

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

Oromia case study

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April 2021

Acknowledgements

The research team gratefully acknowledge the role of the GAGE Ethiopia qualitative research team during the data collection and debriefing processes. Tsinu Amdeselassie, Guday Emirie, Yitagesu Gebeyehu, Kiya Gezahegne, Meti Kebede, Kassahun Tilahun, Fitsum Workneh, Rosa Asres, Bizuayehu Ayele, Ayisha Hamid, Fatuma Nur, Seada Abubeker and Mohammed Yasin. We are also grateful to the GAGE qualitative data transcribers and translators.

In addition, we want to give our recognition to all the GAGE respondents who provided valuable data and insights during the data collection.

We also wish to thank the Laterite Ethiopia team for all their efforts during the survey data collection process.

We are grateful to the support of the Pathfinder and Care Ethiopia teams, especially Dr Abiy Heruy and Serkadis Admasu in Ethiopia and Tricia Petruney, Rachel Rifkin and Courtney Boudreau.

We also acknowledge the collaboration with colleagues at the BMGF especially Laura Hahn and Priya Nanda as the funders of the Act with Her Ethiopia programme.

We would also like to thank Kathryn O'Neill for her editorial support, Anna Andreoli for formatting the report and Ottavia Pasta for designing the infographics included. Thanks also to Caroline Spencer and Ajla Nebi for ongoing operational support

Finally the authors gratefully acknowledge the funding support from UK Aid and in particular the ongoing support of Valerie Roberts, Senior Social Development Advisor.

Suggested citation:

Baird, S., Dutton, R., Hamory, J., Iyasu, A., Jones, N., Presler-Marshall, E. and Yadete, W. (2021) *Transforming gender norms through life-skills programming in rural Ethiopia: short-term impacts and emerging lessons for adaptive programming. Oromia case study*. Report. London: Gender and Adolescence: Global Evidence.

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1 Life skills and gender-transformative programming for adolescents

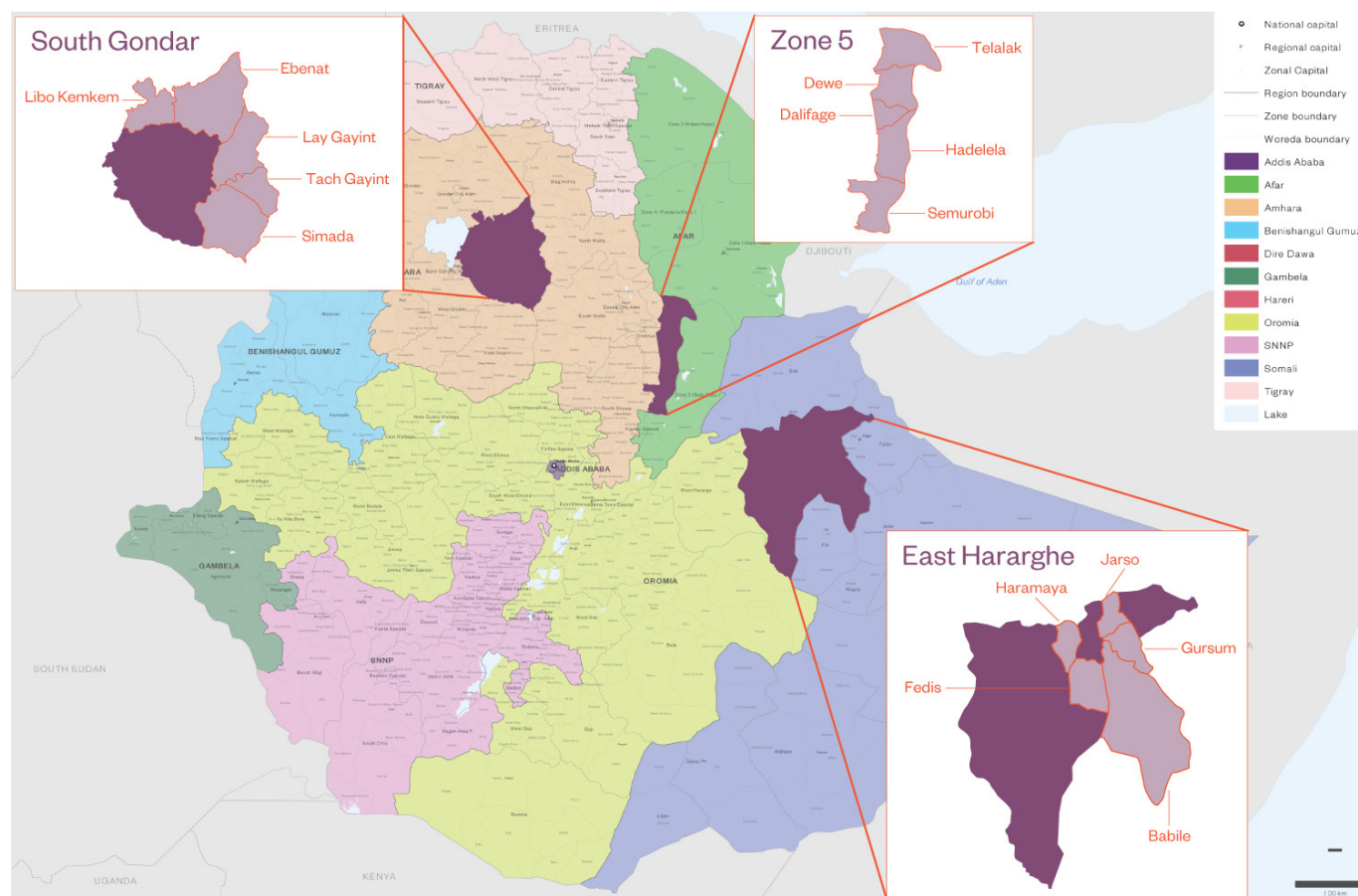
Life-skills programmes for adolescents generally seek to build skills and behaviours that facilitate communication, decision-making, emotion management, relationship development and overall success in life. By either supplementing formal education or providing much-needed opportunities for out-of-school 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

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.

the subject of future work. The Gender and Adolescence: Global Evidence (GAGE) programme is carrying out a 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 East Hararghe in Oromia region.

2 Ethiopian context and overview of 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.

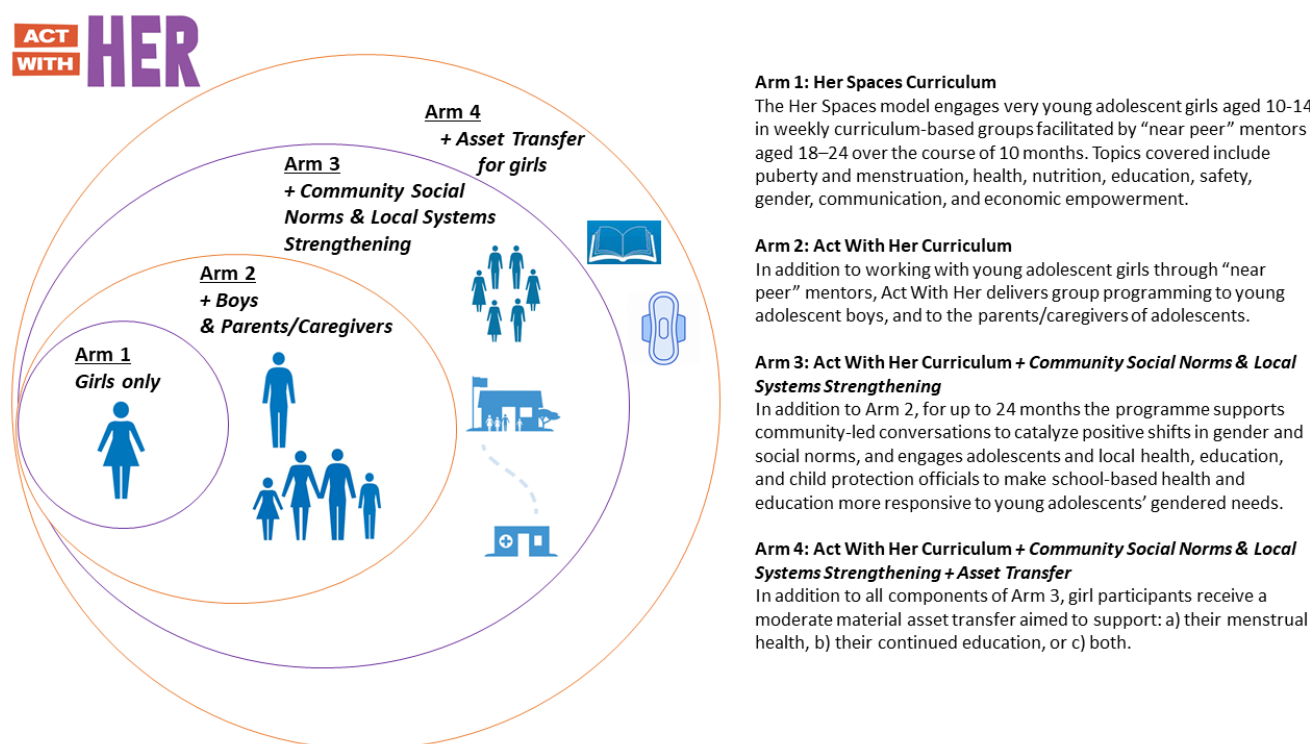
Within this context, AWH-E is designed to contribute to the health, educational and social foundations that adolescent girls and boys need to thrive and navigate healthy transitions to adulthood. The life-skills club format provides structured and safe educational spaces grounded in a defined curriculum 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.

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 Act With Her-Ethiopia

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. In Oromia,

Figure 2: Intervention arms



<https://www.pathfinder.org/projects/act-with-her/>

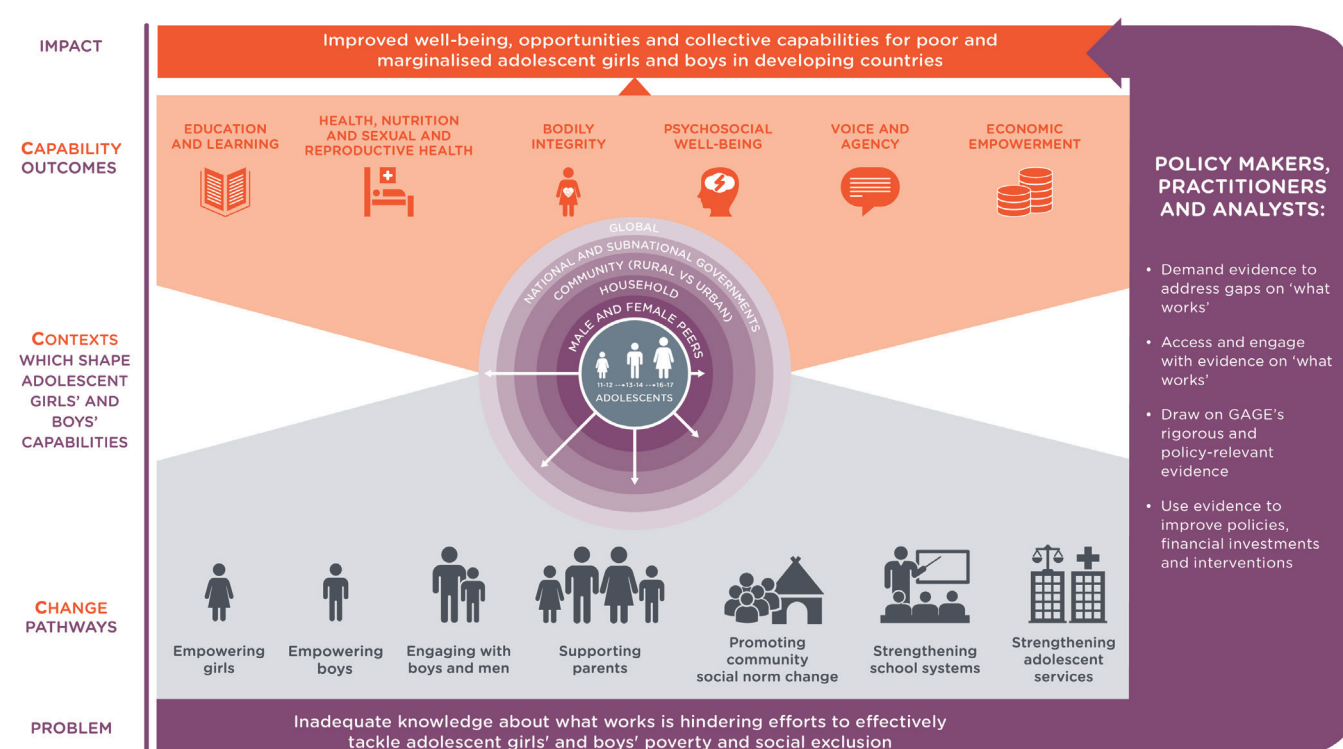
communities were randomised into five evaluation arms (see Figure 2): (a) Her Spaces programming involving a life skills curriculum with girls only (arm 1); (b) AWH-E programming (including boys + girls life skills curricula, and parents meetings) (arm 1); (c) AWH-E programming (girls + boys life-skills curricula, parent meetings, plus community-level social norms and systems strengthening) (arm 2) (d) AWH-E programming with asset transfers for girls (arm 4); and (e) a control group (no intervention). Once community groups had been assigned, Care 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 find 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.

Further details of the sample are presented in Appendix Table 1a. 98% of contacted adolescents expressed interest in participating in AWH-E programming (among the 91% 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

Figure 3: GAGE conceptual framework



Source: GAGE consortium, 2019.

well. 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 details of the research sample in Oromia.

It is worth noting that programming was still ongoing when the midline data was collected. In Oromia, all adolescent and parents' groups were completed and the asset transfer had been distributed. The community-level work, however, was only about 25% complete. It is also important to highlight that during the programme implementation period there was ongoing political unrest and security challenges and that programming, especially programme supervision, was partially disrupted as a result of this.

4 Overview of girls' situation in Oromia

Adolescent girls in Oromia have seen far less progress in recent years than those in some other regions of the country, including Amhara. In Oromia, fewer than two-thirds (64%) of girls enrol in upper primary school (grades 4–8)¹ and just over one-third (36%) enrol in lower secondary school (grades 9–10) (Ministry of Education, 2019). In addition, while gender parity has been reached in Amhara, in Oromia only three girls are enrolled in school for every four boys (ibid.). For a discussion on the underlying dynamics of these gender gaps please see Presler-Marshall et al., 2021.

Girls' continued vulnerability is also reflected in marriage patterning. The median age at first marriage in Oromia is effectively unchanged from 2005 to 2016. Among adult women aged 20–49,² they married, on average, just after their 17th birthday (CSA and IOF, 2016). Indeed, GAGE's research in East Hararghe suggests not only stasis on age at first marriage, but backsliding. Our midline survey found that 50% of girls were married before

¹ Schools in Ethiopia have recently been reorganised, with primary school now grades 1–6, lower secondary school now grades 7–8, and upper secondary school now grades 9–12. Enrolment figures reflecting this reorganisation are not available.

² Due to sample sizes, the DHS does not allow for simultaneous focus on region and age.

age 18 and that even young adolescent girls are ‘choosing’ to drop out of school to marry. A key informant with the Women’s Association explained, *‘It is now that they get married early. We used to get married after we grow up, like at the age of 18. But now they get married at the age of 12 or 13’* (for more details see Presler-Marshall et al., 2020a).

Unlike their peers in Amhara, married girls in Oromia also have little access to contraception, due to regional concerns that it is forbidden by religion (Presler-Marshall et al., 2020b). The most recent Ethiopia Demographic and Health Survey (DHS) reports that only 28% of married women are using a family planning method (CSA and ICF, 2016). Progress towards reducing female genital mutilation/cutting (FGM/C) in Oromia has been mixed. The DHS reports that between 2005 and 2016, the percentage of women over the age of 15³ who had been cut declined from 87% to 76% (ibid.). GAGE’s research, on the other hand, has found that the practice is either re-emerging or moving underground, to thwart the efforts of local officials to eradicate it (Presler-Marshall et al., 2020a).

5 Findings on initial impacts of AWH-E programming

Given the level of ambition of AWH-E programming, the fact that the systems strengthening components were not complete, as well as the complex environments in which the programme is being implemented, it is not surprising that the findings after just a year of implementation present a mixed picture. Here, we discuss the findings in Oromia on changes in adolescents’ knowledge, attitudes and behaviours.

As the systems strengthening work was still ongoing, we largely focus our discussion on comparisons between the control communities, Her Spaces communities (arm 1), and AWH-E communities (arms 2 and 3) (combining those in the curriculum-only and community-level social norms and systems strengthening arms). The combined impact of these two arms is what we refer to as AWH-E throughout the rest of this document. We discuss the role of the asset transfers as a stand-alone discussion in the text.

Effects on girls’ knowledge

Participation in both the Her Spaces and AWH-E programmes has had mixed effects on girls’ knowledge.

It is now that they get married early. We used to get married after we grow up, like at the age of 18. But now they get married at the age of 12 or 13.

(A key informant with the Women’s Association)

The quantitative findings show an overall increase in knowledge in both the Her Spaces communities (increase in knowledge of 0.285 standard deviation) and the AWH-E communities (increase in knowledge of 0.366 standard deviations) compared to the control. This increase in the index is driven by increases in specific areas, particularly around violence and menstruation.

Girls in the Her Spaces communities are 44.2% more likely than those in the control communities to know where to get help for violence-related issues, with positive but insignificant impacts in AWH-E communities. We also find significant improvements for boys in both AWH-E and Her Spaces communities. This is supported by the qualitative data, which shows that there has been good learning about sexual violence – both in terms of girls and parents identifying sexual violence as violence, as well as in girls learning how to protect themselves and how to report violence. However, this effect was stronger among participants in the Her Spaces arm, who highlighted the impact of the visits to local services. An 11-year-old girl explained that her knowledge had been deepened as a result: *‘We visited a police station as part of the education’*. It also suggests that there are positive spill-over effects from the programming for girls, onto their male peers, through conversations with brothers at home and with male class mates at school.

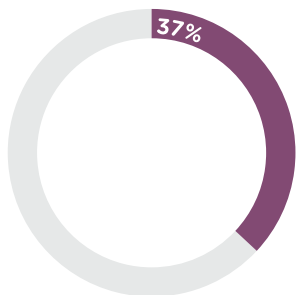
Findings suggest that Her Spaces and AWH-E are also helping to prepare girls for menarche by improving knowledge and normalising menstruation. Among the AWH-E communities compared to the control, the quantitative data shows a 30.8% increase in knowledge of menstruation frequency and a 15.2% increase in knowledge that menarche signifies that a girl can become pregnant (with insignificant but similar magnitude coefficients in Her Spaces communities). Moreover, for the subset of girls who had reached menarche, the findings show significant improvements in menstrual hygiene and management. The quantitative data also finds strong improvements in boys’ knowledge around the fact that menstruation signifies that

³ In Oromia, girls are cut during adolescence rather than childhood, so the proportion of girls who have been cut does not accurately reflect the proportion of girls at risk of being cut.

Girls in Oromia

Effects on voice and agency

↑ Positive effects:



37% more likely to feel comfortable talking with elders



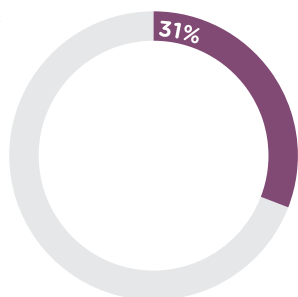
Effects on knowledge

↑ Positive effects:

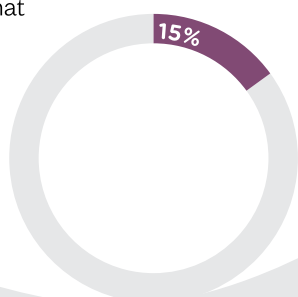
- 2.5 times more likely to be aware of FGM/C risks



- 31% increase in knowledge of menstruation frequency



- 15% increase in knowledge that menarche signifies that a girl can become pregnant



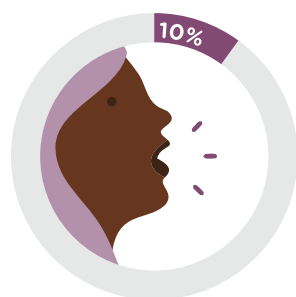
→ No effects:

- No effects on knowledge of age of marriage for girls or boys
- No effects on knowledge of negotiation skills



Effects on gender attitudes

↓ Negative effects:



Girls in AWH-E communities are 10% more likely to agree with the statement that 'girls should avoid raising their voice'



Girls in AWH-E communities are 15% more likely to agree that a 'man using violence is a private matter'




pregnancy can occur, among both AWH-E communities (21.5% increase) and Her Spaces communities (24.0%) compared to the control. The qualitative data similarly found that both girls and boys evidence good knowledge of pubertal changes, including those related to behavioural shifts and risk-taking. As a 13-year-old boy explained:

Individuals at puberty stage may become impulse-driven and may drop out from school even because of the new behaviour they develop. Adolescents at this stage turn wild, disobedient and they begin to stay out at night. Thus, they need to remain calm and in school [rather] than driven by impulse. We learnt that we should protect ourselves from misbehaviour at this stage of development.

In the case of Her Spaces, a combination of spill-over conversations with male relatives and peers and the visibility of the service visits organised to enrich the programme help to account for this positive change.

Girls also noted that they were receiving practical lessons on how to manage menstruation, and some mothers and girls noted that the lessons were resulting in less shame and stigma associated with menstruation. As a 12-year-old girl noted: 'Thanks to the education, we don't feel shame about it now.'

However, the effects on girls' knowledge in other domains appear mixed. In the case of sexual and reproductive health knowledge, qualitative data shows that while there were important gains related to menstrual health, adolescents also reported considerable misinformation, that was either a result of inadequate explanations during the curriculum sessions on SRH issues or residual misunderstandings. There was not a marked difference between Her Spaces and Act With Her-Ethiopia sites. One 12-year-old girl noted for example: 'We have become aware that we should take care of our reproductive organs, and not swim in the same places where males swim when we have our periods', while an 11-year-old girl reported inaccurate information around conception: 'If a girl wears pants of a male person and if there is sperm on [those] pants [then] that girl can become pregnant'. Some of the messaging used by the interventions appears to be aimed at controlling adolescents' behaviour rather than providing accurate information, possibly reflecting gender norms that the mentors have internalised. For example, one 14-year-old girl noted: '[We have learnt] not to hang out with males on the days one is seeing her period... They told us that the bleeding increases if we don't stop doing that. We haven't asked them for more explanation on this.' While the volume

 [In the past] I would share the secret of a friend of mine with others. Now, however, I don't do so. I manage to keep the secret of each of my friends only with me.

(A 13-year-old girl)

of misinformation was more pronounced among girls, boys also reported some inaccurate or partial information. For instance, a 13-year-old boy explained that, *'The educators teach that adolescents shouldn't begin to have sexual intercourse before getting married... He taught us that our life span will decrease otherwise.'*

In terms of the lesson content around child marriage, this appears not to have resonated, with the quantitative data finding null effects on knowledge around age at marriage for girls or boys. Moreover, findings show that girls in AWH-E communities have a significantly lower ideal marriage age. The qualitative data highlights that this is largely because sessions are not discussing the realities of local marriage practices, which tend to be linked to participation in the local adolescent-only shegoye dance, and thus tend to be adolescent-led rather than arranged. As a 13-year-old boy participating in AWH-E noted: *'The learners listen to the education when they attend it. They forget it when they go out of the education session. They put it aside when they meet male adolescents.'* Community leaders involved in the programme also appeared unconvinced by the messaging around the legal prohibition on marriage before 18 years. A number of respondents emphasised that they were tackling child marriage in their community by discouraging marriage at an early age, which they defined as according to the girl's physical appearance. As one religious leader put it, *'We allow it [marriage] only after she starts to grow breasts'*, rather than being associated with a girl's chronological age.

The quantitative data shows large and significant increases in the knowledge that FGM/C has risks for girls, with rates of 15.7% in control communities compared to 33.7% in Her Spaces communities and 39.5% in AWH-E communities. Qualitative data suggests that this knowledge increase was related to progress in terms of openness to a shift in the type of FGM/C rather than its elimination. A participant in a focus group discussion with community leaders involved in the AWH-E programme, for example, noted: *'We try to convince them that Sharia doesn't require that much... We teach them that the law*

requires only small removal of the clitoris. It doesn't require total removal of the clitoris like people practice it.'

Finally, a minority of adolescents in the qualitative data discussed that the programme was improving their knowledge about how to forge better peer relationships. A 13-year-old girl noted that she had learnt about the importance of keeping friends' personal issues confidential: *'[In the past] I would share the secret of a friend of mine with others. Now, however, I don't do so. I manage to keep the secret of each of my friends only with me.'* A 12-year-old boy recalled that they had discussed, in the sessions, the need to carefully choose one's friends: *'Having good friends helps to have a productive life.'*

The mixed effects on girls' knowledge in East Hararghe may also partly reflect patchy delivery of life-skills lessons in some communities on account of relatively high turnover of mentors and supervisors, combined with uneven attendance by adolescents. In contrast to our findings from other regions, a number of adolescents noted that mentors did not always turn up at the scheduled times. As a 13-year-old girl explained, *'The supervisor was replaced... unfortunately she only came to this area one time. She hasn't visited and talked to the learners... She said she would send us additional learning materials and left. But she hasn't come back.'* In terms of uneven attendance at sessions, a 14-year-old girl in one community noted that *'Just some of them attend it. Like 10 or 8 or 9 or 12 or 13 learners attend it on a day. It may be as high as 17 sometimes. Not more than this attend though.'*

Effects on girls' voice and parent-adolescent communication

Quantitative findings show a significant increase in the overall index of voice and agency in AWH-E communities (0.238 standard deviations), with a positive but insignificant coefficient in Her Spaces communities. This result seems largely driven by an increase in feeling comfortable talking to elders (increase of 37.1% in AWH-E communities) and in an overall index of voice in both treatment communities, which includes parents asking adolescents for their opinion (AWH-E only), friends asking for advice, and adolescents being able to speak up if they see something that is wrong or if someone is hurt.

This is partially reflected in the qualitative data, where one 12-year-old girl explained that her parents were pleased that she was having an opportunity to expand her learning: *'I tell my father in the farm fields for he stays there*

most of the time. I also share it with my mother. They feel very happy when I give them the explanation. I share with them what I learn in the Act With Her programme and they feel excited.'

That said, in the qualitative data, many adolescents noted that their parents were not engaged with the programme content because they face multiple time pressures. Quantitative data also suggests no significant impacts on primary female caregivers. Mothers in particular noted that even if they attended sessions, they often lacked the wherewithal to focus on the content and then apply it in their daily lives. As one mother explained:

Our mind is preoccupied with our household roles and responsibilities. We give it just slight attention as a result. We may not have somebody to look after livestock, for example. To speak frankly, my attention is always with my household's conditions, not on the education provided in the sessions. My mind hasn't been open enough for the education for this reason despite the efforts of the educators.

While our mixed methods findings show that both Her Spaces and AWH-E are having a positive impact on girls' voice and agency, focus groups with parents tended to frame learning more in terms of needing to better monitor and control their children – including their school attendance and having time for studying after school – rather than on how to support adolescents' decision-making within the family and community.

Effects on gender attitudes

The quantitative findings show no significant overall impact for girls on an index of gender-equitable attitudes,⁴ index of gender consciousness, or on knowledge measures related to gender (e.g. boys are not biologically smarter than girls; gender roles can change).⁵ Moreover, our findings suggest some strong negative impacts on sub-components, particularly in the AWH-E communities. Of particular note, girls in AWH-E communities are much less likely to disagree that 'girls should avoid raising their voice'

(18.7% in AWH-E communities versus 28.8% among the control), less likely to disagree that 'women should obey her husband' (7.2% versus 12.5%), less likely to agree that it is 'possible to change people's reaction to my gender' (25.6% versus 34.6%) and less likely to disagree that 'a man using violence is a private matter' (27.4% versus 38.8%).

For boys, we similarly find a worsening of gender attitudes in AWH-E communities. Boys score 0.227 standard deviations lower on the index of gender-equitable attitudes, largely stemming from a sub-index on gender stereotypical traits. For example, boys in AWH-E communities are less likely to disagree that 'boys who behave like girls are weak' (45.3% versus 54.6% among control communities) and less likely to disagree that 'boys should defend themselves' (14.7% versus 22.2%). Moreover, boys in AWH-E communities are significantly less likely to agree that 'boys are not biologically smarter' (43.6% versus 55.1%).

This also resonates with the qualitative findings, with most boys noting that while they understood the messaging on the gender division of labour in the household, they were not going to change their behaviour. This appears to be, in part, because mothers are not assigning boys work traditionally thought of as 'girls' work' and are instead supporting girls to combine domestic responsibilities with education.

These mixed findings may partially stem from measurement methods, as gender attitudes are challenging to measure, particularly quantitatively. They may also reflect the fact that gender attitudes take considerable time to change, and thus perhaps the longer-term findings will paint a clearer picture. That said, these findings perhaps suggest that the programming made the pervasive gendered norms more salient to these adolescents.


Effects on girls' education and learning

Quantitative data shows that only 59% of girls in the control and intervention sites in Oromia were enrolled in school at midline – a much lower rate than that seen in Amhara,

4 The index of gender equitable attitudes consists of three components: The Global Early Adolescents Study's (GEAS's) 8-component Index of Gender Stereotypical Traits, an adapted eight-point version of GEAS's Index on Gender Stereotypical Roles, and GEAS's 5-component Index of Adolescent Relationship Expectations (WHO, 2021). For more details on the GEAS study, see geastudy.org.

5 Questions included the following:

- 1 Families should control their daughter's behavior more than their sons.
- 2 I'm very aware of peoples relations to my being a girl.
- 3 I think about how boys and girls' roles differ from each other's.
- 4 I think it is possible to change how people react to my being a girl/. Agrees with 'Out culture makes it harder for girls to achieve their goals than boys'.

 I used to go to the river, collect firewood and go to the mill house... the workload has decreased now. I have some time to study.

(A 13-year-old girl)

where almost all girls were enrolled. Still, we see no impact of Her Spaces or AWH-E on girls' education and learning (although coefficients are positive across all outcomes) outside of the specific knowledge domains covered in the AWH-E curriculum, which were outlined earlier. The quantitative data also finds no significant shifts in time use. Qualitative data, however, found that some boys and girls reported on improvements in girls' interest in education, school attendance and time for study as a result of participation in the programme. Girls and mothers both spoke of girls' increased time for learning as a result of messaging from AWH-E – which is improving girls' motivation. A 13-year-old girl participating in AWH-E noted: *'I used to go to the river, collect firewood and go to the mill house... the workload has decreased now. I have some time to study.'* However, focus group discussions with mothers also underscored that the shift is largely due to mothers taking on more of the household work, rather than a shift in the gender division of labour in the household. Boys spoke of encouraging their sisters to learn and, in some cases, beating them if they missed school – similarly reflecting progress in shifting norms around the value of girls' education but not in girls' (and boys') rights more broadly.

Qualitative data found that AWH-E mentors are encouraging girls to consider non-agricultural futures, for which they need a formal education. As one 12-year-old girl explained:

They educated us that we will be able to become a doctor, health extension worker, veterinarian, teacher and others... There has been a belief that females cannot be successful in education. They [the AWH-E facilitators] educated us that this belief is erroneous and educated us to study hard to attain achievements.

A mother similarly explained: *'We have seen changes because of the [AWH-E] education programme. For example, my daughter dropped out from 5th grade previously, explaining that she lost interest. Now, she has got back to school after attending the education programme.'* Key informants echoed that the programme is encouraging parents to invest in education and send

their children more regularly to school. As a health extension worker noted: *'Parents understood that what they are learning is beneficial and they are sending their children, both boys and girls, to school.'*

Effects on economic empowerment

The quantitative and qualitative findings indicate that the programme in East Hararghe is having minimal impact on adolescents' economic empowerment. There is no positive impact on any of the economic behaviour measures in the quantitative survey. A strong cash economy – especially related to *khat* [a stimulant leaf that is widely consumed in the area] production – is already serving to pull adolescents out of school and into the labour market, and reduces the demand for income-generating activities initiated by the programme. Adolescents did not report beginning or improving savings habits. Only a few mothers discussed savings; they referred to messaging in parenting sessions related to using savings to support their children's education. One mother explained the impact as follows: *'We did not know about saving previously. But we get education about saving. So we are happy with the education that we get about saving.'* This finding is reflected in the quantitative data, with adolescents in AWH-E communities 13.8% more likely to report knowing where to keep money compared to adolescents in control communities.

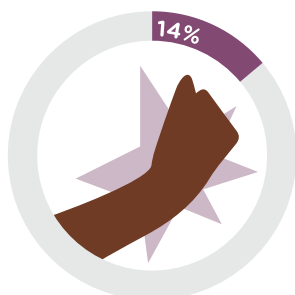
Effects of asset transfer arm

Of the different programme arms, the arm that included the asset transfer component (arm 4) – a package of menstrual hygiene and/or school supplies valued at \$74 per girl – exhibits the most varied impacts on adolescent well-being. The vast majority of girls chose to receive the education package, including a backpack, writing utensils, exercise books, and the like. The quantitative data shows similar positive and significant impacts on the index of knowledge and the index of voice and agency as seen in the other AWH-E communities. In the qualitative data, while the school package was seen as motivational by the girls and their families who received them, overall the effect within the asset transfer arm and across communities appeared to foment discord. Many adolescents and parents explained that while they had initially welcomed the initiative, when they learnt that adolescents in other communities were getting material benefits they felt resentful and demotivated. For example, a 12-year-old

Boys in Oromia

Effects on knowledge

↑ Positive effects:

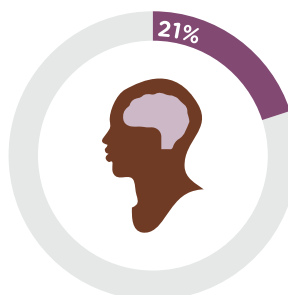


14% more likely to know of a place to go for help from violence



38% more likely to know that FGM/C has risks

↓ Negative effects:



21% less likely to believe that boys are not biologically smarter

→ No effects:

- No change in knowing that gender roles can be changed

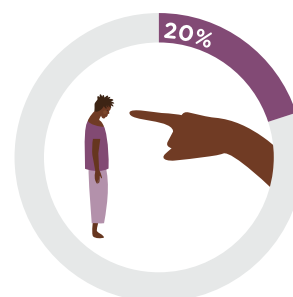


Effects on gendered traits

↓ Negative effects:




Boys in AWH-E communities are 5% more likely to agree that 'woman should obey her husband'



Boys in AWH-E communities are 20% more likely to agree that 'boys who behave like girls are weak'



 [T]hey are giving us false promises to give us a solar lamp and 300 birr and school bag. We wait for a long time then we stop attending the session, they are cheating us.

(A 13-year-old girl)

explained that knowledge of the asset transfers had discouraged her and her peers: *'We heard that learners of the programme in other kebeles have been provided with solar lamps. Our friends are complaining that such material support hasn't been provided to us.'* Some adolescents noted that in response to these complaints, mentors sometimes sought to reassure participants that their turn to receive the asset transfer would come, but this was an over-promise and inaccurate. As a 13-year-old girl explained: *'It has no benefit, they are giving us false promises to give us a solar lamp and 300 birr and school bag. We wait for a long time then we stop attending the session, they are cheating us.'* That said, primary female caregivers in communities that received the asset transfer were significantly more likely to reduce girls' domestic chores so that they could attend school, perhaps reflecting the signalling of the asset transfer of the importance of education.

Boys – and their fathers – were especially resentful about the targeting of assets towards girls only, and reported that they lost interest in the programme as a result. As one 14-year-old boy commented: *'They told us that a bag and solars will be provided to you. Then all students started to come. Then they promised that they will give us next time. But they didn't. So students dropped out. They lost interest. They stated that they are lying to us.'*

Interestingly, boys in the asset arm did show significant improvement on an index of gender consciousness (0.306 standard deviations), with no impact in other AWH-E communities. This finding could suggest that in these communities some of the disadvantages girls' face were more clearly communicated to boys to help explain the reasons the girls were getting the assets and the boys were not. For example, they are significantly more likely to agree that 'our culture makes it harder for girls to achieve goals' (50.3% versus 37.2% among the control) and to agree that it is 'possible to change people's reaction to my gender' (35.2% versus 23.9%).

Effects on mentors (qualitative data only)

Qualitative findings suggest that mentors (from both AWH-E and Her Spaces) in East Hararghe have found

the experience to be mixed. Some were positive about the knowledge they had gained, especially about the importance of negotiating changes in the gendered division of labour within the household. For example, a female mentor noted that her relationship with her husband had become more egalitarian in some ways: *'For example, previously when we were saying men and women are equal, I was lonely working at home. But now he helps me. He washes his clothes. Though he does not wash my clothes, he washes his shirts. He helps with some activities.'*

However, youth mentors reported that the experience had been challenging overall, and that they would have liked greater support from supervisors, especially given resistance and backlash to the programme in some communities. This appeared to stem from insufficient orientation with parents about the purpose of the life-skills classes when the programme was launched. A male mentor who resigned from his role part way through the programme due to lack of acceptance by the community explained his experience as follows:

Our morale broke down. When we went and talked to children, they refused to accept us. When we talked to their families, our words did not get acceptance... I decided to quit from such work... This is because I was exerting my efforts but people did not recognise these efforts. Such work is not making us happy. This is because students are not properly attending the education we deliver, and there is high dropout.

Female mentors in particular highlighted that because of the content of the curriculum around sexual and reproductive health, they faced challenges in being accepted by the community as a source of reliable and legitimate information. These negative perceptions were echoed in some of the statements by adolescent girls. An 11-year-old AWH-E participant, for example, emphasised that: *'She teaches us about relationship between boys and girls... When adolescent girls see us, they said, "are you crazy that you attend education by prostitutes?" And they insult us saying prostitute.'* Another 12-year-old noted: *'Our peers say that, "You are attending the education of prostitutes". They tell us it is very bad education. They don't want to come close to us because of that. But we tell them that we will attend it even if you call it prostitutes' education. We even attend if you try to kill us.'*

One mentor emphasised the lack of supervision support available: *'A job should have inspection, when they come it encourages our morale. We can also solve*

the problems that we face when we interact in person. One area where mentors appeared to feel particularly under pressure, and which they were inadequately prepared to handle, was the backlash against the targeting of the asset transfer to girls only. One male mentor explained that the guidance he was given did not explain the rationale behind the targeting process and programme design, but was focused on ensuring regular attendance at sessions: *'They told us to convince them and our role is only to work on the teaching-learning process... The organisation that works on this is conducting research. They told us to convince them because of that.'* Other mentors complained of turnover among supervisors and fellow mentors, and that this compounded their sense of being poorly supported, especially given the broader context of political unrest and security concerns during implementation.

6 Conclusions and implications for future programming

Our findings on the short-term impacts of the Her Spaces and AWH-E programming in Oromia suggest that it is having some limited but positive impacts on adolescent girls' well-being. While these could be further leveraged to achieve more sustainable change, a range of implementation challenges will need to be addressed for the programme to live up to its potential. To have a more positive impact on the lives of the youth mentors involved, there needs to be more regular supervision and support, especially given high levels of community resistance and, in some cases, backlash, which mentors have not been trained to deal with. Impacts on boys, 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 on menstruation and sexual and reproductive health but there are still considerable knowledge gaps, and girls would benefit from more in-depth sessions.
- Messaging around the risks of child marriage and FGM/C needs to be adapted to local gender norms and practices, especially the practice of adolescent-led rather than arranged child marriages in East Hararghe.
- Field trips to local service providers offer valuable learning opportunities, as demonstrated by the

experiences of Her Spaces participants, and could be usefully integrated into the curriculum of AWH-E in future rounds.

- Targeting and messaging around asset transfers needs to be rethought, given the community backlash; it would appear important to provide assets to all programme participants to maximise impact and to highlight with parents/caregivers and participants, from the outset, that these assets are to incentivise enrolment and regular attendance at school, as well as the life-skills sessions.

2 Improving impacts for boys

- Because boys' uptake of key messages around gender attitudes and norms was limited, it is critical to provide more regular sessions and also to identify respected males in the community who can serve as champions for the messages around gender equality.
- Programmes need to be more inclusive of boys and their gendered needs, including the risks of khat addiction.

3 Enhancing engagement with parents

- Programming that targets mothers needs to focus on improving two-way communication with daughters rather than simply obedience.
- Fathers need to be more proactively engaged and sessions held at times they can attend, and programming should assist them to focus on the gendered needs of both their daughters and sons.

4 Providing more support and guidance for mentors

- Programme outcomes should explicitly include mentor growth and development.
- Mentors need to be supported so that they do not feel pressured to make inaccurate promises about future receipt of asset transfers – not just as a way to manage expectations but also so that participants are encouraged to engage with the life-skills content for its intrinsic value, rather than focusing on receipt of material assets alone.

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 active involvement

of religious leaders who are powerful influencers in rural communities, and more intensive sensitisation to ensure that messages around gender equality are context-tailored, internalised and go beyond 'sound bites'.

- Multi-pronged investments with community leaders and service providers are needed to tackle the sexual violence risks facing girls.
- Programme implementers should invest in enhancing access to local communities by government service providers and district officials (for instance, through investing in transportation) so that they can engage more regularly with communities and support norm change processes.

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Appendix Table 1a: Quantitative research sample in Oromia at baseline, 78 communities n=2068

Panel A: Household level variables										
	Her Spaces n=390 communities=14		AWH Curriculum Only n=385 communities=15		AWH n=383 communities=15		AWH & Asset Transfer n=389 communities=14		Control n=521 communities=20	
HH size	7.16		7.105		7.189		7.006		6.986	
HH head literate	0.263		0.331		0.321		0.315		0.263	
HH currently receives PSNP benefits	0.383		0.331		0.249		0.324		0.362	
Panel B: Individual level variables										
	Her Spaces n=390 communities=14		AWH Curriculum Only n=385 communities=15		AWH n=383 communities=15		AWH & Asset Transfer n=389 communities=14		Control n=521 communities=20	
	Girls n=224	Boys n=166	Girls n=220	Boys n=165	Girls n=218	Boys n=165	Girls n=224	Boys n=165	Girls n=301	Boys n=220
Age	11.049	10.906	10.908	10.929	10.860	10.826	10.808	10.807	10.835	10.995
Enrolled in school during most recent session	0.660	0.877	0.718	0.861	0.723	0.847	0.716	0.871	0.710	0.885
Reported having control over money in past 12 months	0.247	0.196	0.138	0.182	0.175	0.204	0.179	0.129	0.155	0.220
Has savings	0.006	0.000	0.000	0.015	0.006	0.000	0.000	0.000	0.004	0.011
Has not experienced or witnessed HH violence in last 12 months	0.259	0.261	0.231	0.219	0.300	0.294	0.332	0.272	0.282	0.238

Appendix Table 1b: Qualitative research sample Oromia region

No.	AWH site name / kebele*	AWH arm type	Number of interviews and participants													
			Participants		Non-participants		Focus group discussions (FGDs) AWH adolescents		FGDs AWH parents and community		AWH 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	J	Full	4	3	2	-	2	15	3	22	2	5	4	6	7	18
2	K	+Assets	-	2	7	1	2	15	3	21	1	4	1	4		
3	H	Curriculum	6	4	3	2	2	16	5	28	2	2	3	3		
4	L	Her Spaces	4	-	2	3	1	8	2	16	2	2	2	2		
5	I	Control	-	-	9	6	-	-	-	-	-	-	-	-		
Total			14	9	23	12	7	54	13	87	7	13	10	15	7	18
							112 adolescents		87 parents		13 mentors		33 key informants			

* The names of the communities have been anonymised to protect the privacy of study participants.



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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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This document is an output of the Gender and Adolescence: Global Evidence (GAGE) programme which is funded by UK aid from the UK government. However, views expressed and information contained within do not necessarily reflect the UK government's official policies and are not endorsed by the UK government, which accepts no responsibility for such views or information or for any reliance placed on them.

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ISBN: 978-1-913610-39-5

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