

# Transforming gender norms through life-skills programming in rural Ethiopia: short-term impacts and emerging lessons for adaptive programming

Afar case study

Sarah Baird, Rebecca Dutton, Yitagesu Gebeyehu, Joan Hamory,  
Nicola Jones, Elizabeth Presler-Marshall and Workneh Yadete

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# 1 Life skills and gender-transformative programming for adolescents

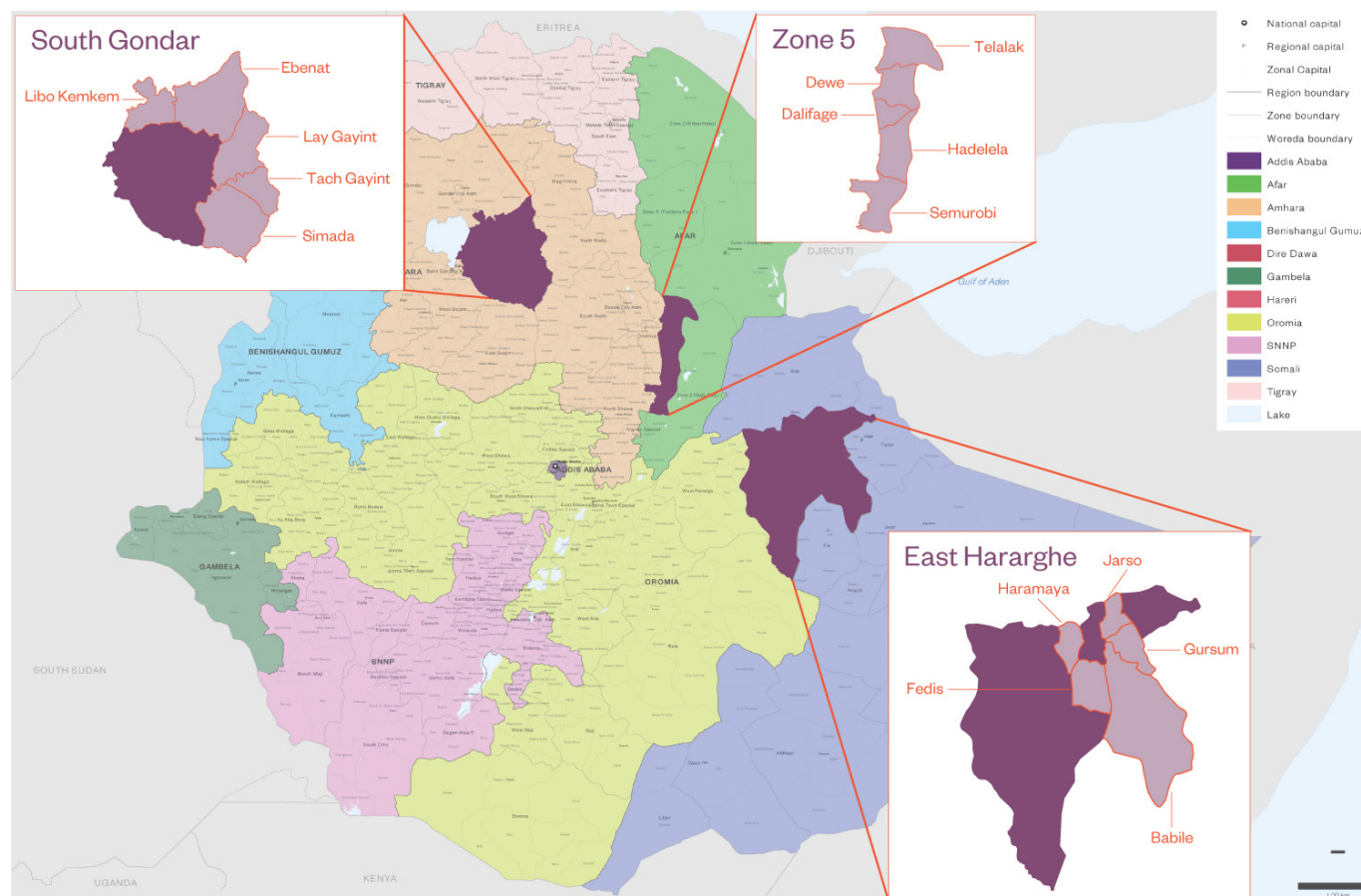
Life-skills programmes for adolescents generally seek to build skills and behaviours that facilitate communication, decision-making, emotion management, relationship development and overall success in life. By either supplementing formal education or providing much-needed opportunities for out-of-school adolescents, such programmes aim to empower adolescents. More recently, programmes have increasingly aspired to be ‘gender transformative’ as well – that is, to shift gender roles to be more equitable by challenging norms, attitudes, and gendered systems (Gupta, 2000; Levy et al., 2020).

Life-skills programming that takes a gender-responsive approach is well-positioned to both build adolescents’ skills and to empower them more broadly. Reviews of the impacts of club-based life-skills interventions in low- and middle-income countries (LMICs) find that they improve adolescents’ educational, mental health and psychosocial outcomes, but also highlight important evidence gaps,

particularly for interventions targeting very young adolescents (VYA; aged 10–14 years) (Marcus et al., 2019; Catino and Battistini, 2018; Haberland et al., 2018; Singla et al., 2020).

The implementation and evaluation of Act With Her-Ethiopia (AWH-E) programming, targeting three diverse populations in Ethiopia, provides a critical opportunity to fill this evidence gap and contribute to understanding of ‘what works’ to influence adolescents’ trajectories. The first phase of AWH-E, which is the focus of this report, is a safe spaces curriculum-based group programme for girls aged 11–13, with additional programming for boys and adolescents’ support systems (including parents, community leaders and other community members) and system-strengthening initiatives. The programme aims to help girls and boys build skills and a supportive network through which to navigate the transition from childhood to adulthood, and to support enabling environments for gender norm transformation. The second phase of AWH-E will target older adolescents (aged 14–18) and be the subject of future work. The Gender and Adolescence: Global Evidence (GAGE) programme is carrying out a

**Figure 1: Location of AWH-E programming and research sites**



Source: Based on the OCHA/ReliefWeb administrative map of Ethiopia (August 2017) and modified to show the GAGE research sites.

longitudinal cluster randomised evaluation of the AWH-E programme in three regions of Ethiopia: Afar, Amhara and Oromia (see Figure 1). This report is one of a series of three regional reports. It focuses on findings from Zone 5 in Ethiopia's Afar region.

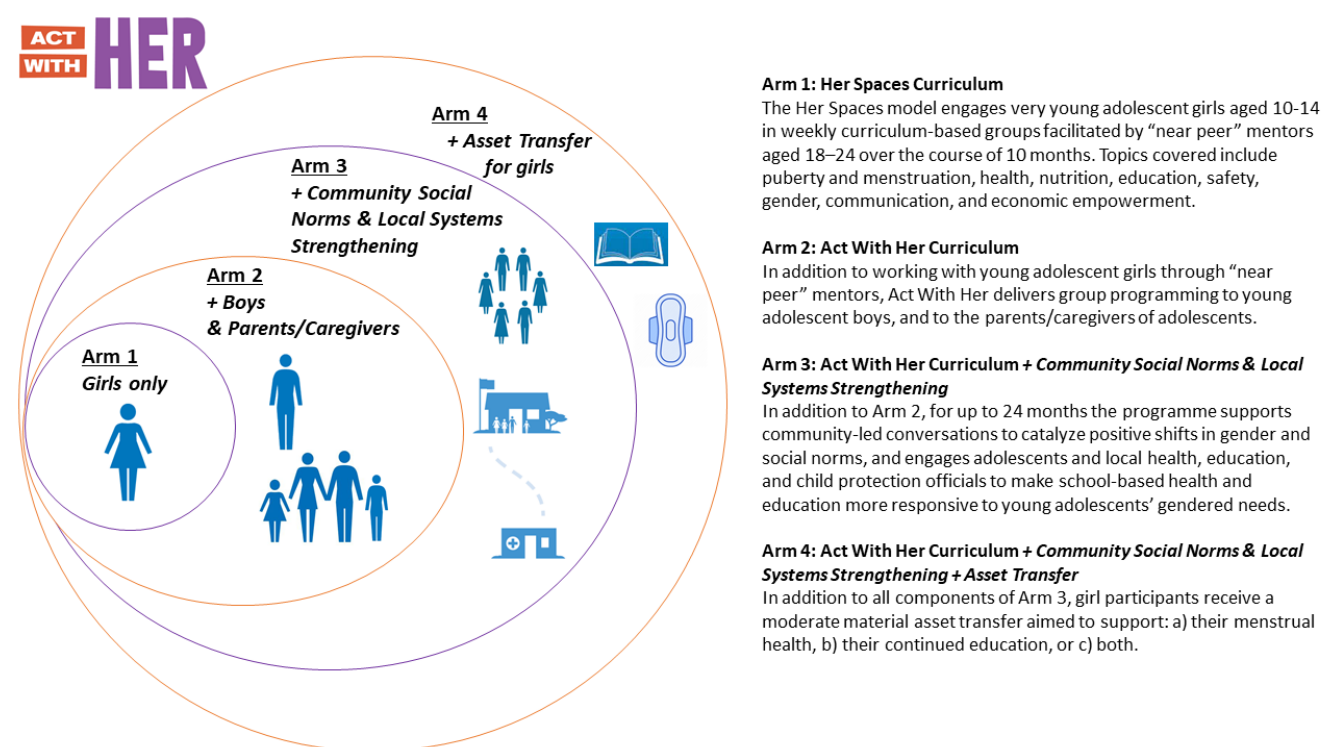
## 2 Ethiopian context and overview of the Act With Her-Ethiopia life-skills programme

Ethiopia has made tremendous progress over the past 20 years in terms of school enrolment, health systems coverage, and sexual and reproductive health services (Central Statistical Agency of Ethiopia (CSA) and ICF, 2016). Yet despite this progress, the country continues to rank among the top five in terms of absolute numbers of people living in poverty, with women and girls being disproportionately impacted (United Nations Development Programme (UNDP) Ethiopia, 2018; Katayama, 2019). Even with the continued focus on their education and rights, women and girls in Ethiopia are still less educated and have far fewer economic opportunities than men and boys (CSA and ICF, 2016). More than half of Ethiopia's population is

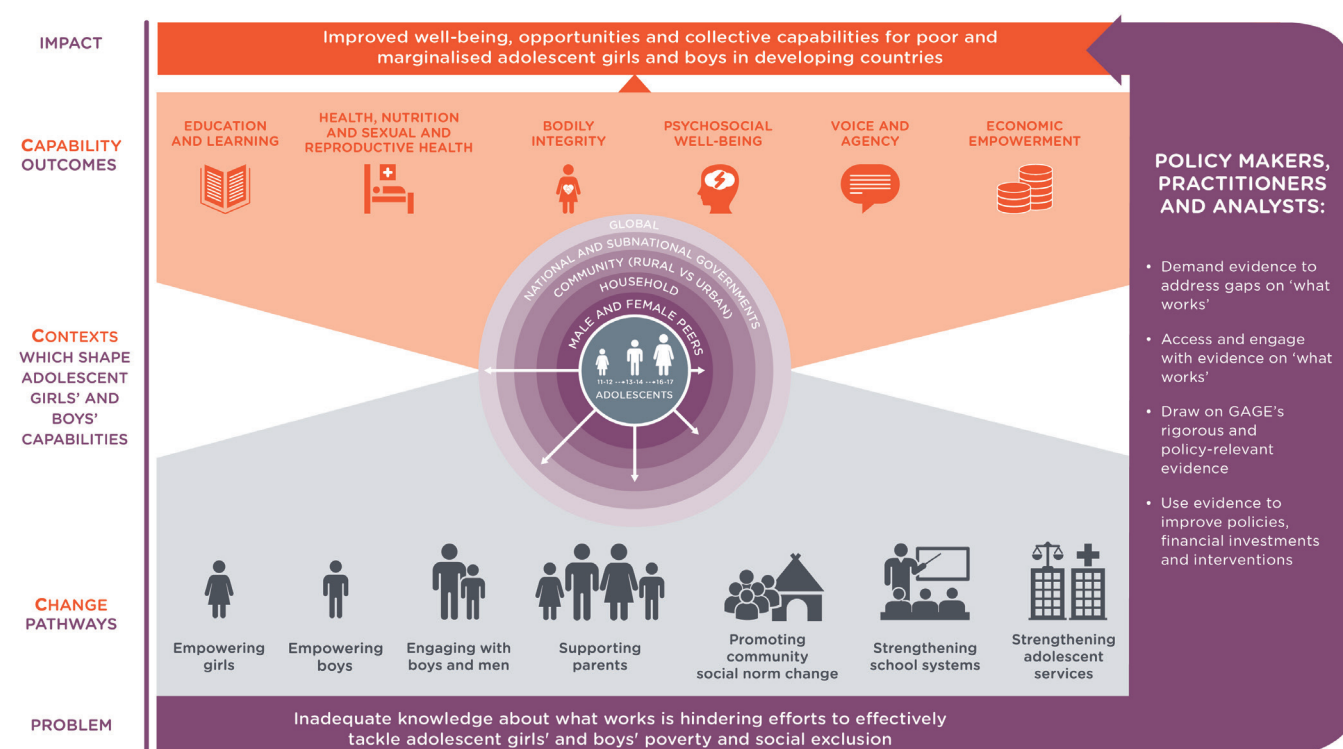
below 20 years of age, providing an opportunity for gender-focused life-skills interventions that aim to shape the trajectory of communities across the nation.

Within this context, AWH-E is designed to contribute to the health, educational and social foundations that adolescent girls and boys need to thrive and navigate healthy transitions to adulthood. The life-skills club format provides structured and safe educational spaces grounded in a defined curriculum guided by a near-peer mentor with whom adolescents can build a trusted relationship (Kågesten et al., 2016; Pathfinder International, 2020). In addition to adolescent girls' club meetings, AWH-E delivers gender synchronous programming with adolescent boys of the same age. Supplementary programming targeting parents and community stakeholders aims at addressing the underlying discriminatory social norms that undermine adolescent girls' educational aspirations and rights to bodily integrity, and reinforce harmful practices such as child marriage and FGM/C. AWH-E's focus on VYAs and their support systems also offers an opportunity to understand how context-sensitive interventions can shape their communities and influence the lives of young people.

Figure 2: Intervention arms



**Figure 3: GAGE conceptual framework**



Source: GAGE consortium, 2019.

Pathfinder International, in collaboration with the Government of Ethiopia, in partnership with CARE International and with funding from the Bill & Melinda Gates Foundation, is implementing a five-year umbrella programme to contribute to developing the health, education, economic and social pathways that adolescent girls need to thrive during the transition to adulthood. By 2022, the programme aims to reach 50,000 adolescent Ethiopian girls and boys by scaling up an existing girls' empowerment programme (called Her Spaces) while simultaneously assessing the potential value added of an expanded version (AWH-E). Across Afar, Amhara and Oromia, the programming is delivered in 15 *woredas* and 124 *kebeles*. A total of 544 adolescent groups led by more than 571 trained mentors were established, with over 13,000 adolescents participating (7,532 girls and 6,193 boys). Both Her Spaces and AWH-E engage VYA girls in weekly curriculum-based groups facilitated by 'near peer' mentors aged 18–24 over the course of 10 months. A wide range of topics are covered, including puberty and menstruation, health, nutrition, education, safety, gender, communication and economic empowerment. AWH-E additionally includes mentor-led group programming for male VYA peers, and a series of group sessions with parents or caregivers of the male and female VYAs. In one programme arm (arm 3), AWH-E also partners with

local communities to catalyse positive shifts in gender and social norms, and to make key health, education, child protection and other social services more adolescent-responsive. In a fourth programme arm of AWH-E (arm 4), girls also receive a moderate material asset transfer intended to support their menstrual health and continued education (Pathfinder International, 2021) (see Figure 2).

### 3 Overview of GAGE evaluation methods of AWH-E

The GAGE evaluation of this programming was designed as a cluster randomised controlled trial (cRCT). Adolescents aged 10–12 were recruited for participation in the evaluation in late 2017 and early 2018 using random selection from researcher-generated community household lists. Baseline data was collected on all households with participating adolescents, and then randomisation into four programming treatment arms was conducted at the community level. Across 5 districts in Zone 5 of the Afar region of Ethiopia, adolescents were assigned to arm 3 (girls + boys life-skills curricula plus community-level social norms and systems strengthening) or to the control (no intervention) (see Figure 2). Once community groups had been assigned, CARE Ethiopia launched the life-skills programming in the treatment communities. Programming

recruitment was performed separately from the evaluation recruitment, but researcher-generated community household lists were shared with the implementers in order to facilitate locating eligible adolescents.

The GAGE evaluation employs a longitudinal mixed-methods design, with baseline data collected in late 2017/early 2018 and midline data collected in late 2019/early 2020. The quantitative survey was undertaken with 4,518 VYAs (1,113 girls and 819 boys in Amhara, 1,190 girls and 878 boys in Oromia, and 298 girls and 220 boys in Afar) and their primary female caregivers in both treatment and control communities. The intervention and evaluation in Afar were really designed as a pilot given both lack of previous programming in these areas and small sample sizes for the quantitative research. Thus, findings should be interpreted in this light.

Further details are presented in Appendix Table 1a. Over 95% of contacted adolescents in Afar expressed interest in participating in AWH-E programming (among the 84% of the GAGE sample contacted). The survey instrument included modules on six core capability domains in line with the GAGE conceptual framework (see Figure 3). Quantitative analysis of the causal impacts of the programme across these domains utilised multivariate regression methods (details of the specifications are available in the research protocol: Baird et al., 2020). One important thing to note is that these are intent-to-treat estimates, which means that any adolescent who was sampled from a treatment community is considered treated, whether they participated in the programme or not. This is considered the policy relevant estimate as it considers both participation and impact.

The survey data was complemented by in-depth qualitative research with a sub-sample of participants in order to better understand some of the emerging patterns and mixed pictures painted by the survey findings. Broader narratives – from adolescent programme participants (163) and non-participants (85), parents (208), mentors and supervisors (30), service providers and government officials (77) – help explain what is and is not working well (see Appendix Table 1b). Participants across the treatment and control communities participated in qualitative research. For each region, we selected one *kebele* (neighbourhood) for each programme intervention arm. The interviews were transcribed, translated and coded thematically; the use of quotes is illustrative. See Appendix

Table 1b for further details of the qualitative research sample in Afar.

The Afar groups had not yet completed the full AWH-E intervention before restrictions to prevent the spread of covid-19 were put in place by the Ethiopian government in March 2020. The delayed start in Afar, inter-clan violence, seasonal migration, holidays and the pause in programme implementation meant that only a part of the curriculum had been implemented prior to the GAGE midline data collection. Implementation was quite varied across each of the *kebeles*, due to differences in logistical difficulties reaching them (e.g. weather/season and availability of transportation) and due to localised conflicts. As of March 2020, 71% of girls' groups had completed at least eight life skills sessions (out of 40) while 61% of boys' groups had completed at least eight sessions (out of 20). Furthermore, the community-level social norms and systems strengthening was only in the initial stages of implementation at the time of midline data collection. Note that that the community-level social norms and systems strengthening component is designed to coincide with the 10 months of adolescent and parent group programming, but to also continue beyond that period for up to 14 additional months.

## 4 Overview of girls' situation in Afar

Adolescent girls in Afar have seen far less progress than their counterparts in other regions of the country, including Amhara. Their access to education and contraception remains extremely limited and their risk of female genital mutilation/cutting (FGM/C) and child marriage is high and static. Partly due to pastoralist livelihoods in Afar, just over a quarter of girls (28%) enrol in upper-primary school (grades 4–8) and just 14% enrol in lower-secondary school (Ministry of Education, 2019). Progression is even more limited than enrolment: of the adolescent girls in GAGE's sample who are currently enrolled, average grade completion was less than grade 3 (only 2.8) at the time of midline data collection (Presler-Marshall et al., 2021). Pastoralism is not, however, the only factor limiting girls' access to education. Gender parity at the regional level is 0.7 (i.e. for every 10 boys enrolled, only seven girls are) (ibid.) and in the communities in which GAGE is working, where half of girls are married before age 18, parents



often admit that families refuse to allow girls to attend secondary school in order to keep them 'biddable' in regard to child marriage (Presler-Marshall et al., 2020a). Under the *absuma* marriage system, which dictates that marriage partners are maternal cousins, girls have no input into who and when they will marry. The *absuma* system ensures a social and economic safety net for the family and continuation of the clan system. While boys are given some choice in their future spouse, girls have no choice and are often forced into marriage with a much older man (Jones et al., 2020). *'I cannot refuse. If I refuse the man who was going to marry me, he would be given permission to take me by force,'* noted a 17-year-old girl married against her will at age 15.

Furthermore, although there is some secret use of contraception (primarily among unmarried adolescents in more centrally located communities), regional uptake is extremely limited due to concerns that it violates culture and religion (Presler-Marshall et al., 2020b). Only 12% of married women in Afar use contraception (CSA and ICF, 2016). Afar girls' risk of FGM/C is among the highest in the country, and has only declined very slowly across generations. Of girls and women over the age of 15 years, 91% had been cut; of girls aged 10–14 years, 86% had been cut (CSA and ICF, 2016).

## 5 Findings of initial impacts of Act With Her-Ethiopia programming

Given the level of ambition of AWH-E programming and the complex environments in which the programme is being implemented – especially in Zone 5 in Afar, where some communities are very remote and lack many basic services – it is not surprising that the findings after 11 months of implementation present a mixed picture. Here, we discuss the findings in two broad clusters: promising findings and findings with mixed effects. In Afar, our findings compare outcomes for adolescents residing in communities assigned to arm 3 (girls + boys life skills curricula plus community-level social norms and systems strengthening) or to the control (no intervention).

## Promising findings

### Positive effects on girls' education and learning

Findings from Afar indicate that the AWH-E programme did not have a significant impact on girls' school enrolment, although the coefficient is positive and large (0.082 percentage points on a base of 0.617,  $p=0.316$ ) suggesting scope for longer-term impacts. AWH-E did, however, support attendance and empowerment in school, with girls in treatment communities showing a 19.8% improvement in not missing one consecutive week of school in the past 12 months and enrolled girls significantly more likely to hold a leadership role in school. This also resonates with the qualitative findings, which highlight that adolescents and their parents report improved awareness about the importance of education. As a 15-year-old married boy explained: *'She [his wife] is attending 2nd grade. We both are learning 2nd grade. We were learning together before we got married and she stopped after the marriage. However, after [the supervisor and mentors who came with her] taught us the relevance of learning, I brought her back to school, and nowadays we are learning together in 2nd grade.'*

### Positive effects on girls' communication with parents

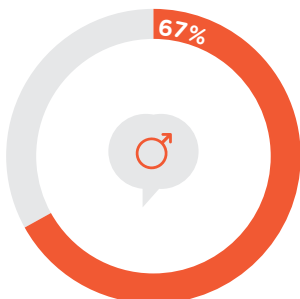
While we see no impact on an overall index of girls' voice and agency, the AWH-E programme has a positive, large, and significant impact on girls' communication with their parents. Girls in AWH-E communities report feeling more comfortable discussing issues (including education, future work, and future marriage) with both their female and male caregivers. For the seven-item index of comfort speaking with a female parent, girls in AWH-E communities scored 0.480 points higher (over a control group mean of 0.888), and 0.363 points higher (over a mean of 0.540 in the control) on the six-item index of comfort speaking with a male parent.<sup>1</sup> While there was no significant improvement on the seven-item index of voice, girls in AWH-E communities were more likely to agree that their parents listened to them.

<sup>1</sup> The items covered in the index of discussion issues with mothers include comfort discussing education, future work, romantic relationships, menstruation, puberty, age of marriage, bullying/harassment in schools. The index for fathers did not include menstruation.

## Girls in Afar

### Effects on communication, voice and agency

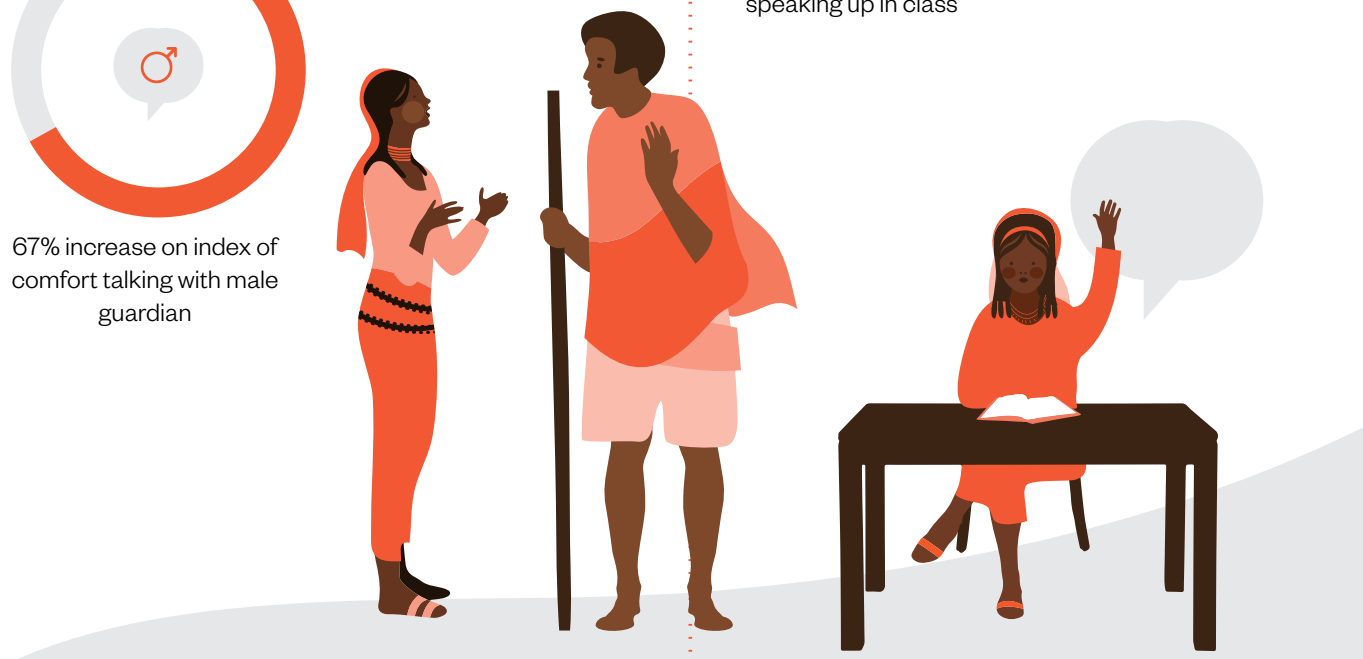
↑ Positive effects:



67% increase on index of comfort talking with male guardian

→ No effects:

No effects on likelihood of speaking up in class



### Effects on knowledge

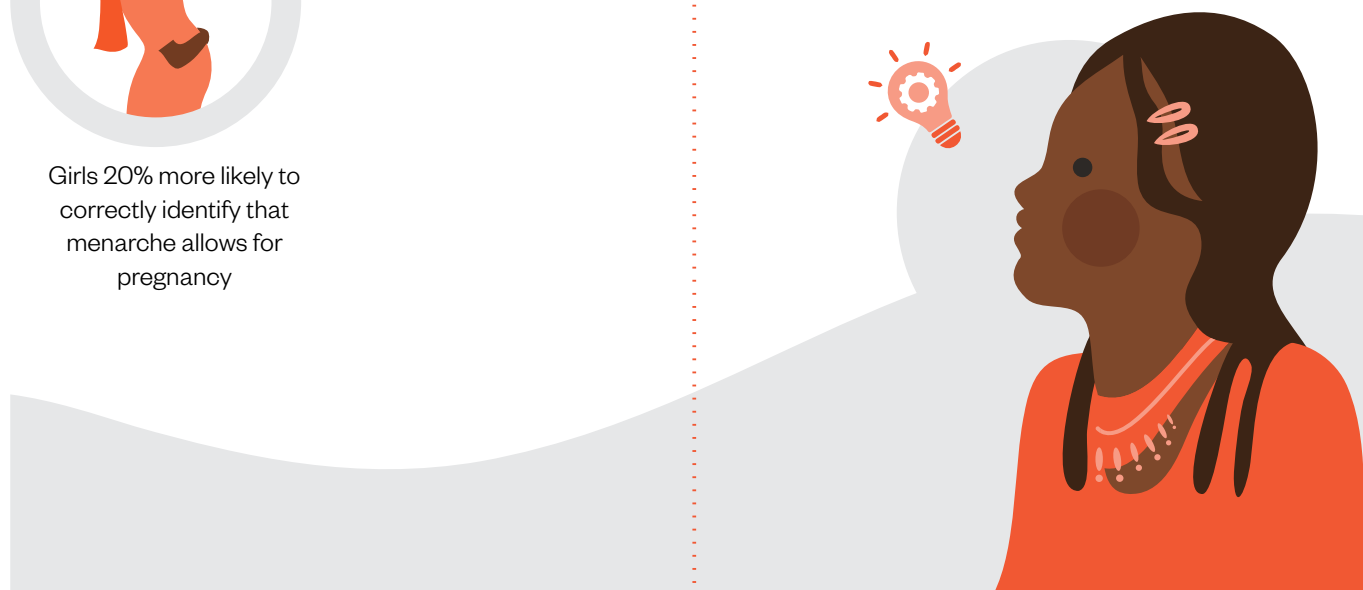
↑ Positive effects:



Girls 20% more likely to correctly identify that menarche allows for pregnancy

→ No effects:

- Naming iron-rich foods
- Knowledge that FGM has risks



## Effects on gender attitudes

### ↑ Positive effects:



Girls in AWH are 19% more likely to agree that 'Women should have same chance to work outside home as men'

### → No effects:

Disagreeing with 'A woman should tolerate violence to keep her family together'



## Mixed findings

### Mixed effects of adolescents' AWH-E programmatic knowledge

Retention and understanding of AWH-E sessions were measured with a set of questions on session content, with a focus on sexual and reproductive health. Boys in treatment communities scored 0.371 standard deviations better than those in control communities on the overall knowledge index. This improvement was driven by significant differences in knowledge of negotiation skills, with 49.1% of participants correctly identifying negotiation skills compared to 33.8% in control communities. Additionally, AWH-E programming increased boys' knowledge about the risk of FGM/C to 55.7% (43.1% control) and boys' knowledge of a place to go for help from violence to 42.5% (23.3% control). Boys increased their understanding of gender roles, with 35.4% indicating that gender roles can be changed, compared to 24.7% in the control. Programming also improved boys' knowledge of the potential negative health impacts of early pregnancy.

While boys showed more positive results on programmatic knowledge, the positive impact was not evident for girls. Those in AWH-E communities did not

have more knowledge about session content compared to those in the control arm, except for one question about pregnancy, where 57.2% of girls correctly identified that menarche allows for pregnancy (47.5% control). The limited gains in girls' knowledge are disappointing, especially as the initial AWH-E sessions focus on puberty and menstruation. These limited knowledge gains were also reflected in the qualitative findings. Many girls were unable to recall specific content from the club sessions, and those that could often lacked meaningful detail, including around how to protect against sexually transmitted illnesses (STIs) and knowledge about adequate nutrition (given inadequate adaptation of content to reflect local diet realities). For example, a 12-year-old girl recalled that: *'The mentor taught us there are diseases called HIV, that there are foods called carrot and cabbage, and these foods give energy.'* A 16-year-old participant explained that what she remembered about the sexual and reproductive health content was also limited: *'[We learned] that there is an egg in our uterus and the egg will break when men have intercourse with us. After the egg*

▶▶ The mentor taught us there are diseases called HIV, that there are foods called carrot and cabbage, and these foods give energy.

(A 12-year-old girl)

**►** Mainly the problem lies in the community. [The coordinator and mentors] try to create awareness ... But people didn't avoid practising FGM. We are not ready to change.

(A father)

*breaks, blood will emanate from it and the blood will grow into a child. I don't remember anything else.'*

More broadly, the qualitative findings also suggest that while the AWH-E curriculum had been translated, it was not sufficiently adapted to the realities of pastoralist communities on the move. Mentors noted that because of very limited literacy among these communities, as well as limited experience with educational settings – compounded by materials that were insufficiently adapted to local context realities – many adolescent participants struggled to concentrate during the classes. As one female mentor noted: *'We tried to train them just in a way that they trained us how to train children. We used all the methods and activities in the training sessions. However, since children never read and write, we didn't allow them to write, we only explained them the concepts.'* Adolescents also noted that they did not like the radio-based sessions that were integrated into the programme as they were unable to understand the content. *'She made us listen to the radio. But we did not understand it... On both days, she taught us with the radio. We did not understand what the radio was saying...'*

### Mixed effects on adolescents' gendered attitudes

In Afar, programme impacts appear to have shifted some gendered attitudes among girls even during this short time. On an adapted, eight-point version of the Global Early Adolescent Study's (GEAS's) Index on Gender Stereotypical Roles (WHO, 2021), there was a 0.341 standard deviation increase in AWH-E treatment communities compared to those in control communities. The GEAS's index on Gender Stereotypical Roles (0-8) asks whether respondents agree or disagree with: 'Women should have the same chance to work outside of the home as men', 'Girls and boys should share household tasks equally', 'A woman's most important role is to take care of her home and cook for her family', 'A man should have the final word on decisions in his home', 'A woman should obey

her husband in all things', 'A boy should always have the final say about decisions with his girlfriend', 'It is okay to tease a girl who acts like a boy', and 'It is okay to tease a boy who acts like a girl'.<sup>2</sup> This positive impact for girls was driven by significant differences in responses to questions, including disagreeing that 'a woman's most important role is in the home' and agreeing that 'women should have the same chance to work outside the home as men'. It is possible that being exposed to professional women who are AWH-E mentors influenced girls' views on the role of women outside of the home.

However, the qualitative findings indicate that girls' attitudes towards harmful gender practices such as FGM/C were unchanged. Most respondents emphasised that being uncut is 'haram' (religiously prohibited). Parents also noted that there was limited appetite to discuss issues that threatened religious teachings, Sharia law and cultural norms. As one father explained: *'Mainly the problem lies in the community. [The coordinator and mentors] try to create awareness on lots of things. We also promise her to practically implement the lessons learned. For instance, she has told us to avoid FGM. But people didn't avoid practising FGM. We are not ready to change.'* The qualitative data also suggests that discourses around the elimination of FGM/C in the local communities reflected at best an openness to moving from more invasive types of cutting (Types 2 or 3) to the 'sunna' type (Type 1), which involves a more minor cut.<sup>3</sup> However, in practice, even this shift in the type of practice has not been widely implemented in the GAGE study communities.

The research found widespread resistance among parents and community leaders to engaging with programme content that highlighted the risks of child marriage and *absuma* traditions. While some parents acknowledged that it does pose risks for girls, belief in and support for upholding the *absuma* system was widespread. One father explained the dilemma facing parents:

*As an idea, we could accept that a girl shouldn't marry an old man even if she is his absuma. However, practically it is difficult to quit. Suppose there is a man who doesn't have an absuma up until he reaches an adult age. This could happen if every one of his relatives gives birth to a boy. Finally, someone could give birth to a girl when he is around 40. Imagine! If a girl is born, she is his absuma*

<sup>2</sup> For more details on the Global Early Adolescent Study, see [geastudy.org](http://geastudy.org).

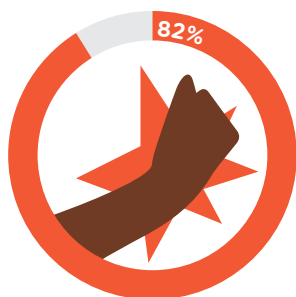
<sup>3</sup> WHO (2020) 'Female genital mutilation: key facts'. World Health Organization website, 9 February ([www.who.int/news-room/fact-sheets/detail/female-genital-mutilation](http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation)).



## Boys in Afar

### Effects on knowledge

#### ↑ Positive effects:



82% more likely to know of a place to go for help from violence



29% more likely to know that FGM/C has risks

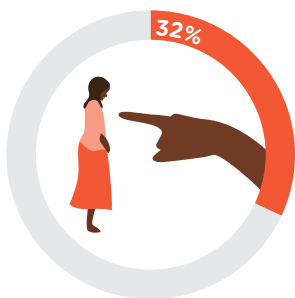
#### → No effects:

- No change in knowing where to keep money
- No change in knowing that menarche allows for pregnancy



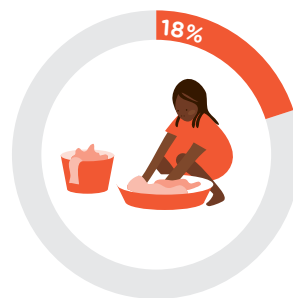
### Effects on gendered traits

#### ↑ Positive effects:



32% more likely to disagree that it is ok to tease a girl who acts like a boy

#### ↓ Negative effects:



18% less likely to agree that 'boys and girls should share HH tasks equally'



## Teaching the children is the best experience.

(An 18-year-old female mentor)

*and he should wait until she is grown up. Say he waits for 15 more years. Now he would be 55! No option, he will marry her.*

Given this cultural milieu, our findings also suggest that mentors were, in some cases, adapting AWH-E curriculum content in line with local norms around marriage age, reportedly encouraging girls to marry no earlier than 15 years, rather than no earlier than 18 years (in accordance with the national legal age for marriage).

For boys, there was no significant impact of AWH-E on the GEAS's Index on Gender Stereotypical Roles, but there was significant positive change in two index components with adolescent boys in treatment communities indicating less gendered attitudes about gender roles, with approximately 63.3% disagreeing that it was okay to tease a boy who acted like a girl, compared to 47.9% in control communities. This was also echoed in the qualitative data. For example, a father noted that since participating in the programme, his son is helping his daughter: *'Boys are now supporting their sister in different ways'*. Despite these positive findings, attitudes for boys on many dimensions are still highly gendered, with some attitudes worsening in AWH-E communities. For example, only 4.2% of the boys in treatment *kebeles* disagreed that 'a woman should obey her husband' compared to 7.7% in control *kebeles*. Moreover, only 65.6% of boys in treatment communities agreed that boys and girls should share household tasks equally, compared to 79.6% in control *kebeles*. Mentors also noted that more needs to be done to shift attitudes among the wider community if change in gender roles is to be sustainable, given the considerable resistance to disrupting entrenched gender norms. As one female mentor noted: *'They [the community] would say it would be fine to help girls; but they insist that it is considered as taboo in the community to help girls/women.'*

### Mixed effects on boys' risk of age-based violence

Quantitative data shows that AWH-E led to a significant reduction in boys' exposure to violence, both from peers

and in the household. There was a 0.240 standard deviation improvement in a comprehensive index of violence<sup>4</sup> for boys in treatment communities compared to boys in control communities.

The qualitative data, however, indicated that adolescents, and especially boys, are at high risk of school-based violence. Most adolescents noted that corporal punishment by teachers was widespread and normalised. As one adolescent boy explained: *'Our teachers beat us when we do not attend the lesson properly in the classroom. We do not oppose this because he punishes us for our own benefit'*. Interviews with teachers echoed this finding, suggesting that the AWH-E programme has not had a broader spill-over effect on teachers' treatment of adolescents. As one primary teacher openly reported: *'I beat students when they come late to school. I also beat them when they make mistakes when they count letters and numbers standing in front of students. Punishment can help students to be disciplined and to focus on their education.'* Our qualitative findings also highlight that adolescent boys have been pressured to participate in clan conflicts and that non-conformity with clan norms can be sanctioned by harsh physical punishment by clan age mates.

### Mixed effects on programme mentors

While we did not include quantitative surveys with programme mentors, the qualitative data suggests that mentors find participation in the programme empowering. Mentors were selected from the local communities (both current upper primary and high school students and recent high school graduates) and noted that they valued the opportunity to learn about child-friendly teaching methods, how to develop plans to realise their short-term and longer-term aspirations, the multidimensional risks of FGM/C and *absuma* marriage, and also how to protect themselves from violence. Mentors emphasised that the programme had had positive effects on their confidence and voice. An 18-year-old female mentor noted: *'Teaching the children is the best experience and the happiest moment for us.'* Another explained that involvement in the programme had been transformational for her: *'Previously I was a shy person, fearing to talk with others. After this project, I started to talk with others and become very assertive. My relationship with my family is also improved.'*

4 The items covered in the index include at least once in the past 12 months – either in person or digitally, violence from peers, including: hurtful words, exclusion, theft of personal property, physical violence, being forced to do something, or threats to self or someone close to self, an indicator for not perpetrating peer violence, not experiencing violence in the household or witnessing violence against a female caregiver, and not experiencing sexual violence in the past 12 months.


These positive effects notwithstanding, mentors emphasised how challenging the work was from an implementation standpoint, which they found frustrating and, at times, demotivating. First, community acceptance of the mentors – who were largely not from the same communities as participants – was itself a challenge. In some cases, mentors faced hostility and threats of violence. As one mentor explained: *‘They opposed and complained that (members of another tribe) should not represent and train their kebele. Thus, when we went there to give the training, they did not like us and ignored us... tried to attack our vehicle and blocked the road.’* Some parents recognised that there was considerable community reluctance to engage in the programme, partly because the problems they are facing are multidimensional and partly because government and non-governmental organisations (NGOs) have previously promised but failed to deliver on positive change. As one father explained:

*We have sets of multiple problems. We have problem of health, education, agriculture, roads and other problems. The government is not ready to solve our problems. People from the woreda [district] government gathered us for a meeting but they do nothing at last. We were even refusing to come when you called us today. Because we have lost hope.*

Given these community attitudes, mentors noted that they were especially reluctant to discuss the negative consequences of child marriage and the *absuma* marriage system as part of the curriculum because they were concerned about potential backlash.

Second, challenges in registering adolescents to participate in the programme have also had multiple spillover effects, given targets that at least locally were understood to be fixed. On account of Afar’s sparsely populated communities, it was difficult to find enough adolescents of the target age to register. This led to both over-age and under-age children being enrolled to meet the programme headcount. As one mentor explained:

*When we went to [the community] I was told that 25 children aged 10–13 would be assigned for my session. However, when we went there for the first time, we couldn’t find such number of children in the village I was assigned to train in. Then after discussing with [the supervisor], we also accepted children aged 9–16, and even then we couldn’t get enough children.*

 It is not something that we knew before. If we are not provided with the education on a daily basis, you tend to forget what you have learned.

(A 13-year-old girl)

However, older and younger adolescents have different needs, and may not be comfortable taking classes together across age cohorts, which in turn may affect programme participation.

Third, in terms of logistics, mentors complained that the days when they visited the communities were very long and that they had insufficient food and water, compounding already difficult journeys to remote villages (in some cases four hours’ by car). Moreover, long distances often meant that the mentors arrived late at the treatment communities, and because of livestock herding responsibilities, adolescent participants who had gathered had often dispersed again and were difficult to remobilise for the classes. *‘Only few children attend sessions... We ourselves gather the trainees wandering through the bush and in the rain with our driver... We have merged eight groups into four. We even get three or four children in a group that should contain 25 children. It is very painful to get only three children after travelling that long distance.’* One mentor noted that irregular attendance also affected coordination with local community leaders: *‘There was no strong coordination between the kebele leaders and our team because of the inconsistency of our work. They [kebele leaders] were not informed when we would visit the community.’*

Finally, these challenges were in turn exacerbated by infrequent visits by the mentors to communities due to limited transportation options as well as ongoing security risks (on account of clan and ethnic tensions in the area during the programme implementation period), which meant that it was difficult for mentors to build on previous curriculum content and sustain participant interest. As one 13-year-old female participant explained: *‘It is not something that we knew before. If we are not provided with the education on a daily basis, you tend to forget what you have learned if it is just a weekly basis and these classes are infrequent.’* Combined, these challenges also led to considerable turnover of mentors, with increased workload for those who remained.

## 6 Conclusions and implications for future programming

Our findings on the short-term impacts of AWH-E in Afar suggest some positive but limited impacts on adolescent girls' well-being and also on boys' gendered attitudes. Given the complexities of implementing programming for adolescent girls in these remote communities with considerable levels of mobility based on seasonal migration, the learnings from this pilot project offer rich insights that can be built upon to strengthen interventions in line with the global commitment to 'leave no one behind'.

With investments in adapting the curriculum and teaching approaches to the pastoralist context, Afar cultural traditions and gender norms, and adolescents' educational capacities, these short-run evaluation results suggest that these initial positive impacts could be further leveraged to achieve more sustainable change. AWH-E is also having a positive impact on the lives of the youth mentors involved in the programme, which could be enhanced with more attention to addressing logistical and communication challenges. However, programme impacts on parents and the wider community remain muted; further investment is needed if the broader environment in which girls interact is to become more adolescent- and gender-friendly. Our findings point to the following implications for future programming.

### 1 Strengthening impacts for girls

- Girls are gaining some knowledge of menstruation and SRH issues but there are still considerable gaps and they would benefit from more in-depth sessions on these topics.
- Field trips to local service providers offer valuable learning opportunities in other regions and could be integrated into the curricular in Afar – for example visits to health centres, market places, police and justice offices – so as to enhance the knowledge and agency of adolescent girls to seek such services.
- Knowledge on how to report cases of sexual violence appears very limited, but GAGE qualitative evidence highlights that there are significant risks of sexual and gender-based violence, including in the context of the sadah cultural dance in Zone 5 and intimate partner violence faced by married girls; necessitating broader efforts to address this.

- Messaging around child marriage needs to be carefully tailored to local norms and the practice of absuma marriage and also to the local practice of FGM/C, including countering the framing of change to 'sunna' type as the elimination of FGM/C.

### 2 Improving impacts for boys

- Programmes need to be more inclusive of boys and their gendered needs, including pressures to be involved in local clan conflicts).
- There is a need to identify community role models who can support the uptake of gender norm change messaging that the programme curriculum is promoting, especially as mentors are often not resident in local communities.

### 3 Enhancing engagement with parents

- Asset or cash transfers may be needed to engage parents actively in the programme given the multiple challenges facing local communities and a history of under-delivery by government in Afar and in Zone 5 in particular.
- Programming targeting mothers needs to be focused on strengthening communication with their adolescent children rather than on obedience.
- Fathers need to be more proactively engaged, including by scheduling sessions at times that fit around their livelihood responsibilities, and by providing content that seeks to address their concerns about both their sons and daughters.

### 4 Building on positive outcomes for mentors

- Programme outcomes should explicitly include mentors' experiences, given the potential for this role to empower older adolescent girls and young women from local communities.
- It is essential to get buy-in from clan and community leaders about the role of mentors, and also the approach to merit-based mentor selection, given some clan sensitivities.
- Mentors need adequate logistical support (including food and water during long field trips) and arrangements made for possible safe overnight stays where necessary, given long distances from the district town to remote treatment communities.



- The training programme for mentors also needs to consider the literacy levels of mentors themselves as well as those of programme participants so that key concepts can be explained in jargon-free, easily accessible ways.

## 5 Investing in an adaptive programming approach to shift community-level gender norms

- To shift gender norms, community engagement needs long-term adaptive investments and close linkages with clan and religious leaders, to tackle discriminatory gender norms and practices (especially related to absuma marriage and FGM/C) and promote messaging around gender equality and the importance of girls' and women's empowerment.

- Multi-pronged investments with community leaders and service providers are needed to tackle the risks of child marriage and FGM/C, and to raise awareness about girls' rights, about reporting and options for redress.
- Investments in local language media (especially via radio programmes) that advocate for girls' rights, women's empowerment and the elimination of gender-based violence and harmful traditional practices including child marriage and FGM/C.



Adolescent boy in Afar Nathalie Bertrams / GAGE

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**Appendix Table 1a: Quantitative research sample in Afar at baseline, 20 communities n=518**

Panel A: Household level variables				
	AWH-E	Control		
HH size	6.020	6.320		
HH head literate	0.078	0.053		
HH currently receives PSNP benefits	0.347	0.398		
Pastoralist HH	0.877	0.981		
Panel B: Individual level variables				
	AWH-E (n=258)		Control (n=260)	
	Girls	Boys	Girls	Boys
Age	10.789	10.833	10.952	10.762
Enrolled in school during most recent session	0.650	0.635	0.713	0.536
Did not miss a week of school in the past year (among enrolled)	0.763	0.704	0.656	0.756
Has not experienced or witnessed HH violence in last 12 months	0.650	0.650	0.650	0.650
Has an adult s(he) trusts	0.480	0.467	0.464	0.337

**Appendix Table 1b: Qualitative research sample in Afar region**

AWH site	AWH-E Arm type	Number of interviews and participants													
		Participants		Non-participants		Focus group discussions (FGDs)_ AWH adolescents		FGDs_AWH-E parents and community leaders		AWH-E mentors key informant interviews (KIs)		Service providers KIs		District-level bureau KIs	
		Nodal girls (in-depth interview) (IDI)	Nodal boys (IDI)	Nodal girls (IDI)	Nodal boys (IDI)	No of interviews	No of participants	No of interviews	No of participants	No of interviews	No of participants	No of interviews	No of participants	No of interviews	No of participants
1	Full	6	7	5	5-	2	12	5	36	5	7	2	3	5	7
2	Control	-	-	9	7	-	-	2	12	-	-	-	-		
Totals		6	7	14	12	2	12	7	48	5	7	2	3	5	7
		51 adolescents						48 parents		7 mentors		10 key informants			



GAGE Programme Office  
Overseas Development Institute  
203 Blackfriars Road  
London SE1 8NJ  
United Kingdom  
Email: [gage@odi.org.uk](mailto:gage@odi.org.uk)  
Web: [www.gage.odi.org](http://www.gage.odi.org)

## About GAGE

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

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