psychologically. Even the girls' club in the school is a symbol. It has no resource to support them.'*

Parental awareness of the causes of and treatments for child and adolescent mental health issues is also likely to impact uptake of services. Abera et al. (2015) report that over 90% of parents believe that supernatural forces are responsible for young people's mental illness, and that the vast majority of parents said that if their child developed a problem, they would seek out a religious healer or simply pray. GAGE qualitative findings also revealed a similar reliance on religious or spiritual services to address adolescent psychosocial illbeing. For example, among Orthodox Christian communities in Gondar, parents sought guidance from priests and/or healing through 'holy waters', whereas in Afar, adolescent girls and young women in particular seek support of a healer who facilitates a trance-like ritual or *Bedaakuber*, whereby the individual afflicted is bed-ridden for a number of days while friends, family and neighbours dance and feast in order to drive out bad spirits. As one older adolescent girl from Community A (Zone 5, Afar) explained during a group discussion: *'When there is Bedaakuber, we gather together and sing a song, clapping our hands, making a circle. In the centre there will be one woman leading the song. We are singing for the sick person to get relief and cured from their sickness.'*

While formal psychological and psychiatric services do exist in hospitals in major towns and cities, our qualitative findings indicated that none of our respondents had sought such services. This is despite there being a number of reported cases of suicides, attempted suicides and disappearances among adolescents, especially among girls in Afar communities who were being forced into child marriage or to drop out of school. We also found no evidence of efforts by government or NGOs to provide psychosocial support to internally displaced persons following the major ethnic conflict between Oromia and Somali regions in late 2017/early 2018, and only very small-scale efforts to provide psychosocial support to orphans, street children and adolescent girls involved in commercial sex work in major urban towns (Batu, Debre Tabor and Dire Dawa).

4.6 Change strategies

Overall, we found very limited evidence of change strategies specifically aimed at enhancing adolescent psychosocial wellbeing and mental health. Exceptions (as discussed above) were small-scale NGO projects working in larger urban centres with particularly vulnerable adolescents living on the streets, engaged in commercial sex work and/or at risk of trafficking. In terms of initiatives to support parents of adolescents who may be at risk of psychosocial distress or mental health disorders, programming was again very limited. Instead, religious institutions – the Orthodox Christian and Protestant churches and mosques – were venues where some parents were able to discuss challenges facing young people, including pressures regarding migration, the negative influence of peers engaged in substance abuse, etc. In Gondar, key informants in the education sector also noted that adult education centres had equipped some parents with the confidence to ask questions at school

about their children's education and to become more active supporters of their children's schooling.

At the service level, apart from psychiatric services provided at large urban hospitals, there appear to be very few initiatives to strengthen psychosocial and mental health services in general, let alone services that are adolescent-responsive. One exception in Debre Tabor was an initiative by the Ethiopian Society of Sociologists, Social Workers and Anthropologists (ESSSWA), funded by the United States Agency for International Development (USAID), which is training voluntary case workers from within the community to support particularly vulnerable children and adolescents and provide them with basic psychosocial support and referral services.

At the district level, the office of Labor and Social Affairs has a department to support persons with disabilities including adolescents and children with disabilities, but in practice their role is limited to gathering information about the number cases and to provide merely supportive devices. They lack appropriate human resources to provide psychosocial support.

5 Voice and agency

5.1 Introduction

Adolescents' access to voice and agency – which includes their physical mobility as well as the ability to access age-appropriate information and technology and to participate meaningfully in the decisions that shape their own lives, their families, their classrooms, and their communities – is a critical component of their wellbeing. In Ethiopia, age hierarchies have positioned adolescents as active economic agents while also leaving them subject to adults' authority (Bevan and Pankhurst, 2007); yet in recent years, some adolescents (especially boys and those who are older, live in urban areas, and have more education) have been claiming more space to set their own goals and contribute to the decisions that shape their lives (Jones et al., 2014a; 2016c; 2017). For example, Jones et al. (2017) found that some adolescents are reporting their parents to the authorities if their parents refuse to allow them to attend school, and some girls are refusing to accept arranged child marriages (see also Camfield and Tafere, 2011; Tefera et al., 2013; Mjaaland, 2018). Better access to education, more opportunities for participation in adolescent clubs, and exposure to role models appear to be driving changes (CEDAW, 2010; Jones et al., 2016c; 2017).

Despite these changes, girls continue to be sharply disadvantaged compared to boys in terms of their access to voice and agency. They have more limits on their physical mobility, due to real fears for their safety and to social norms which dictate that family honour is centred on girls' sexual purity; girls also have less access to information and digital technology than boys. They are socialised to make fewer decisions than boys about how to spend their time (e.g. on homework versus housework), how long they will stay in school, and when and to whom they will marry (CRS, 2013; Mjaaland, 2018). Jones et al. (2017) also found that adolescent girls are often excluded from participation in religious institutions, even though these are often a key part of local socio-cultural identities.

5.2 Mobility and access to safe spaces

Our findings show that an overwhelming majority of young adolescents (92%) have to seek permission to go at least one place. While there is a gender gap among the younger cohort (girls are 7% more likely to need permission), this climbs markedly to 37% among the older cohort. This is in line with the broader literature, which also finds that restrictions on girls tend to increase as they get older, while those on boys tend to decrease and, in many contexts, married girls are the most strictly confined (Tefera et al., 2013; Jones et al., 2014a; 2014b; 2016b; 2016c; 2017; Chuta, 2017; Pankhurst et al., 2018). As a 12-year-old girl from Community C, South Gondar, noted: *'Boys can go anywhere they want, they even go to Selameya [a town 2km away]. But there are girls who stay home the whole time just like me.'* In the case of married girls, the pressures are stronger still, as a married 12-year-old girl from Community D explained: *'I'm allowed to go to my mother's church. It is the village that is not allowed … I can't go to my friends' house … Gossipers will say "if a married woman goes out and about then the intention is something else". For a bride to go out and about leaving her house is not allowed.'* This finding also echoes the most recent Ethiopia DHS, which reports that approximately 40% of married girls aged 15–19 say that their husbands must know where they are at all times (CSA and ICF, 2017).

There is a small but significant difference between urban and rural adolescents, with urban children being more restricted. As a 15-year-old girl from urban Debre Tabor noted: *'I go to the church and sometimes to my friend's home since my mother knows her. I have not asked my mother to go anywhere besides the church and my friend's home. So, I don't think she permits for me to go out of these areas …. My parents would worry whether I am going about town together with boys like other badly behaved girls.'* Our findings also indicate a significant difference across rural regions, with adolescents from Afar (74% need permission) being less likely to need permission

> I'm allowed to go to my mother's church. It is the village that is not allowed … I can't go to my friends' house … Gossipers will say "if a married woman goes out and about then the intention is something else".
>
> (A married 12-year-old girl, Community D, South Gondar, Ethiopia)

Young adolescent boy in Dire Dawa
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than their counterparts in South Gondar (95%) or East Hararghe (91%).

A large majority of young adolescents (92%) reported that they feel safe in their communities during the day and 96% say they felt safe travelling to school but only 44% feel safe at night. Unsurprisingly, feelings of safety were significantly lower among girls than boys and getting starker as they aged: 53% of younger boys felt safe at night vs. 34% of younger girls compared to 68% of older boys vs 38% of older girls. In urban areas, our qualitative research findings indicated that safe spaces for adolescents were further restricted by the limited presence of youth clubs or centres, which, even where they do exist, tend to be poorly resourced; they also de facto tend to exclude girls as the activities and equipment are generally oriented towards boys (e.g. pool tables, table football, basketball – all of which are culturally perceived to be 'boys' games').

5.3 Access to age-appropriate information and digital technology

Adolescents' access to information and digital technology varies by gender, age and location, with younger girls living in rural areas tending to have the worst access and older boys in urban areas tending to have the best (Jones et al., 2017). Unsurprisingly for a low-income, still overwhelmingly rural country, overall access to connectivity remains quite limited. According to the latest Ethiopia DHS, only 29% of girls aged 15–19 and 42% of their male counterparts own a mobile phone and only 7% of girls and 15% of boys have ever used the internet (CSA and ICF, 2017). Our GAGE findings suggest that access differs greatly by age. In urban areas, almost half of the older adolescents have a phone for their own personal use (43%) but there is a significant gender gap: with girls 17% less likely to have a phone (47% of males versus 39% of females). Access to phones for the younger cohort is much lower (3%), with boys twice as likely as girls to have a phone. Surprisingly, adolescents in Afar had greater access to phones than their counterparts in other regions, perhaps because of long distances they need to travel to find pasture for livestock (5% compared to 1% in South Gondar and 4% in East Hararghe).

Access to the internet when an adolescent wants/needs to among the younger cohort was non-existent (in urban and rural areas), but was up to 36% for older adolescents in urban areas, although with a stark gender divide with females 50% less likely to have access. Better access to technology brings benefits as well as costs, and

our qualitative findings suggest that attitudes towards adolescent access to connectivity are mixed. A key informant in Community B (Afar), for example, noted the way in which mobile phones are broadening adolescent horizons in unimagined ways: *'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 … and they know about towns and also they record songs using mobile phones.'*

However, there is also significant concern among community leaders and parents that the growing generational digital divide – especially access to the internet – is not only putting adolescents at risk (of being scammed, exploited or exposed to negative behaviours and sexual or violent content), but is also reducing parental influence in their children's lives. As a key informant in Dire Dawa explained: *'Most families are not knowledgeable on how to manage those latest technology devices …. Recently, there are a lot of applications which are easily manipulated and misused by adolescents that in turn expose them to … unsafe websites. They can easily chat with various groups using social media and share videos having bad content, including pornographic films that affect their personality.'* A religious leader in Community I, East Hararghe, went further, warning that, *'This media exposure has greatly influenced children to be out of their parents' control. Their mind was abused by that music in memory and cassette … and it leads them to reject the advice from their fathers and mothers.'*

5.4 Voice and decision-making within the family and community

Research suggests that adolescents' access to meaningful participation and decision-making is generally increasing over time in Ethiopia, especially for boys, older adolescents, and those with more education or living in urban areas (Jones et al., 2014a; 2016b; 2017; GHE, 2105; CSA and ICF, 2017). Our survey found that in terms of voice and decision-making within the family, the mean for young adolescents on an index scored 0–6 was 2.79, suggesting that adolescents feel that they have a medium degree of voice within their household.

In line with the broader literature, which highlights that girls are socialised to follow parents' demands until marriage and thereafter those of their husband (Camfield and Tafere, 2011; CRS, 2013; Tefera et al., 2013; Jones et al., 2014a; 2014b; 2016b; 2016c; 2017; Pankhurst et al., 2018), the gender gap among younger adolescents was small but significant with younger girls scoring 7% lower on the index of say in household decisions compared to younger boys. As a 12-year-old girl from Community F, South Gondar, noted for example: *'Girls are widely perceived as more obedient than boys, and have little say in their families. I work the things my mother doesn't. I do everything she tells me to.'* Girls' scope for voice and agency with regard to key cultural markers – FGM/C and child marriage – is also particularly limited, as this key informant from Community I (East Hararghe) – a community where FGM/C is typically carried out during adolescence and before marriage – highlights: *'She can [say no] but her mother will never accept it because she considers it as a big shame culturally … to get married without undergoing FGM. So they will not be willing to spare their girls from undergoing FGM.'*

There were also significant regional differences, with adolescents in Afar reporting much lower levels of decision-making (2.02 compared to 2.55 in East Hararghe and 3.21 in Gondar) – perhaps reflecting the strong role that clan rules play in shaping adolescent behaviour. As a 12-year-old married girl from Community A (Zone 5, Afar) explained: *'My family told me to herd goats and with that I dropped out. At that time I told them that I want to go to school and they told me to herd the goats for that day and so I dropped out.'* It is also important to point out, however, that in both Zone 5 (Afar) and East Hararghe, there are important safety valves within the respective local cultures to enable adolescents to spend time with peers away from parental control in the form of traditional dances – *Sadah* (Zone 5) and *Shegoye* (East Hararghe). These all-night dances, which young people are typically permitted to join from early adolescence, afford a surprisingly high degree of freedom for adolescents of both sexes to socialise; it is often a place where they meet romantic partners – and, in the case of East Hararghe, marriage partners – in the

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>
> (A key informant, Community I, East Hararghe, Ethiopia)

absence of parental or community leader supervision. As a girls' club coordinator from Community L, East Hararghe, explained: *'Here in the locality, girls practice the cultural song of Shegoye during night time and come home … early in the morning while family do not see her. This is done without consulting anyone. While the girl is practising Shegoye at night, father and mother do not oppose because the girl has already decided to practice it. Once the girl started practising the culture of Shegoye, it is difficult to let her stop … Since the community is not educated, they do not consider it as bad culture.'*

5.5 Civic engagement

At the time of our baseline data collection (late 2017 and early 2018), the political transformation that has since taken place with the appointment of reformist Prime Minister Dr Abiy Ahmed was unthinkable. During the data collection period, the country – including the zones in which we were conducting research, Gondar and East Hararghe – was heavily affected by ongoing demonstrations and clashes with the police and military, and there was also large-scale displacement involving at least half a million people from Somali to Oromia regions. The NGO civic registration law was also still firmly enforced, including regulations to prevent NGOs engaging in advocacy and rights-based dialogues.

Against this backdrop, our qualitative data highlighted that adolescents had very limited opportunities for safe civic engagement, had no say in *kebele* meetings, and were often reluctant to discuss their engagement or views on the situation given the tensions that existed at the time[4]. What we heard was largely through the eyes of local government key informants who highlighted how social media in urban areas had facilitated adolescent and youth involvement in demonstrations and the broader political uprising. The perspective of one key informant in Debre Tabor, for example, was as follows: *'Access to the internet results in youth in urban areas becoming more involved in political issues … Some of the information also misleads the adolescents to get involved in the strikes … and serving as a catalyst in instigating the population to break the rules of the government … Both male and female adolescents have participated in the rebellion but most of the key players were males. One of the major reasons has been the increasing … youth unemployment rate in the area.'*

However, in East Hararghe, where there was very limited community-level presence of district authorities due to the ongoing unrest and, in particular, in communities where the mass displacement from Somali region had taken place, older adolescents and youth (especially males) were actively organising in collectives called keros to provide security to their local communities and to support, where possible, displaced families who had been located in host communities (rather than more organised camps). As one key informant in Community I explained: *'Youth are supporting internally displaced people and they are working to provide logistics for the people who are in border conflict. All youths in our kebele are contributing what they have – it could be money, it could be cereals – and they give these for displaced people. Plus they are providing food for the people who are fighting with Somalis [ethnic Somalis from Ethiopia's Somali Regional State] at the border.'*

5.6 Role models

Role models can be key to helping young people, particularly girls, envision new futures for themselves, especially in the Ethiopian context where the majority of adolescents are first generation learners (Jones et al., 2014a; 2014b; 2016b; 2016c; 2017). Research highlights that health extension workers, teachers and government officials can demonstrate to young people, and their families, the value of investing in education and delaying marriage until adulthood (ibid.). Our findings show that only around a third of young adolescents are able to identify a role model (36%), and that fewer young girls have role models than their male counterparts (33% versus 38%). The figure is almost double among the older cohort, where 66% of urban older adolescents are able to identify a role model.

Our qualitative findings further highlighted that while urban adolescents had access through media to novel and quite specific role models – for example, clothes designers working to adapt traditional materials or research scientists – adolescents in remote rural areas were more likely to look to their elders and see a more traditional path. For example, a 10-year-old boy in Community B, Zone 5 (Afar), emphasised: *'I wish to be just like my elders. I want*

4 Having undertaken, just a year later, participatory research in the same sites with older adolescents, we realise that there have been important changes in terms of adolescents' civic engagement over this time and also have a better understanding of adolescents' and youth involvement during the period of civic unrest. However, for the purposes of this report, we focus on the situation at the time of baseline data collection.

> 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?" In our locality, if an educated man becomes a farmer it is considered as a shame … All students are learning to become government employees so when they see youths who don't have a job, they are demoralised.
>
> (A key informant, Community I, East Hararghe, Ethiopia)

to be just like my father, I want to be a father, to have many cattle, to have knife and gun and also to have money', while his age counterpart in Community A, an 11-year-old already-married girl, explained: *'I want to be like females that are strong in their religion and teach others. They are different in their clothing style; those females are faithful for marriage and pray and learn the Koran. My husband is a religious person. There are females who are my relatives who are strong in their religion. Since they cover themselves; they inherit heaven.'*

It is important to note here that our findings also indicated that role models can have a negative influence. In some of our research communities, adolescents reported becoming demotivated in their educational and employment aspirations, having seen older adolescents who had invested in their schooling fail to translate that education into a secure livelihood. 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?" In our locality, if an educated man becomes a farmer it is considered as a shame … All students are learning to become government employees so when they see youths who don't have a job, they are demoralised.'* Young people may also be duped into migration by other adolescents who have migrated and had some success, but do not provide accurate information on the risks of migration, especially to other countries.

5.7 Change strategies

There are a number of initiatives in our research sites aimed at enhancing adolescent voice and agency, but also a collective realisation by adolescents and adults that more and better services and programming are required. In schools where girls' clubs are active, these can be powerful mechanisms through which to strengthen girls' awareness of their rights and to improve their self-confidence – and we heard a number of cases where adolescents, working with their teachers, had actively intervened to prevent girls' school dropout and impending child marriages. This promise notwithstanding, girls' clubs are generally under-resourced and, outside of Gondar and urban centres, they often appear to exist in name only. School parliaments are analogous in terms of implementation; where they are active and supported by resourceful and motivating teachers, they can be important avenues for enhancing adolescent voice and agency, but these appear to be the exception rather than the rule in practice. We also found that students are formally included in parent–teacher–student associations, but rather than advancing adolescent voice and agency, these structures appear more focused on codifying punishments for violation of school behavioural codes – including agreeing on forms of corporal punishment, despite it being prohibited by law.

Outside of school settings, we found a surprisingly small number of adolescent-focused NGO-led initiatives, including in urban areas, and there was a general sense that there had been more programming in the past, but that these initiatives had finished – possibly reflecting the increasing challenges after 2010 that NGOs had faced in Ethiopia as a result of the NGO registration law. The few opportunities for peer socialisation that did exist were primarily provided by church organisations and, to a lesser degree, mosques, and also by government youth centres and sports clubs. However, adolescents repeatedly complained that the youth centres were poorly resourced, and that sports clubs primarily catered for boys and not girls.

6 Economic empowerment

6.1 Introduction

Ethiopia is one of Africa's fastest-growing economies, and has reduced its poverty rate from 61% in 1995 to 26% in 2013 (UNDP, 2015). However, it remains one of the world's poorest countries in terms of multidimensional poverty (87%) (OPHI, 2017) and ranks 173 out of 189 countries on the most recent Human Development Index (UNDP, 2018). Although both the depth of child poverty and the poverty gap have been reduced in recent years (OPHI, 2017; Pankhurst et al., 2018), children remain particularly deprived. Ethiopia has one of the highest rates of child labour globally, with up to half of all children engaged in some sort of work (UNESCO, 2012), while older adolescents and youth often lack not only the requisite skills and assets for decent employment, but also face a dearth of employment opportunities, which is especially the case for girls and young women (Broussar and Tekleselassie, 2012; Yèhoué et al., 2013; Igbatayo and Babalola, 2014).

6.2 Economic aspirations

Although most older adolescents are involved in agriculture (CSA and ICF, 2017), many young people and their parents no longer consider farming a viable livelihood option. Along with land shortages driven by population growth, a combination of other factors – including increased fertiliser

Adolescent girl with tea, Oromia
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prices, climate change, loss of soil fertility, and negative attitudes that portray agriculture as *'backward'* and *'too demanding'* – mean that agriculture is no longer appealing to many rural adolescents (Tadele and Gella, 2012; Jones et al., 2014b; 2016c; 2017). Existing evidence suggests that this is even more so with girls, as boys traditionally had agriculture to fall back on, while girls believe that independence requires education and paid employment (see also Tadele and Gella, 2012; Jones et al., 2017).

GAGE research findings confirm these general trends. Across all three regions, girls aspire to be teachers, while boys' aspirations vary, from teachers and doctors in Amhara and Oromia, to salaried professionals and livestock care in Afar. As a girl aged 15 from Semurobi, Zone 5 (Afar) explained: *'We do not want to be involved in the same activities as our parents … Our parents are doing daily labour, it makes them tired. We want to be government employees.'*

It is also vital to understand parental aspirations for their children, as these often shape adolescents' own aspirations (Favara, 2017). Our findings highlight that parents are similarly ambitious, with most preferring that their children have skilled professional jobs. There are, however, some significant regional differences. In Zone 5 (Afar), 27.8% of primary female caregivers want adolescent females to be homemakers, compared to 3.5% in East Hararghe and less than 1% in South Gondar. Primary female caregivers from Zone 5 mostly want their sons to be either salaried professionals (19.9%) or to care for livestock (18.5%), whereas in East Hararghe, almost half aspire for their son to be a doctor (47.2%); in Amhara, parental aspirations are split between sons being doctors (25.1%) and salaried professionals (20.3%).

Our survey findings further revealed that parents' livelihood aspirations for their children are consistent with the age at which parents expect their offspring to make key life decisions. Primary female caregivers expect both boys and girls to make key life changes in their twenties, including completing higher education and becoming financially independent.

6.3 Market-appropriate skills

Significant progress in promoting primary education for all notwithstanding, Ethiopia is one of five countries globally where over half of young people aged 15–24 lack basic skills (UNESCO, 2012). While the country has officially integrated financial education (including a unit on savings, planning and budgeting) into the school curriculum (Hopkins et al., 2012), our qualitative research found little evidence that such skills-building was actively implemented. Moreover, although the government has been scaling up technical and vocational education and training (TVET) opportunities as part of its drive to achieve middle-income status by 2025, access to and uptake of formal training opportunities remains low (Belete, 2011) and, indeed, TVET enrolment has declined in recent years (MoE, 2018). Many young people in our sample reported that if they fail to get the requisite exam scores to attend university, they would prefer not to turn to TVET because it lacks the prestige of a university education, and is also quite costly. As one older adolescent boy from Community C (South Gondar) explained: *I didn't want to join TVET originally as it costs 90 birr per month … Instead, I wanted to continue my degree … Later I joined a diploma course in electricity at the Ebenat TVET college. But my family stopped sponsoring me and I stopped learning … Then I went to Sudan to work on the sesame harvest.*

The skills gap is also gendered. While girls and young women now constitute half of those enrolled in TVET courses – due in part to the government's commitment to affirmative action as a means of fostering gender equality (MoE, 2018) – adolescents noted that boys and girls tended to select different courses. Whereas in the past, girls risked being confined to gender stereotypical courses such as hairdressing, catering and secretarial skills (Tefera and Pereznieto, 2013), our findings suggest that this is beginning to shift; nevertheless, girls are tending to choose courses that lead to employment in the public sector, whereas boys are more likely to take construction and engineering courses with a view to setting up their own business. As one adolescent boy in Dire Dawa explained: *'Boys usually take technical and labour-demanding courses at TVET. They open their own businesses. But girls prefer to learn computer science or IT [information technology] and will try to get employment.'*

6.4 Access to assets and resources

Adolescents' access to productive assets such as land and livestock, and to financial resources such as savings accounts and credit, appears relatively limited – especially for girls and younger adolescents (Bekele and Worku, 2008; Bezu and Holden, 2014a; 2014b; CSA and ICF, 2017). Of those aged 15–19, the latest Ethiopia DHS reports that only 8% of girls and 10% of boys use a bank account (CSA and ICF, 2017). Our survey findings showed analogous

gender differences: in urban areas, older adolescent boys were significantly more likely than girls to have control over financial resources (39% compared to 21%). Similarly, our qualitative research found that only a small number of older urban adolescent boys had access to loans. To overcome the challenges facing young people in providing the collateral needed for loans, the government has promoted group loans for youths. Although there were some exceptions, the overwhelming reports about this scheme were of frustration at lengthy delays, the limited amount of capital available, and the need to provide some sort of collateral that was often way beyond what the most disadvantaged young people could provide. As one older adolescent girl from Debre Tabor explained: *Recently, when I again asked the person registering unemployed youths, he told me to take 10,000 birr as a loan and start poultry farming. However, I have no one who can sign the guarantee to take this amount of money. So I ask the government to consider the problem of the poor … Yes, there are lots of girls in town with similar problems like me … There is also another girl I know and she asked the government to give her a loan. She was also asked, as I was, to form a group, but like me, she has no money.*

Even access to formal banking accounts is very limited. As one older boy from Community C (South Gondar) noted: *I try to save up even though it is not much … I have a savings book in the bank … I want to continue my education, if my family supports me, and through my savings … I want to join a private college … and then become a government employee.*

We only found evidence of more informal savings behaviour among girls in our sample. As an older girl from Community I (East Hararghe) noted: *'I get 50 birr profit per 100kg of groundnut … I save the profit … I have a savings box … I save it for my family.'* Girls of a similar age in South Gondar noted that they belonged to traditional savings or burial groups *(idirs)* indirectly, via their parents.

6.5 Access to decent and age-appropriate employment

Despite a legal minimum working age of 14, Ethiopia has high rates of child labour, (UNESCO, 2012). The literature finds that boys are more likely to work for pay than girls, but girls are expected to spend their time providing their natal and marital families with free labour (CSA, 2014b; Jones et al., 2017; Pankhurst et al., 2018).

GAGE survey findings echo this literature: young adolescent boys are significantly more likely to be in paid work than girls (6% compared to 5%), and similarly for older boys (30%, compared to 15% of older girls). Against this general backdrop, two important regional differences emerged: (1) in Afar, our qualitative findings indicate that adolescents are less likely to be in paid work, reflecting the fact that even though adolescents are routinely involved in herding work, the profits remain in the hands of parents until the point of marriage; and (2) among urban respondents, adolescents in Batu are significantly more likely to have money they control. This is probably due to the floriculure company, which attracted a significant number of adolescents from other parts of Oromia and neighbouring zones in SNNPR to our research sites in Batu.

Our qualitative findings also highlighted that in line with the literature, girls who do engage in paid work tend to be restricted to low-paying and risky sectors such as domestic work (Broussar and Tekleselassie, 2012; Loveday and Dom, 2016; Jones et al., 2014a; 2014b; 2016b; 2016c; 2017). However, girls tended to have a more positive view on the possibilities of such work. As one 15-year-old girl from South Gondar explained: *'We can be a housemaid, work and go to school. While working, we can finish school. We will have paid work and will be alone so we can decide for ourselves.'*

Growing awareness about the high risks of international migration for domestic work (especially to the Middle East) notwithstanding, respondents in our research sites focused primarily on the promise of international migration. As noted by one 16-year-old girl from Dire Dawa noted: *'I want to be like my older brother, he loves his family very much. He brought my mother here and lived with her before he got married. I want to migrate to Arab countries, and help my mother like him.'* Boys involved in seasonal migration are also at high risk. Older adolescent boys from South Gondar in particular reported both high levels of illness (especially malaria) and peer violence (including homicide) experienced in sesame cash crop farming in the lowland areas of Humera and Metema, where there is limited enforcement of law and order.

6.6 Access to age- and gender-responsive social protection

There is mixed evidence about the effects of Ethiopia's flagship public works programme, the PSNP, on adolescents. While it has had significant positive impacts on food security, household consumption, child cognitive outcomes and (to an extent) child nutrition (Gilligan et al., 2009; Favara et al., 2019 Pankhurst et al., 2018), there is evidence that older adolescents may substitute their own

> Children under the age of 18 years are not allowed to work because they are considered small... But if an 8-year-old child looks physically big, they will let him work.
>
> (A key informant, Ebenat, Ethiopia)

labour on the PSNP for that of their parents (Favara et al., 2019; Pankhurst et al., 2018).

Some 31% of GAGE young adolescents in rural communities (and approximately 4% of young adolescents in urban areas) are in households that receive PSNP support, with the highest proportion being in Zone 5 (Afar). Adolescents whose families were PSNP beneficiaries confirmed the positive spillover effects on their economic wellbeing. As one older adolescent girl from Dire Dawa noted: *'I can learn without worrying about school materials. I will also be able to afford clothes like my friends.'* For some rural adolescents, the PSNP even offered the promise of a future safety net. As another older adolescent girl from Ebenat (South Gondar) reasoned: *'If you have safety net benefits you will get a good husband. So if I get the chance to become a safety net beneficiary, I will get married with a good husband and we will live a better life.'* But the trade-offs in terms of adolescents' time use also emerged as an important theme. Unlike urban beneficiaries who receive direct support, rural beneficiaries need to fulfil a labour quota; and as a key informant from Ebenat admitted, despite formal guidance against adolescents doing public works labour, this was often circumvented in practice: *'Children under the age of 18 years are not allowed to work [on the PSNP] because they are considered as small ... But if an 8-year-old child looks physically big, they will let him work.'*

6.7 Change strategies

Overall, supporting adolescents' economic capabilities appeared to be one of the weakest areas in terms of existing programming and services, and was highlighted repeatedly by adolescents, as well as adults, as a great source of concern given widespread youth unemployment and underemployment. In terms of access to skills training, TVET services are provided in district and zonal towns and larger cities, but are often beyond the reach of more vulnerable adolescents given grade requirements and fees. Access to credit for young people has ostensibly expanded but is not at the scale needed, and a dearth of complementary skills-building often means that small businesses initiated by youth fail, resulting in high levels of debt.

In terms of social protection, while adolescents may benefit indirectly from the PSNP public works programme, it is designed to target households and does not take into consideration adolescent-specific vulnerabilities; in fact, in some communities, echoing other research evidence (Favara et al., 2017; Pankhurst et al., 2018), public works may end up pulling adolescents into work activities at the expense of their schooling. Educational stipends for adolescents with disabilities attending special needs education have been transformational in encouraging parents to allow their adolescents to attend school; but their value is very low and often leaves these adolescents at risk of exploitative work or begging to make ends meet.

Policy and practice recommendations

Across the six GAGE capability domains, our baseline research findings point to some key implications for policy and programming. A more detailed mapping of these implications is also available, highlighting how these recommendations align with Ethiopia's commitments to the SDGs and international conventions, as well as to the country's own sectoral policies and strategies and more specific adolescent policy frameworks. We summarise key points here.

Education and learning

- Support adolescents to realise their aspirations by investing in practical and engaging training sessions and mentors.
- Invest in awareness-raising efforts for parents on the importance of education, potentially as part of broader parenting guidance, including practical guidance on what they can do to support their adolescent children (especially their daughters) to succeed in education.
- Reconceptualise educational access to include a focus on decent remuneration and training of teachers, investing in adequately equipped schools, and expanding night schools for adolescents who need to balance work with schooling.
- Focus on learning outcomes so that rural students who disproportionately fail national exams are better able to reach the requisite standards, including by investing in tutorials, catch-up classes and online content.
- Urgently address teacher violence by supporting positive disciplinary approaches and enforcing zero tolerance for the use of corporal punishment in classrooms.
- Support secondary education at scale by building more schools, providing economic and logistical support such as transportation and safe lodging for rural students (and especially girls, given parents' fears of sexual violence and threats to family honour), who must either commute or board.

Bodily integrity and freedom from violence

- Engage with adolescent girls and boys through puberty education classes, in-school and out-of-school clubs, and media platforms to raise awareness about and help address underlying gendered social norms that perpetuate age-based, sexual and gender-based violence. This should include messaging to tackle the normalisation of violence, the emphasis on girls' sexual purity, and aggressive masculinities as well as raising awareness of the referral and response pathways available to survivors of violence.
- Engage with parents, community and faith leaders to raise awareness about and shift underlying gendered social norms that perpetuate adolescents' vulnerability to multiple forms of violence, and raise awareness of the prevention, referral and response pathways available to them.
- Work with schools to support non-violent classroom management techniques, backed up by anonymous reporting options for students, and systems to discipline teachers where needed.
- Expand discussion of the risks of child marriage and FGM/C and how to tackle these in school-based student clubs (particularly girls' and gender clubs) and student parliaments.
- Strengthen formal justice mechanisms by investing in gender- and age-sensitivity training for police and justice personnel, and promoting uptake among communities and local service providers.
- Ensure that Ethiopia's new cadre of social workers are trained in how to identify adolescent survivors of age-based, sexual and gender-based violence and to provide referrals to appropriate response pathways.

Health, nutrition, and sexual and reproductive health

- Strengthen health awareness and outreach services for adolescents, including through school-based platforms.
- Expand household and school-based nutritional support as a core pillar of social protection programming, and ensure that support is indexed to drought/ climate change-related food insecurity.
- Invest in puberty education, including the importance of access to SRH services, and promote its social acceptance among parents and community leaders.
- Scale up accessible and affordable menstrual hygiene support through in-school and out-of-school girls' clubs.
- Expand access to and improve the quality of adolescent-friendly SRH services, focusing on flexible hours and confidentiality.

Psychosocial well-being

- Provide guidance to parents and teachers, including through parenting classes for parents of adolescents and refresher teaching training, to better support them to guide young people in transitions through puberty into adulthood, including on non-violent disciplinary approaches.
- Move towards more child-friendly pedagogies that encourage classroom participation through revised teacher training curricula and monitoring of teacher practice.
- 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; use school lessons and clubs to map out with adolescents the locations they feel are safe and not safe, 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 programming 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.
- Given increasing access to mobile phones for adolescents, and drawing on international good practice, Invest in hotlines for young people with psychosocial ill-being/ mental ill-health.

Voice and agency

- Expose young people to aspirational yet actionable ideas for their future pathways by engaging with role models from the community.
- Develop school- and district-level alumni associations with linkages 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 usage. Begin in urban areas, through civics classes to deliver lessons on safe online access (e.g. privacy, cyber-bullying and pornography) and adolescent-friendly sites.
- Over time, work with donors and NGOs to develop libraries and computer labs in all government schools.
- Expand clubs and extra-curricular activities, including child parliaments, girls' clubs, and sports activities in schools to encourage opportunities for participation.

Economic empowerment

- Raise awareness about and enforce safe and non-exploitative labour practices, including in factories, industrial parks, as well as for domestic work (which is not governed by Ethiopian labour legislation) and for migrants abroad.
- Improve anonymous reporting chains to report cases of labour exploitation and abuse (including through youth centres, social courts, etc.).
- Improve adolescents' numeracy and financial literacy by ensuring that young people stay in school up till the end of 8th grade to master foundational mathematical skills; and teach budgeting, savings, how to open and maintain a bank account, etc., in civics classes, as well as building hands-on programming into clubs, and in non-formal education centres.

- Improve awareness and uptake of TVET by providing detailed and accessible information and guidance on TVET opportunities (especially to rural adolescents and adolescents with disabilities), reducing cost barriers, creating TVET pathways that begin with primary school graduation, and targeting TVET programming to local job market needs.
- Scale up adolescents' access (especially girls') to savings opportunities via clubs, NGOs and youth centres, and scale up access to credit programmes for older adolescents (again, especially girls) through regional credit associations (ensuring clear guidance and fair repayment conditions).
- Adapt Ethiopia's social protection policy framework so as to better ensure that the PSNP in rural and urban areas takes into account adolescent-specific risks and vulnerabilities, and especially those of adolescents with disabilities, adolescents in internally displaced communities, and adolescent girls at risk of child and forced marriage.

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Annex: GAGE Ethiopia research sites

Table A1: Urban and rural sites

Regional State	Zone	Urban sites	Rural districts (woredas)				
		10-12 year old cohort 15-17 year old cohort	10-12 year old cohort	Communities (kebeles) in-depth sites		Communities (kebeles) light-touch sites	
				Close to district town	Remote	Close to district town	Remote
Afar[1]	Zone 5						
			Dalifage				
			Dewe				
			Hadelela				
			Semurobi	**A**	**B**		
			Telalak				
Amhara[2]	South Gondar						
			Ebenat	**C**	**D**	**E**	**F** **G**
			Lay Gayint				
			Libo Kemkem				
			Simada				
			Tach Gayint				
		Debre Tabor (zonal town)					
Dire Dawa City Administration		**Dire Dawa (one of Ethiopia's largest cities)**					
Oromia[3]	East Hararghe						
			Babile				
			Fedis	**H**	**I**	**J**	**K** **L**
			Gursum				
			Haramaya				
			Jarso				
	East Shewa	**Batu (district town)**	Adami Tulu Jido Kombulcha				

1 *An 'emerging' region which is largely pastoralist (nomadic and agro pastoralist); Afar ethnic group represents estimated 1.7% population. Note the quality of the data for Afar on age of marriage is believed to be problematic, in part at least due to limited numeracy among respondents.*

2 *Amhara ethnic group represents estimated 27% of population*

3 *Oromo ethnic group represents estimated 34% of the population*

Bold = *sites where qualitative research was carried out.*

Table A2: GAGE research sites by economic and social vulnerability criteria

Regional State	Zone	Urban sites 10-12 year old cohort 15-17 year old cohort	Rural districts (woredas) 10-12 year old cohort	Food security hotspot ranking[4] (July 2016)	Child marriage for girls 10-14[5]	CM for girls 15-17[6]
Afar	Zone 5				4.3%	6.3%
			Dalifage	1	7.9%	7.7%
			Dewe	1	2.3%	4%
			Hadelela	1	3.6%	5.5%
			Semurobi		**6.7%**	**10.4%**
			Telalak	1	1.9%	5.2%
Amhara	South Gondar				9.8%	29.4%
			Ebenat	**1**	**12.7%**	**36.9%**
			Lay Gayint	1	7.1%	25.4%
			Libo Kemkem	n/a	10.3%	32%
			Simada	1	11.6%	33.8%
			Tach Gayint	1	7.1%	25.3%
		Debre Tabor		n/a	8.9%	8.7%
Dire Dawa City Administration		**Dire Dawa**		1	12.6%	14.8%
Oromia	East Hararghe				15.2%	32.3%
			Babile	1	18.7%	41.7%
			Fedis	1	21.9%	53.1%
			Gursum	1	15.1%	28.3%
			Haramaya	1	21.6%	38.3%
			Jarso	1	15.1%	23.3%
	East Shewa	**Batu**	Adami Tulu Jido Kombulcha	1	10.3%	14.7%

4 434 woredas graded across multiple domains and then collapsed into a ranking 1–3 in terms of food (in)security – 1 is highest level of food insecurity (https://data.world/ocha-ethiopia/76029294-3cbc-4bd0-8786-adcdb6475886).

5 As reported by the 2007 census

6 As reported by the 2007 census

Bold = *sites where qualitative research was carried out.*

Table A3: GAGE Ethiopia baseline qualitative research

Nodal sample												
		Early adolescents (age 10-14)		Older adolescents (age 15-19)		Siblings		Caregiver		Grandparents		Sample total adolescent
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Location	Urban	16	18	27	30	7	10	29	39	0	2	**91**
	Rural	45	74	1	1	12	19	36	54	2	18	**121**
	Pastoralist	15	17	1	3	8	6	17	20	0	0	**36**
Sub-total		76	109	29	34	27	35	82	113	2	20	**248**
With a disability		9	10	9	9	(1)	(0)	(1)	(0)	(0)	(1)	**37**
Adolescent Household status	Male headed household	59	88	12	18							**177**
	Female headed household	12	20	8	6							**46**
	Child headed household	3	1	5	5							**14**
Sub-total		74	109	25	29							**237**
Marital status	Married	0	6	0	9	(3)	(7)	(76)	(80)	(2)	(7)	**15**
	Divorced	0	4	0	2	(0)	(2)	(1)	(20)	(0)	(2)	**6**
	Widowed	0	0	0	1	(0)	(0)	(1)	(12)	(0)	(10)	**1**
Sub-total		0	10	0	12	(3)	(9)	(78)	(112)	(2)	(19)	**22**

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.

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Front cover: Group of women and girls in Afar © Nathalie Bertrams/GAGE 2019

GENDER & ADOLESCENCE: GLOBAL EVIDENCE

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

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