‘My morale has been broken’: Exploring Ethiopian adolescents’ psychosocial well-being

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Introduction

During the past decade, adolescence has been recognised as an ‘age of opportunity’ when children’s trajectories can be meaningfully altered to improve both their current and future outcomes (UNICEF, 2011; Steinberg, 2015). By capitalising on the physical, emotional and social growth that takes place during adolescence, research has shown that young people can be supported to transition into adulthood better equipped to adopt adult roles and responsibilities – and navigate both opportunities and risks more effectively (Dahl et al., 2018; Sheehan et al., 2017; Viner et al., 2015; Patton et al., 2012; WHO, 2014). Within this broad focus, adolescent mental health has increasingly moved centre stage as self-harm has become a top-five cause of death for young people aged 10–19, reflecting greater awareness that a significant proportion of adult mental ill-health has its roots in adolescence (UNICEF, 2021; WHO, 2020). Alongside this focus on adolescent mental health, there has been growing attention to the broad and complex concept of psychosocial well-being. This moves beyond the absence of mental illness to include the presence of positive feelings such as happiness and satisfaction with life, recognising that those feelings are engendered by internal factors (such as resilience and self-efficacy) and external factors (including supportive relationships with families and wider communities) (Lambert et al., 2020). Yet efforts to combine these research streams and explore what works to support adolescent psychosocial well-being remain nascent – especially in low- and middle-income country (LMIC) contexts such as Ethiopia (Jones et al., 2019b; Presler-Marshall and Stavropoulou, 2017).

This report synthesises findings from the Gender and Adolescence: Global Evidence (GAGE) programme’s midline data collection, which took place in late 2019/ early 2020 (prior to the pandemic and the conflict in Tigray), to explore patterns in Ethiopian adolescents’ psychosocial well-being. It is one in a series of reports on education and learning, health and nutrition, bodily integrity and freedom from violence, voice and agency, and economic empowerment. Paying careful attention to similarities and differences between groups of adolescents and youth with different characteristics – girls and boys, those living in cities versus those in rural areas, those living in different regions (Afar, Amhara and Oromia), and those who are especially vulnerable due to disability, child marriage or displacement – we investigate how young people’s personal and social resources interact to support their happiness and satisfaction with life.

Background

Recent research in Ethiopia and other sub-Saharan countries has found that adolescents are at high risk of mental ill health. Jörns-Presentati et al.’s (2021) synthesis of 37 recent studies addressing African adolescents’ mental health found that nearly 27% have symptoms of depression, 30% have symptoms of anxiety, 41% have emotional and behavioural problems, 22% have post-traumatic stress disorder (PTSD) and 21% show signs of suicidal ideation. The study also found that girls – who are more impacted by discrimination and violence (including child marriage) – tend to have higher rates of mental ill health than boys, especially internalising disorders (such as depression). Research with Ethiopian adolescents, albeit for a narrower set of outcomes, has found similar prevalence rates. Several studies, for example, have reported that approximately one-third of Ethiopian adolescents show symptoms of depression, and note that incidence and severity are related to parental neglect, violence, and perceived social support (Demoze et al., 2018; Girma et al., 2021; Tirfeneh and Srahbu, 2020). Evidence from the longitudinal Young Lives research programme has found that poverty and violence contribute to adolescents’ emotional distress and that access to education, employment and social support generally support well-being (Crivello et al., 2021; Tafere and Chuta 2020; Pankhurst et al., 2016; Chuta, 2014). GAGE’s baseline data suggests that restrictive gender norms also impact adolescents’ psychological well-being and self-esteem (Baird et al., 2019). Ethiopia has a National Mental Health Strategy, but no specific plan for addressing the mental health needs of children and adolescents (Meshesha and Johnson, 2021). Dedicated mental health providers are rare; there was only one child psychiatrist for the whole country as of 2017 (WHO, 2017). The government has plans to roll out a cadre of social workers. This will be modelled on the successful health extension programme, which has vastly improved people’s access to basic health care by providing training to local secondary school graduates (Assefa et al., 2019). However, progress is slow and a broader national strategy has yet to be launched.
Methods

This report draws on mixed-methods research undertaken from late 2019 to early 2020 (two years after the GAGE baseline but before the pandemic and the conflict in Tigray) as part of GAGE’s midline data collection in rural and urban sites in three regions of Ethiopia: Afar, Amhara and Oromia, as well as Dire Dawa city administration. Twelve rural communities (kebeles) were chosen – two in pastoralist Zone 5 (Afar), five in South Gondar (Amhara), and five in East Hararghe (Oromia) – for their combination of economic and social vulnerabilities (namely, areas with higher levels of food insecurity and high prevalence of child marriage). Their varying distances from the district town allows us to explore the relative importance of remoteness (distance to services and markets). The three urban settings in the sample – Batu (formerly known as Ziway) in East Shewa (Oromia), Debre Tabor in South Gondar (Amhara), and Dire Dawa city administration – are just as diverse. Their cultural and religious diversity, as well as differences in location, size and migration patterns, help to explain the different threats and opportunities around adolescents’ psychosocial well-being and their ability to access services and support. (See Figure 1 for a map of research sites.)

GAGE’s Ethiopian midline sample, which differs from our baseline sample (see Box 1), includes 7,526 successfully surveyed adolescents (out of a possible 8,556) as well as their caregivers. The quantitative sample was divided into two cohorts: younger adolescents (most aged 12–14 at midline) and older adolescents (most aged 17–19 at midline). See Table 1 for a breakdown of the quantitative sample. To ensure that the sample was consistently drawn from across sites and to minimise the risk of overlooking the most disadvantaged adolescents.

Table 1: GAGE midline quantitative sample

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Urban</th>
<th>South Gondar</th>
<th>East Hararghe</th>
<th>Zone 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>7526</td>
<td>1987</td>
<td>2482</td>
<td>2255</td>
<td>802</td>
</tr>
<tr>
<td>Male</td>
<td>3199</td>
<td>933</td>
<td>1005</td>
<td>933</td>
<td>328</td>
</tr>
<tr>
<td>Female</td>
<td>4327</td>
<td>1054</td>
<td>1477</td>
<td>1322</td>
<td>474</td>
</tr>
<tr>
<td>Old cohort</td>
<td>3207</td>
<td>1370</td>
<td>668</td>
<td>747</td>
<td>422</td>
</tr>
<tr>
<td>Young cohort</td>
<td>4319</td>
<td>617</td>
<td>1814</td>
<td>1508</td>
<td>380</td>
</tr>
<tr>
<td>Disability sample</td>
<td>581</td>
<td>200</td>
<td>143</td>
<td>204</td>
<td>34</td>
</tr>
<tr>
<td>Early marriage sample</td>
<td>1090</td>
<td>182</td>
<td>360</td>
<td>392</td>
<td>156</td>
</tr>
</tbody>
</table>

Figure 1: Research locations
Box 1: GAGE’s baseline and midline samples

Our Ethiopian sample changed between baseline and midline. The baseline sample did not include older cohort adolescents living in rural areas, though nearly 2,000 of these young people were added for midline. Because of this difference, the quantitative data presented in this report is cross-sectional midline data only. There will be a follow-up report on the longitudinal progress of the adolescents who were included in both baseline and midline.

As well as adding 2,000 new adolescents at midline, we lost 1,000 adolescents between baseline and midline to attrition. Preliminary analysis of those lost to midline follow-up shows that those lost to follow-up living in South Gondar and East Hararghe were disproportionately likely to have been out of school at baseline (6 percentage points). Those living in South Gondar who attrited were more likely to have been living in female-headed households (5 percentage points) and to be girls (2 percentage points). Those living in East Hararghe who were not surveyed at midline were more likely to have been living in households benefiting from Ethiopia’s Productive Safety Net Programme (PSNP) (6 percentage points) and more likely to be girls (4 percentage points). Note that these differences, while statistically significant, are relatively small in magnitude, and thus findings are minimally impacted by attrition.

(such as out-of-school adolescents, married adolescents and adolescents with disabilities), a door-to-door listing was undertaken before baseline in all research sites, following a specific protocol, and complemented with purposeful sampling of disadvantaged groups.

The qualitative sample (of 388 core adolescents) was selected from the larger quantitative sample, deliberately oversampling the most disadvantaged adolescents to capture the voices of those at risk of being ‘left behind’. It also included caregivers, grandparents and siblings, government officials, community and religious leaders, and service providers (see Table 2).

Survey data was collected in face-to-face interviews by enumerators who were trained to communicate with adolescents, and spoke the local language (Amharic, Afar Af’, Afan Oromo and, in the case of Dire Dawa, also Somali). Analysis of the quantitative data focused on a set of indicators related to psychosocial well-being (data tables are available on request) (see Baird et al., 2020 for the full midline survey). Sampling weights, reflecting the probability of selection into the study sample, were used to make the results representative of the target population in the study area. Statistical analysis was conducted using Stata 15.1.

Qualitative tools administered by researchers carefully trained to communicate sensitively with adolescents consisted of interactive activities such as timelines, body mappings and vignettes, which were used in individual and group interviews (see Jones et al., 2019a). Preliminary data analysis took place during daily and site-wide debriefings. Interviews were transcribed and translated by native speakers and then coded thematically using the qualitative software analysis package MAXQDA.

Prior to commencing research, we secured approval from ethics committees at the Overseas Development Institute and George Washington University, as well as from the research ethics boards in the regional Bureaus.

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Table 2: GAGE midline qualitative sample

<table>
<thead>
<tr>
<th>Category</th>
<th>DD</th>
<th>DT</th>
<th>Batu</th>
<th>SG</th>
<th>EH</th>
<th>Zone 5</th>
<th>Sub-totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls younger</td>
<td>9</td>
<td>6</td>
<td>–</td>
<td>24</td>
<td>25</td>
<td>12</td>
<td>76</td>
</tr>
<tr>
<td>Girls older</td>
<td>14</td>
<td>8</td>
<td>11</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>49</td>
</tr>
<tr>
<td>Boys younger</td>
<td>5</td>
<td>8</td>
<td>–</td>
<td>22</td>
<td>18</td>
<td>12</td>
<td>63</td>
</tr>
<tr>
<td>Boys older</td>
<td>12</td>
<td>8</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>5</td>
<td>45</td>
</tr>
<tr>
<td>Married adolescents</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>30</td>
<td>30</td>
<td>18</td>
<td>83</td>
</tr>
<tr>
<td>Adolescents with disabilities</td>
<td>2</td>
<td>8</td>
<td>5</td>
<td>16</td>
<td>12</td>
<td>9</td>
<td>52</td>
</tr>
<tr>
<td>IDPs</td>
<td>6</td>
<td>–</td>
<td>7</td>
<td>–</td>
<td>7</td>
<td>–</td>
<td>20</td>
</tr>
<tr>
<td>Total adolescents</td>
<td>60</td>
<td>20</td>
<td>34</td>
<td>101</td>
<td>99</td>
<td>64</td>
<td>388</td>
</tr>
<tr>
<td>Parents IDI</td>
<td>5</td>
<td>3</td>
<td>–</td>
<td>8</td>
<td>–</td>
<td>–</td>
<td>16</td>
</tr>
<tr>
<td>Key informants</td>
<td>5</td>
<td>4</td>
<td>21</td>
<td>39</td>
<td>51</td>
<td>9</td>
<td>129</td>
</tr>
<tr>
<td>FGDs adolescents</td>
<td>21</td>
<td>20</td>
<td>48</td>
<td>54</td>
<td>60</td>
<td>16</td>
<td>219</td>
</tr>
<tr>
<td>FGDs parents</td>
<td>36</td>
<td>–</td>
<td>28</td>
<td>117</td>
<td>133</td>
<td>68</td>
<td>382</td>
</tr>
<tr>
<td>Sub-totals</td>
<td>117</td>
<td>67</td>
<td>131</td>
<td>319</td>
<td>343</td>
<td>157</td>
<td>1134</td>
</tr>
</tbody>
</table>
of Health of Ethiopia in which the research was conducted. We also secured informed assent from adolescents aged 17 and under, and informed consent from their caregivers (as minors under 18 are not legally able to give consent), and from adolescents aged 18 or above.

Conceptual framing

Informed by the emerging evidence base on adolescent well-being and development, GAGE’s conceptual framework takes a holistic approach that pays careful attention to the interconnectedness of what we call the ‘3 Cs’ – capabilities, change strategies and contexts – to understand what works to support adolescent girls’ development and empowerment, both now and in the future. This framing draws on the three components of Pawson and Tilley’s (1997) approach to evaluation, which highlights the importance of outcomes, causal mechanisms and contexts, though we tailor it to the specific challenges of understanding what works in improving adolescent girls’ capabilities.

The first building block of our conceptual framework is capability outcomes. Championed originally by Amartya Sen (1984, 2004) and nuanced to better capture complex gender dynamics at intra-household and societal levels by Martha Nussbaum (2011) and Naila Kabeer (2003), the capabilities approach has evolved as a broad normative framework exploring the kinds of assets (economic, human, political, emotional and social) that expand the capacity of individuals to achieve valued ways of ‘doing and being’. At its core is a sense of competence and purposive agency: it goes beyond a focus on a fixed bundle of external assets, instead emphasising investment in an individual’s skills, knowledge and voice. Importantly, the approach can encompass relevant investments in girls with diverse trajectories, including the most marginalised and ‘hardest to reach’ such as those who are disabled or already mothers.

The second building block is context dependency. Our ‘3 Cs’ framework situates girls socio-ecologically and recognises not only that adolescent girls at different stages in the life course have different needs and constraints, but that these are also highly dependent on girls’ contexts at the family/household, community, state and global levels.

The third and final building block of our conceptual framework – change strategies – acknowledges that girls’ contextual realities will not only shape the pathways through which they develop capabilities but also determine the change strategies open to them to improve their outcomes. Our socio-ecological approach emphasises that to nurture transformative change in girls’ capabilities and broader well-being, change strategies must simultaneously invest in integrated intervention approaches at different levels, weaving together policies.

Figure 2: GAGE’s conceptual framework focused on psychosocial well-being

and programming that support girls, their families and their communities while also working to effect change at the systems level. GAGE focuses on six core capabilities: education and learning; health, sexual health and nutrition; bodily integrity; voice and agency; economic empowerment; and psychosocial well-being. This report covers the last of these domains, addressing young people’s emotional resilience and efficacy as well as their access to support from family and other trusted adults, peer networks, opportunities to interact in the community, and quality psychosocial services (see Figure 2).

**Findings**

**Psychosocial well-being outcomes**

Our adolescent survey included the General Health Questionnaire-12 (GHQ-12) (see Annex 1). The GHQ-12 is a screening device that identifies ‘minor psychiatric disorders’ and has been used with adolescent populations and in LMIC contexts (Jones et al., 2019b). Across cohorts and locations, 13% of the adolescents in our midline sample had GHQ-12 scores that suggested emotional distress (>9/36) (Cano, 2001 and Goldberg, 1998).1 Variation across groups was marked (see Table 3), with older adolescents generally worse off than younger adolescents, and those in urban areas more distressed than those in rural areas. South Gondar and East Hararghe exhibited reversed gender patterns in terms of distress, and boys and girls in Zone 5 stand out for very different reasons (which we will explain below).

In line with the broader literature, our findings indicate that older adolescents are more likely to be distressed and depressed than younger adolescents. On the GHQ-12, the age gap is particularly pronounced for those living in urban areas and South Gondar. In urban areas, 9% of younger boys and 22% of older boys have scores suggestive of emotional distress. In interviews, older adolescents were often aware of how their emotional state had evolved since early adolescence, and many directly attributed higher levels of distress to growing up. ‘When I was a child, I had nothing to worry about, nothing to stress me and I didn’t know anything, so I was happy. Since I didn’t know right from wrong, I was happy,’ explained an 18-year-old girl from Community C (South Gondar). A 19-year-old girl from Dire Dawa shared her view: ‘You are not the same person as you grow up. You start thinking about everything when you grow up. So your mind is scattered everywhere. It is not that there are new problems. They were there before, but as you grow up you tend to be worried about it.’

With the caveat that access to education is associated with significantly better psychosocial outcomes (see Box 4 on page 14, older adolescents – especially those in urban areas and in South Gondar, where uptake of education is higher than in East Hararghe and Zone 52 – also attributed their anxiety and depression to academic stress and exam failure (see also Presler-Marshall et al., 2021a). The national exam taken at the end of 10th grade was singled out as especially stressful, because until recently3 it was the sole determinant of whether students were allowed to fulfil their aspirations. Low scores not only prevent adolescents going on to upper-secondary school (the pathway into university) but also limit their access to technical and occupational training.

### Table 3: Percentage of adolescents with GHQ-12 scores that suggest emotional distress, by cohort, location and sex

|                     | Younger cohort |                           | Older cohort |                           |                           |                           |                           |
|---------------------|----------------|----------------------------|--------------|----------------------------|---------------------------|---------------------------|
|                     | Urban          | South Gondar               | East Hararghe| Zone 5                     | Urban                     | South Gondar               | East Hararghe              | Zone 5                     |
|                     | M   | F   | M   | F   | M   | F   | M   | F   | M   | F   | M   | F   | M   | F   |
| GHQ scores suggests| 9   | 13  | 8   | 4   | 11  | 14  | 18  | 3   | 22  | 29  | 16  | 11  | 15  | 15  | 5   |
| emotional distress  |                |                             |              |                            |                           |                           |                            |                            |

---

1 We used Likert scoring for the GHQ-12 in order to maximise variability (Gao et al., 2004; Goldberg, 1979).
2 Among older girls, for example, our midline survey found current enrolment rates of 77% in urban areas, 61% in South Gondar, 31% in East Hararghe and 28% in Zone 5. Figures for older boys were 86%, 58%, 72% and 40% respectively.
3 Since midline data was collected, Ethiopia’s education system has been reorganised. Secondary school is now a single four-year stream with an exam after 12th grade rather than 10th grade.
vocational education and training (TVET), and preclude them from becoming teachers or health extension workers (highly valued careers in rural communities). ‘I felt bad, I felt inferior to others,’ recalled a 21-year-old man from Debre Tabor (South Gondar) of his exam failure. ‘I used to have many goals… when I did not pass in grade 10, I lost hope,’ added a 23-year-old woman from the same city. Many young people, especially in urban areas, noted that they had peers who had committed suicide after failing exams. ‘I know three students who died, two male and one female… When they found out that they didn’t pass the exam, they bought poison and went home… After that, all we hear is they are dead,’ reported a 19-year-old girl from Batu (East Shewa). Respondents noted that girls tend to experience greater academic pressure than boys – mainly because they are expected to prioritise domestic work over learning (making it challenging to complete homework) and because they know that if they fail exams, they will be subject to immediate pressure to marry. As a 12-year-old girl from Community H (East Hararghe) stated:

Girls clean the house and go to fetch water. By the time they go to school, it is already late. She just sits in class. By the time she goes home there is a lot of work to do… She thinks about those things [and] she is not attentive to what is going on in the class. She is physically in class… but you will not understand it [what is being taught] even if it is poured into your brain like water.

Out-of-school older adolescents, particularly those in urban areas – who are competing for relatively scarce paid jobs (rather than working on family farms) and are exposed to more income inequality than their rural peers – reported significant concern about their (in)ability to achieve economic independence (see also Presler-Marshall et al., 2021b). ‘When I do not have a job I feel like I am inferior to my friends and complain to God,’ reported a 19-year-old girl from Batu (East Shewa). Due to gender norms that position males as breadwinners, boys were especially impacted by protracted ‘waithood’. A 19-year-old boy from Debre Tabor (South Gondar) lamented, ‘I am so deeply sad about my situation for not [being] able to give any assistance to my poor mother.’ And a 17-year-old boy from Batu (East Shewa) noted, ‘It is work that brings you together. A person who does not have work is considered as a dog. A person cannot live without work. It is work that gives you a reason to live.’ In rural areas, married boys were often among the most anxious young people, citing their inability to provide. ‘Being unemployed makes me angry…
I am unable to feed my family’, explained a 17-year-old boy from Community I (East Hararghe) who had married at 16 and already had one child.

High levels of distress among urban adolescents – especially those in the older cohort (22% of boys and 29% of girls, see Table 3) – were also driven by concerns about violence (see also Presler-Marshall et al., 2020a, 2020b). Political and ethnic conflict were rampant at the time of midline data collection – though they had not yet devolved into the scale of violence now seen in Tigray – and many young people were simultaneously excited about the possibility of political change and terrified about being caught in the crossfire. Our survey found that more than three-fifths of older urban adolescents (60% of boys and 63% of girls) had felt afraid in the past year due to community events (see Table 4). ‘In Oromia region, there is always chaos,’ observed a 19-year-old boy from Batu (East Shewa). ‘There is the issue of violence in universities across the country. Every one of us came to universities to learn and shape our futures. I don’t understand why people are killing and hurting each other. This really worries me,’ added a girl the same age from Debre Tabor (South Gondar).

Layered on top of concerns about political violence, urban girls reported feeling a constant threat of sexual violence. A 16-year-old girl from Dire Dawa explained: ‘I am afraid of boys who beat you when you decline their offer for a love relationship.’ A 20-year-old woman from Debre Tabor (South Gondar) noted that ‘In the rural area there is no kind of worry about safety. However, in the city, there are many things that [make us] worried about our safety.’

Table 4: Percentage of adolescents worried and afraid in the past year due to community events, older cohort only, by location and sex

<table>
<thead>
<tr>
<th>Urban</th>
<th>South Gondar</th>
<th>East Hararghe</th>
<th>Zone 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M F</td>
<td>M F</td>
<td>M F</td>
</tr>
<tr>
<td>Urban</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>60 63</td>
<td>20 24</td>
<td>31 22</td>
</tr>
</tbody>
</table>

On the GHQ-12, boys are more likely to be distressed than girls in South Gondar (8% vs 4% for those in the younger cohort) and girls are more likely to be distressed than boys in East Hararghe (14% vs 11% for those in the younger cohort). Our qualitative work suggests that gender norms – and how they interact with differences in broader regional opportunities for education and employment – most likely shape adolescents’ emotional well-being. In South Gondar, for example, even though girls are tasked with the lion’s share of domestic work, are exposed to rampant sexual violence, and are subject to arranged (and even forced) child marriage, there is a growing sense among girls of their potential. They are more likely than boys to attend school (at least through mid-adolescence), which often provides opportunities to participate in girls’ clubs (see section on ‘interactions in the community’); and girls are perceived by their families and communities as more diligent, agreeable and reliable (albeit at considerable personal cost). As a father from Community E explained, ‘All parents prefer to educate their female children.’ By contrast, boys are quite often ‘stuck’ – forced to sacrifice their schooling in the short term to contribute to household income, and yet seen as shiftless and troublesome when unemployment and landlessness restrict their ability to assume adult roles. ‘Male youths often get into conflict after they get drunk, which is a common incident in our village,’ complained an adult community member in Community G. ‘In our place, young men getting drunk is normal,’ added a 23-year-old woman from Community D.

In East Hararghe, patterning is very nearly reversed. Many girls are forced to leave school, often in early adolescence, because education is not seen as necessary for girls’ eventual roles as wives and mothers. ‘Within the community there is a saying of Afan Oromo about a woman “Dubartiin yartu malee beektuu hinqabduu”, meaning there is no intelligent woman; rather, there is only a bad woman. Having this idea in mind, they do not send girls to school,’ observed a community member from Community K. As girls are then effectively pushed into making one bad ‘decision’ after another, including child marriage – and are then blamed for making those bad decisions – by mid-adolescence, many girls perceive little potential for a better future. ‘How does one became happy after marriage?’ asked a 17-year-old girl from Community H who married at age 13 simply because her friends had already done so (see Box 2). Boys in East Hararghe, on the other hand, are more hopeful. Although they also lack
land, which effectively forces them to become their fathers’ employees, they are more likely to be in school than their peers in other regions and – as the *khat* economy booms – to envision a more secure future. ‘I will have productive farming by using fertilisers. I will plant *khat* and produce teff, wheat, maize, barley and others,’ explained a younger boy from Community K, describing how he will use his education to become a more successful farmer.

Across cohorts, boys in Zone 5 emerged as particularly at risk of mental ill health. Among younger boys, 18% had GHQ-12 scores that indicated emotional distress (versus 15% for older boys). In interviews, alongside observations that they are lonely (see sections on ‘family support’ and ‘peer networks’), Afar boys discussed two main drivers of distress. Most common was fear of being unable to deliver on the expectations of family and clan, which, in Zone 5, are tightly linked to keeping livestock (the source of both wealth and food) alive and healthy. A 13-year-old boy from Community K, describing how he will use his education to become a more successful farmer:

> ‘I was worried about the animals that were dying. Then I was worried that we might not have anything to eat, when many animals were dying and I was crying on the roads while walking. I was too much worried about the future, if all our animals were going to die.’

Older boys, particularly those who are married and who have minimal assets, expressed broader worries about being able to provide for their own family. An 18-year-old married boy from Community A explained, ‘I have few assets. I worry what to feed my wife for the future. That is my worry. I do not have resources to make our livelihood.’ Alongside concerns about their livestock and set against a backdrop in which violence is valorised, many of the less ‘traditional’ boys in Zone 5 also expressed concern about their own safety. A 12-year-old boy from Community B expressed his fears:

> People fire guns and kill one another. There are also conflicts between Afar people... I pray to Allah that I and my relatives don’t die, and that is why I am afraid... I don’t want to die a premature death, and I don’t want to die before I see my own children.

A 17-year-old boy from Community A added:

> There are frequent conflicts between Afars... I was not afraid when I was younger since I didn’t know anything about such conflicts and also they never kill young children and women. But since I became older, I fear that they might kill me.

Our survey found that girls in Zone 5 – in stark opposition to both their local male peers and their female peers from other locations – showed the least signs of distress. It was uncommon for girls from Zone 5 to have GHQ-12 scores suggestive of emotional distress (only 3% of younger girls and 5% of older girls). These findings are all the more remarkable when considered alongside our qualitative work, which found the reverse, and speak strongly to Afar girls’ minimal exposure to non-pastoralist concepts and their difficulty with answering survey-style questions. During in-depth interviews, in which questions could be repeatedly rephrased, girls in Zone 5 expressed near terror of child marriage from early adolescence, and many reported suicidal ideation (see Box 2) (see also Presler-Marshall et al., 2020a). A 14-year-old girl from Community A, who (in line with local custom) married her *absuma* (a maternal cousin) at the age of 12, reported that she knew four girls who had killed themselves rather than marry. A woreda-level key informant agreed that suicide is fairly common and added that girls most often use poison (usually pesticides) as the means.

---

**Figure 3: Child marriage by location**

Half of GAGE’s older girls marry before adulthood.

- **In South Gondar,** 25% of GAGE’s older girls were married by age 15...
  - and 59% were married by age 18.

- **In East Hararghe,** 18% of GAGE’s older girls were married by age 15...
  - and 50% were married by age 18.

- **In Zone 5 (Afar),** 8% of GAGE’s older girls were married by age 15...
  - and 46% were married by age 18.
Box 2: ‘I was not happy that I was married... I wanted to kill myself’

Our qualitative work found that although there are exceptions, with some girls apparently genuinely happy with and well supported by their husbands (and in-laws), most young wives are deeply unhappy once the excitement and glamour of the ceremony and honeymoon wears off. In South Gondar and Zone 5, where nearly all child marriages are arranged, many girls reported that they feared marriage from early adolescence. ‘The only thing that I am worried about is fear of getting married and interrupting my education,’ noted a 12-year-old girl from Community D (South Gondar). Suicide ideation was a fairly common response among those with the least recourse, as a 14-year-old girl from Community A (Zone 5) explained, ‘I was not happy that I was married... I wanted to kill myself.’ Even in East Hararghe, where the dominant narrative is that girls choose to marry against their parents’ wishes, most married girls admitted to feelings of regret after the first few months, when the reality of the responsibilities of marriage set in. As a divorced 15-year-old girl from Community I who had married at age 12 reported: ‘I am not happy... I used to imagine having a lot of livestock, decent shelter, and big wealth and to be on good terms with my husband... I regret marriage even now.’

Girls who were (or had been) married identified a variety of common stressors. Most were lonely, having lost significant contact with their natal families and their friends and peers. ‘I miss my family very much,’ noted a 20-year-old from Community A (Zone 5) who married at age 17. A 15-year-old from Community I (East Hararghe) (who married at age 14) recalled: ‘I used to spend more time with my peers before I got married... We used to meet at school and in our neighbourhoods.’ Many married girls were overwhelmed by the responsibility of having to run their own household – especially when they have children. ‘I want to go where nobody can find me... It is because I am burdened by the household chores,’ confessed a 14-year-old from Community J (East Hararghe). An 18-year-old girl from Community H (East Hararghe) who married at 14 added, ‘Now I have given birth to children and I am raising them. My morale has been broken by them.’ The constant threat of violence – from husbands and sometimes in-laws – also leaves married girls depressed and anxious (see Presler-Marshall et al., 2020a). Some husbands openly admitted that intimate partner violence is more common than marital communication. An 18-year-old boy from Community A (Zone 5) laughed out loud when asked what he and his wife talk about: ‘Hahahahaha! We don’t talk much... I didn’t count how many times I beat her. I was beating her around her back... She has gone to her parents’ house without my knowledge.’

In both urban areas (36% vs 28%) and rural areas (14% vs 11%), married girls were significantly more likely to be emotionally distressed than their unmarried peers (see Table 5). Our quantitative analysis also found that married girls are much less likely than their unmarried peers to belong to a club or group (because of their far lower school enrolment rates, see further discussion below) and, in urban areas (but not rural areas), much less likely to have a trusted friend. Tasked with running their own household and often their own business, married girls are more likely than unmarried girls to have their own phone (see Presler-Marshall et al., 2021b). Contrary to what one might have expected, married girls in rural areas were slightly (but significantly) more likely to have a trusted adult in whom they could confide than their unmarried peers (60% vs 58%).

Table 5: Key psychosocial differences between married and unmarried older girls, by location (percentage)

<table>
<thead>
<tr>
<th></th>
<th>Urban</th>
<th></th>
<th>Rural</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not married (n=568)</td>
<td>Married (n=190)</td>
<td>Not married (n=444)</td>
<td>Married (n=683)</td>
</tr>
<tr>
<td>Concerning GHQ-12 scores</td>
<td>28</td>
<td>36</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Has a trusted adult</td>
<td>68*</td>
<td>66*</td>
<td>58</td>
<td>60</td>
</tr>
<tr>
<td>Has a trusted friend</td>
<td>74</td>
<td>61</td>
<td>65*</td>
<td>58*</td>
</tr>
<tr>
<td>In a group</td>
<td>39</td>
<td>15</td>
<td>43</td>
<td>12</td>
</tr>
<tr>
<td>Has a mobile phone</td>
<td>54</td>
<td>58</td>
<td>21</td>
<td>31</td>
</tr>
</tbody>
</table>

p<.05 except where marked *
Resilience and efficacy

Our survey also included (for the younger cohort only) the Child and Youth Resilience Measure (CYRM), which is a screening tool designed to explore young people’s individual and relational resources. Disaggregating the sample by location and sex uncovered remarkable differences (see Table 6). Compared to their rural peers, urban adolescents are especially likely to fall into the top quartile in terms of resilience (38% of boys and 33% of girls). They are especially unlikely to fall into the bottom quartile (7% of boys and 11% of girls). Indeed, of the adolescents brimming with self-confidence, a disproportionate number were from urban areas. ‘I have a plan… I am bold, I am not afraid of anything. I am not boasting, I am not afraid,’ noted a 19-year-old girl from Batu (East Shewa) of how she refuses to be bullied by her peers into marrying before she is ready. ‘I mostly assume that I can do anything,’ added a 20-year-old woman from Dire Dawa.

Table 6: Child and Youth Resilience Measure quartiles, by location and sex (younger cohort only)

<table>
<thead>
<tr>
<th>Location</th>
<th>Urban</th>
<th>South Gondar</th>
<th>East Hararghe</th>
<th>Zone 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Lowest quartile for resilience</td>
<td>7</td>
<td>11</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td>Highest quartile for resilience</td>
<td>38</td>
<td>33</td>
<td>27</td>
<td>32</td>
</tr>
</tbody>
</table>

Adolescents in Zone 5 represent the other end of the resilience continuum. They are unlikely to be highly resilient (13% of boys and 8% of girls) and especially likely to not be resilient (32% of boys and 45% of girls fall into the bottom quartile). Indeed, although several boys observed that their faith gives them strength to cope with the ‘ups and downs in life’ (married 17-year-old, Community B) and quite a few bragged about their fighting prowess, even when boys in Zone 5 were attempting to project self-confidence, they often seemed afraid. A 16-year-old boy from Community A, for example, tied his confidence to his knife: ‘When I have a gile knife on my waist, I feel full of confidence, and I don’t fear anything or anyone.’ Among Afar girls – with some notable exceptions, all of whom were enrolled in school and therefore already pursuing their own aspirations in a context where collectivism is valued over individualism (see Box 3) – when asked to identify their personal strengths, silence ensued. As was the case with the GHQ-12 scores mentioned earlier (Table 3), girls’ disadvantage is proportionately largest in East Hararghe (where 11% of girls and 22% of boys score in the top quartile), whereas boys are most disadvantaged compared to girls in South Gondar (where 9% of girls but 18% of boys fall into the lowest quartile).

These same patterns are reflected in adolescents’ self-reported ability to express their own opinions to peers and adults, which is a different way of capturing self-efficacy (see Table 7). Although several girls from South Gondar reported that ‘boys don’t get afraid, they have better confidence’ (16-year-old, Community D), our survey found that boys in that zone feel significantly less able to express their opinions to adults than girls (45% vs 55% for the younger cohort). Despite their insistence that they dare to quit school and marry contrary to their parents’ wishes, girls in East Hararghe again stand out as particularly disadvantaged. Only 28% of younger girls and 32% of older girls reported feeling comfortable expressing their opinions to an adult (compared to 43% of younger boys and 52% of older boys). ‘I cannot advise others!’ exclaimed a 19-year-old girl from Community H (East Hararghe). Although girls in Zone 5 (Afar) are more...
likely than their peers in East Hararghe to feel comfortable expressing their opinions to an adult (36% of younger girls and 40% of older girls), it should be noted that given the constraints on Afar girls’ lives – with marriage timing and partner selection completely outside their control – the topics on which girls can express an opinion are not those that matter to their longer-term trajectories.

Three themes about the development of resilience and efficacy emerged most strongly in our qualitative work. First, gender norms disadvantage girls. Even in South Gondar, where parents increasingly prefer to educate their daughters because boys are seen as troublesome and unreliable, girls are socialised into docility and compliance. As an 18-year-old girl from Community A who is attending upper-secondary school and aspires to go to university.

Isa was raised not by her parents, but by her grandmother and then her aunt. Although Isa ‘was considering my aunt as if she were my mother,’ her uncles were a different matter. Despite being wealthy, they refused to allow her to attend school: ‘They were telling me not to go to school, and they were hiding my exercise books, and they were doing many things.’ Inspired by cousins who attended Addis Ababa University, Isa announced to her uncles that ‘I would not be a fool... I was not any less than others who were learning’, and she snuck out of the house to attend school. Even though she was beaten by her uncles for attending school, Isa looked for opportunities to spend days in the classroom. When she was 15, her uncles forced her to marry her absuma and told her that she must leave school. Isa again refused. ‘I told them that I did not want a husband that would not allow me to go to school... I told him that I would not sit down and wait for my husband in the house. I told my uncle that if my husband has work, he can go to his work and I will go to my school... I want to go to university and become a doctor.’ Much to her surprise, her uncles not only allowed her to stay in school, they permitted her to divorce.

Isa takes full ownership of her accomplishments. ‘I reached this level because of my own desire for learning,’ she explained. Indeed, having won the battle to continue her education, Isa is now advocating on behalf of her younger relatives. ‘I was challenging my relatives... Some of them say, “it is only goats that we know...” They say that education is not wealth... They cannot take it to Allah when they die. Now my uncle is sending his children to school. One of my relatives also came from the rural area, and she is sending her children to school too.’ Isa is delighted with her success, because she knows that ‘children are future leaders of the country’ and she is doing her part to make sure those leaders are prepared.

### Table 7: Percentage of adolescents self-reporting ability to express opinions, by cohort, location and sex

<table>
<thead>
<tr>
<th></th>
<th>Younger cohort</th>
<th></th>
<th></th>
<th></th>
<th>Older cohort</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urban</td>
<td>South Gondar</td>
<td>East Hararghe</td>
<td>Zone 5</td>
<td>Urban</td>
<td>South Gondar</td>
<td>East Hararghe</td>
<td>Zone 5</td>
</tr>
<tr>
<td></td>
<td>M  F</td>
<td>M  F</td>
<td>M  F</td>
<td>M  F</td>
<td>M  F</td>
<td>M  F</td>
<td>M  F</td>
<td>M  F</td>
</tr>
<tr>
<td>OK expressing opinion to adults</td>
<td>52  49</td>
<td>45  55</td>
<td>43  28</td>
<td>52  38</td>
<td>54  50</td>
<td>44  46</td>
<td>52  47</td>
<td>40  54</td>
</tr>
<tr>
<td>OK expressing opinion to peers</td>
<td>87  82</td>
<td>74  77</td>
<td>86  75</td>
<td>70  63</td>
<td>87  85</td>
<td>63  74</td>
<td>87  82</td>
<td>53  54</td>
</tr>
</tbody>
</table>
My morale has been broken': Exploring Ethiopian adolescents' psychosocial well-being

My mother allows me to go to school when she likes. She prevents me when she doesn’t want me to go.

(A younger girl from East Hararghe)

but because she believes they will do a better job. She said, ‘I want them to be happy with me and choose my husband. Besides, I know they will not choose a foolish man for me but if I have to choose myself, I may choose someone who

I want my first born to be a boy. It is a boy that is best anyway... What is the use of a daughter?

(A 13-year-old married girl from South Gondar)

is not wise.’ A 13-year-old married girl from Community D (South Gondar) summed up her belief in herself in her aspirations for her future family: ‘I want my first born to be a boy. It is a boy that is best anyway... What is the use of a daughter?’

As noted earlier, narratives surrounding gender norms and girls’ agency vs docility are especially complex in East Hararghe, where girls’ perceived efficacy ultimately delivers on parents’ objectives in a way that leaves girls with emotional ownership of their own foreshortened futures. Both adolescents and parents agreed, for example, that girls dropping out of school is their own doing. A married 15-year-old girl from Community H reported, ‘I stayed at home because I didn’t want to attend school with children. My parents bought me an exercise book and told me to go to school but I refused to go.’ And a father from the same community, referring to his 10-year-old daughter, noted, ‘She terminated [school] herself.’

Assignations of girls’ culpability, however, almost always evolved (over the course of lengthy interviews), with the final story underscoring the extent to which girls’ opportunities to develop meaningful efficacy are consistently undercut by gender norms that require them to deliver on their parents’ demands. ‘My mother allows me to go to school when she likes. She prevents me when she doesn’t want me to go,’ acknowledged a younger girl from Community H (East Hararghe) who first claimed that she attended school irregularly because she did not like it. The father of the 10-year-old girl who dropped out explained that after the child’s mother died ‘She replaced her mother and started doing household chores like her mother.’ Narratives about child marriage are similar, with both girls’ and parents’ insistence that girls marry of their own accord undercut by the nuance added by key informants. A community leader in East Hararghe noted: ‘When boys and girls reach adolescence, conflict arises between the mother and such children... Once the mothers have initiated the girls for marriage, girls will go with someone for

My mother allows me to go to school when she likes. She prevents me when she doesn’t want me to go.

(A younger girl from East Hararghe)

In South Gondar, girls are slightly more likely to feel comfortable expressing an opinion to an adult than boys.

In East Hararghe, boys are much more likely to feel comfortable expressing an opinion to an adult than girls.

Figure 5: Self-confidence in older adolescents

Among older adolescents, location and gender shape young people’s self-confidence.
marriage.’ This complex interaction ultimately leaves girls not only without the skills they might have developed had they continued in school, and (through marriage) at risk of intimate partner violence and adolescent pregnancy, but also full of regrets and self-doubt. ‘I regretted dropping out of my education,’ observed an 18-year-old married girl from Community I who sees no route forward now that she has children (see Box 2).

The second theme to emerge strongly in our qualitative work is that education plays a central role in adolescents developing not only resilience and efficacy, but also broader psychosocial well-being (see Box 4). Adolescents identified school as helping them to develop coping skills. A 17-year-old boy from Batu (East Shewa) reported, ‘I go to school. In case something happens to me, I convinced myself to cope with it.’ Adolescents also reported that school helps them to develop the confidence to speak their minds. As a 13-year-old girl from Community E (South Gondar) explained, ‘When my parents were asked for my sister’s hand in marriage but my sister did not want to get married, I told them that it’s wrong and that she shouldn’t get married if she doesn’t want to... I believe it’s because I am educated.’ Out-of-school adolescents often perceived the value of education similarly. ‘If I were learned, I could express my feelings freely and in a good way,’ observed a 17-year-old boy from Community B (Zone 5) who was embarrassed by his inability to answer an interviewer’s questions. Parents also identified education as central to the development of young people’s voice and efficacy. This was especially clear in Zone 5, where several parents admitted that they explicitly forbid girls from attending secondary school to ensure that they remain docile. A father from Community A explained, ‘The main reason we don’t send a girl to school is that she doesn’t respect her parents and obey the rule [if she attends].’

Further analysis of our survey data lends credence to participants’ beliefs about the importance of education to resilience and efficacy (see Table 9). Differences were often especially large for girls, who have fewer opportunities outside of school to develop a strong sense of self, and were all the more poignant given that gender norms leave girls less able to advocate for their own access to education. Including only rural adolescents (because
Box 4: The importance of being educated

To begin exploring what and who adolescents value, young people taking part in our qualitative research were asked to identify the recent events and experiences that made them especially happy or sad. Access to – and success in – education consistently emerged at the top of adolescents’ lists. Quality issues aside, in-school adolescents were agreed that school makes them happy. ‘In the previous years, we were not learning well. Now we are having a better education. That is why I am feeling happy,’ reported a 14-year-old girl from Community A (Zone 5). While exam failure was a significant source of distress, academic success was a source of great pride. A 17-year-old girl from Community C (South Gondar) noted, ‘I feel happy when I get the best mark.’ Out-of-school adolescents reported the same direct relationship between education and emotional well-being. A 16-year-old girl from Community H (East Hararghe) observed, ‘I feel sad because I don’t go to school.’ A 17-year-old boy from Batu (East Shewa) added, ‘What makes me feel sad is dropping out of my education.’

Table 8: Key psychosocial differences between in-school and out-of-school adolescents, rural areas only, by sex (percentage)

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th></th>
<th>Boys</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enrolled (n=2036)</td>
<td>Not enrolled (n=1236)</td>
<td>Enrolled (n=1643)</td>
<td>Not enrolled (n=621)</td>
</tr>
<tr>
<td>Concerning GHQ-12 scores</td>
<td>7</td>
<td>15</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>Has a trusted adult</td>
<td>68</td>
<td>50</td>
<td>72</td>
<td>57</td>
</tr>
<tr>
<td>Has a trusted friend</td>
<td>65</td>
<td>58</td>
<td>66</td>
<td>56</td>
</tr>
<tr>
<td>In a group</td>
<td>57</td>
<td>8</td>
<td>51</td>
<td>20</td>
</tr>
<tr>
<td>Index of topics—mother (0–5) (younger cohort only)</td>
<td>2.4</td>
<td>1.4</td>
<td>2.4</td>
<td>1.7</td>
</tr>
<tr>
<td>Index of topics—father (0–5) (younger cohort only)</td>
<td>2.1</td>
<td>1</td>
<td>2.4</td>
<td>1.8</td>
</tr>
<tr>
<td>My parents often listen to me</td>
<td>50</td>
<td>34</td>
<td>58</td>
<td>42</td>
</tr>
</tbody>
</table>

The importance of education was also evident in the way adolescents discussed parental support. Those who felt most supported were those whose parents were not only allowing them to attend school, but working to make it happen. Given that girls carry a disproportionate burden of chores, girls’ narratives were often especially strong. A 14-year-old from Community F (South Gondar) reported, ‘When my mother helps me with chores if I am overloaded with work… I become happy… because she told me to study.’ A girl the same age from Community L (East Hararghe) added, ‘They are supporting me with school by fulfilling my needs and school materials, even though it is a struggle.’

Survey results echoed the qualitative findings, with in-school adolescents exhibiting better psycho-social well-being than their out-of-school peers on a range of measures (see Table 9). For example, in-school adolescents are approximately half as likely to have GHQ-12 scores that suggest emotional distress (18% vs 10% for boys and 15% vs 7% for girls).

Survey results highlight that in-school adolescents are also often better connected to those around them than their out-of-school peers. They are significantly more likely to have a trusted adult in their lives as well as a trusted friend. In-school young people who have access to school clubs are also far more likely to be a member of a group than their out-of-school peers. Interestingly, but in line with qualitative findings, in-school adolescents also appear to have more open relationships with their parents. They not only report being able to discuss more topics with both their mother and father (e.g. 2.4/5 vs 1.4/5 for girls’ conversations with their mother) but are also more likely to feel heard. Of in-school boys, 58% reported that their parents often listen to them, whereas the figure is 42% for their out-of-school peers.
urban adolescents are so rarely out of school), in-school younger girls are more than four times more likely than their out-of-school peers to score in the top quartile on the CYRM (25% vs 6%) and only one-fourth as likely to score in the bottom quartile (14% vs 58%) (see Table 9). The patterning for boys is similar, albeit with differences twice (rather than four times) as large. For girls, school enrolment is also associated with improved ability to express opinions to adults (45% vs 34%) and peers (77% vs 69%). Enrolled boys are better able to express their opinions to peers (80% vs 66%).

Table 9: Resilience and efficacy indicators for in-school and out-of-school adolescents, rural areas only, by sex (percentage)

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enrolled (n=2036)</td>
<td>Not enrolled (n=1236)</td>
</tr>
<tr>
<td>Lowest quartile for resilience (younger cohort only)</td>
<td>14</td>
<td>58</td>
</tr>
<tr>
<td>Highest quartile for resilience (younger cohort only)</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>OK expressing opinion to adults</td>
<td>45</td>
<td>34</td>
</tr>
<tr>
<td>OK expressing opinion to peers</td>
<td>77</td>
<td>69</td>
</tr>
</tbody>
</table>

*p<.05 except where marked *

The third theme to emerge strongly in our qualitative work is that employment is important for adolescents to develop self-efficacy – especially for girls and young women. Although boys also reported being happy and proud of their jobs and income, which allow them to ‘do what is expected from me and [means I am] able to help my family’ (19-year-old boy, Dire Dawa), young women were often highly aware of the relationship between employment and personal empowerment. A 21-year-old from Debre Tabor (South Gondar) who owns her own business explained:

I have now developed a self-confident personality as I engage in my own business and I am not listening when others are trying to criticise or humiliate me. It enables me to develop a hard-working personality. I developed the confidence to change the future for the better... It enables me to improve my personal communication and [know] how to handle customers... I get personal satisfaction and peace of mind from my job.

A 20-year-old girl from Dire Dawa echoed this view: I believe that working outside has more advantage to empower women. It increases a woman’s coping mechanisms for [dealing with] problems. The importance of employment to efficacy is reinforced by feelings of pride in being able to improve the lives of parents and younger siblings. This is again especially true for girls, given that gender norms position boys as the family breadwinner, but also leave girls’ wages more likely to be seen as a shared resource. A 19-year-old girl from Batu (East Shewa) observed, ‘People appreciate me for leading my family well after the death of my father.’

I believe that working outside has more advantage to empower women. It increases a woman’s coping mechanisms.

(A 20-year-old girl from Dire Dawa)
Figure 6: School enrolment and how it affects adolescents’ psychosocial well-being

*School enrolment* supports adolescents’ psychosocial well-being in many ways.

Of younger rural girls, those who are enrolled in school are more than four times more likely to score highly in terms of *resilience*.

![Enrolled in school (25%)](image)

![Not enrolled in school (6%)](image)

Of rural boys, those who are enrolled in school are approximately half as likely to report *emotional distress*.

![Enrolled in school (10%)](image)

![Not enrolled in school (18%)](image)

Of rural girls, those who are enrolled in school are more likely to have an *adult they can trust*.

Of rural boys, those who are enrolled in school are more likely to have a *trusted friend*.

- Enrolled in school
- Not enrolled in school
Support from family and other trusted adults

Our survey found that many adolescents do not have a trusted adult in their life. While differences between the two cohorts are not especially large, differences by location and gender are (see Table 10). Zone 5 stands out as the location in which adolescents have the least access to a trusted adult (40% of younger boys and 46% of younger girls). It also stands out as the location in which adolescents are almost exclusively focused on instrumental rather than emotional support from their parents. When asked about her relationships with her parents, a 14-year-old girl from Community A replied that she prefers her mother: ‘I have good relations with both. But I have inclination to my mother… My mother supports me… When I cook food, my mother makes coffee.’ A 16-year-old girl from the same town, when asked how her parents support her, reported, ‘If there is no food in the house, no one eats. But when there is a small amount of food, our parents leave it for us.’

Although gender gaps are almost always in boys’ favour, East Hararghe again stands out in terms of the magnitude of girls’ disadvantage. Among younger adolescents, 72% of boys but only 49% of girls reported having a trusted adult in their life. Indeed, it was not uncommon for girls from East Hararghe to report feeling as if they had been completely forced out of the nest and left to face the future on their own. A 13-year-old girl from Community H (East Hararghe), for example, noted that she would never tell her parents if she were beaten or raped while taking part in shegoye\(^4\) dancing, because ‘My parent can beat me if I tell.’ A 15-year-old, who married at age 14, added that she had been rejected by her parents for marrying: ‘My family does not accept me or does not allow me to join the family.’

Alongside questions about violent discipline from parents, which we found to be common, especially for boys (see also Presler-Marshall et al., 2020a), our survey gauged parent-child relationships by asking younger adolescents and their female caregivers about topics they could discuss. Topics included puberty, relationships and marriage, education, work, and religion (see Table 11). Most young people acknowledged having discussed several of these topics, most commonly education and work, though also occasionally puberty and relationships. A 14-year-old girl from Community C (South Gondar) recalled, ‘My father asked me what I want to be in the future. I told him my wish after completing my education is to become a teacher or doctor.’ A 15-year-old girl from Community F (South Gondar) stated, ‘My mother and I are having conversations at night… She told me that I shouldn’t get scared even if I experience it [her period] in school since all females experience it.’ A 13-year-old boy from Community H (East Hararghe) added, ‘My father tells me not to have girlfriends. Since we are the only ones who live in the house, we have conversations at night and in the morning. He advises me not to do bad things.’

There were marked differences by location and between girls and boys in terms of whether and what adolescents could discuss with their parents. Young people from Zone 5 were able to discuss the fewest number of topics with either their mother (1.8/5 for boys and 1.2/5 for girls) or father (1.7/5 for boys and 1.0/5 for girls). While this is, in part, due to index construction (e.g. there being little need to discuss education, given low enrolment rates), it also reflects culture. A 12-year-old boy from Community A, when asked what he discusses with his parents, reported that they had nothing in common: ‘I don’t discuss… I don’t have a common issue to discuss with them.’ Girls in

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\(^4\) A cultural dance for unmarried adolescents.

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My father asked me what I want to be in the future. I told him my wish after completing my education is to become a teacher or doctor.

(A 14-year-old girl from South Gondar)

Table 10: Percentage of adolescents that have a trusted adult in their life, by cohort, location and sex

<table>
<thead>
<tr>
<th>Younger cohort</th>
<th>Older cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urban  South Gondar East Hararghe Zone 5 Urban South Gondar East Hararghe Zone 5</td>
</tr>
<tr>
<td>M F M F M F M F M F M F M F M F M F M F M F M F M F M F M F M F M F M F M F M F M F</td>
<td></td>
</tr>
</tbody>
</table>
Zone 5 are especially unlikely to engage their parents in
collection, especially on pubertal changes, apparently
partly because they are hoping to use their invisibility as
a shield against marriage. A mother from Community B
admitted that girls hide menstruation (the first occurrence
of menstruation) from their mothers because (according
to one mother) they ‘fear we might wed them’. Girls in
East Hararghe again stand out for the magnitude of their
disadvantage compared to their male peers (2.0/5 vs 2.6/5
for being able to discuss topics with their mother and 1.7/5
vs 2.5/5 for being able to discuss topics with their father).
Indeed, even girls and mothers who claimed to be close
often told stories that suggested otherwise. For example,
a 15-year-old girl from Community I reported, ‘I love my
mother more… We talk about farming. She ordered me to
go for weeding. She did not talk to me other than this.’ A
mother from Community H added, ‘We have our culture.
We do not talk about all things.’

Most adolescents reported fewer topics of
conversation with their father compared to their mother
(for urban girls, 2.1/5 vs 2.6/5). This is partly because
mothers are seen as more sympathetic to adolescents’
concerns, and partly because fathers are less likely to
spend time around their children. A 12-year-old boy from
Community H (East Hararghe) explained, ‘My mother is
better than my father. This is because, what my mother
does for children, my father does not do. She sympathises
with me.’ A 16-year-old boy from Community A (Zone 5)
added, ‘Most of the time I tell my mother, since she is
available at home all the time.’ Overall, boys reported
closer relationships with their father than girls did – mainly
because they perceived that they had more in common. A
16-year-old boy from Community A (Zone 5) observed, ‘He
is my father, he can help me and solve my problems. If I face
big problems like sickness, or if animals disappeared… first
I tell my father.’ A father from Community J (East Hararghe)
agreed: ‘The boy can cover the work of the father, social
responsibilities of the father and all development aspects
of the family are covered by the boy in place of the father.’
With a few notable exceptions (see Box 5), even urban
fathers were often baffled when asked about what they
discussed with their daughters. One, from Debre Tabor
(South Gondar), asked, ‘What can I talk about with my

Table 11: Indices of parent-child discussion topics, by location, sex of child and sex of parent (younger cohort only)

<table>
<thead>
<tr>
<th></th>
<th>Urban M</th>
<th>Urban F</th>
<th>South Gondar M</th>
<th>South Gondar F</th>
<th>East Hararghe M</th>
<th>East Hararghe F</th>
<th>Zone 5 M</th>
<th>Zone 5 F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Index of topics that can be discussed with mother (0-5, from child’s perspective)</td>
<td>2.6</td>
<td>2.6</td>
<td>2.2</td>
<td>2.5</td>
<td>2.6</td>
<td>2.0</td>
<td>1.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Index of topics that can be discussed with father (0-5, from child’s perspective)</td>
<td>2.4</td>
<td>2.1</td>
<td>2.3</td>
<td>2.3</td>
<td>2.6</td>
<td>1.7</td>
<td>1.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Index of topics that can be discussed with mother (0-5, from female caregiver’s perspective)</td>
<td>2.9</td>
<td>2.9</td>
<td>2.6</td>
<td>2.6</td>
<td>2.6</td>
<td>2.4</td>
<td>1.9</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Table 12: Parent-child communication, by cohort, location and sex (percentage)

<table>
<thead>
<tr>
<th></th>
<th>Younger cohort</th>
<th></th>
<th></th>
<th>Older cohort</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urban South Gondar</td>
<td>East Hararghe</td>
<td>Zone 5</td>
<td>Urban South Gondar</td>
<td>East Hararghe</td>
<td>Zone 5</td>
</tr>
<tr>
<td>I listen to my child (from female caregiver)</td>
<td>92</td>
<td>94</td>
<td>89</td>
<td>93</td>
<td>92</td>
<td>91</td>
</tr>
<tr>
<td>My parents often listen to me</td>
<td>66</td>
<td>66</td>
<td>56</td>
<td>55</td>
<td>60</td>
<td>41</td>
</tr>
</tbody>
</table>

5 Only 19% of girls in Zone 5 reported discussing menstruation with their mothers, compared to 33% in East Hararghe and 29% in South Gondar.
daughter? There is nothing I talk about with her. She is talking with her mother.’

Almost without exception, female caregivers reported being able to discuss more topics with their adolescents than adolescents reported themselves. In urban areas, for example, mothers reported being able to discuss, on average, 2.9/5 topics with their child, while adolescents reported being able to discuss only 2.6/5 topics with their mother. This same pattern emerged across other survey questions, with female caregivers (of younger cohort adolescents) perceiving themselves to listen to their children more often than children perceive their mother to listen (see Table 12). In Zone 5 – again, the location in which adolescents have the least support – 82% of mothers report that they listen to their child, but only 31% of younger girls report that their mother often listens to them. In interviews, young people (especially those from rural areas) observed that this mismatch reflects the fact that parent-child ‘discussions’ quite often involve a parent who talks – and dispenses advice – and a child who listens. ‘We do not participate in… discussion, a parent advises us and we obey that,’ explained a 14-year-old girl from Community H (East Hararghe). A 13-year-old boy from Community A (Zone 5) was all but giddy when recalling his first interview, which was the first time he had felt genuinely heard by an adult: ‘I was very happy when you chose me to have a long discussion.’

Our qualitative work found that although adolescents reported a great deal of instrumental support from their parents – with support for education by far the most valued (see Box 4) – emotional support-seeking was fairly rare outside of urban areas. Indeed, it was not uncommon for adolescents to report that if they needed help, they would not turn to their parents. Sometimes this was because age hierarchies left them afraid of their parents. For example, a 13-year-old girl from Community C (South Gondar) stated (of her mother): ‘I am afraid of her.’ A 17-year-old boy from Community I (East Hararghe) echoed this view, ‘It is scary to talk standing in front of one’s parents.’ Other times, adolescents’ silence was meant to protect their parents.

Box 5: Fathers matter

Our qualitative work underscored how important fathers can be to adolescent trajectories, especially in contexts such as Ethiopia, where fathers tend to be household decision-makers. Many of the young people who were most secure in their access to education – and their place in their family – spoke glowingly of their father. For example, a 12-year-old girl from Community J (East Hararghe) said, ‘My father appreciates me that I am his type of child! In his appreciation, he assures me that he will fulfil everything I want. He promises that he will sacrifice everything he can for my education. He assures me that he will never hesitate to sell our livestock to support my education.’

Other adolescents reported that their father had been instrumental to their safety. Several boys noted that their father had reprimanded violent teachers, and it was not uncommon for married girls to report that their father had stepped in to initiate a divorce (usually when intimate partner violence became extreme). A 19-year-old girl from Community A (Zone 5), now remarried to an age-mate she loves, explained: ‘When I was living far from my parents, my ex-husband used to be abusive, so my father was the one who decided that I should live close to them so that he could check up on me.’ A few girls in urban areas observed that their father had been instrumental not only in helping them pursue activities that go against prevailing gender norms but also to their strong sense of self. ‘My father encouraged me to learn Taekwondo,’ reported a 20-year-old from Batu (East Shewa) when asked why she was not scared to go out alone.
[He] is a very free person. I feel free to share anything I feel with him. I speak to him like he is my friend.

(An 18-year-old girl from Debre Tabor)

A 19-year-old from a rural area but attending school in Debre Tabor (South Gondar) explained, ‘When I was sad I was going to church and writing things in my diary. I also cry a lot... If I tell my family, they will be worried and I don’t want them to worry.’ Narratives were often quite different in urban areas, where parents are more educated and more exposed to modern ideas about parenting. A 19-year-old boy from Batu (East Shewa) observed, ‘Both my mother and father advise me... They only require from me to be transparent. They don’t want me to hide anything. So, to avoid being hurt, they are always by my side.’ An 18-year-old girl from Debre Tabor (South Gondar), talking about her father, noted, ‘He is a very free person. I feel free to share anything I feel with him. I speak to him like he is my friend.’

Adolescents participating in our qualitative work also emphasised the importance of support from siblings. While only a few young people spoke of their siblings as ‘also my best friend’ (18-year-old girl, Batu (East Shewa)), adolescents detailed a wide variety of ways in which siblings show support for one another. An 18-year-old girl from Community D (South Gondar), for example, reported that an older sister funded a gold tooth to replace one knocked out when her younger sister fought off the unwanted advances of boys. A 14-year-old girl from Community B (Zone 5) recalled that her brothers had beaten up the relatives who had beaten her for traveling without an escort. A 17-year-old girl from Community H (East Hararghe) added that her brother had given her safe haven when her parents refused to allow her to divorce her abusive husband. As was the case with parental support, the most common and often most appreciated form of sibling support was for education. Both girls and boys appreciated it when their older siblings helped them study. Given that parents, especially in rural areas, often have extremely limited formal education, tutorial support from siblings emerged as important to adolescents’ academic success. ‘My sisters tutor me... with all they can,’ explained a 14-year-old boy from Debre Tabor (South Gondar). Boys and girls also detailed significant financial support from older siblings, with remittances especially important to secondary and post-secondary education. A 15-year-old girl from Community I (East Hararghe), for example, reported that her brother contributes 200 birr a month towards the rent that allows her to attend school in town, and an 18-year-old boy in Dire Dawa, who works as a mechanic, reported paying school fees for both his younger brother and his niece. For girls, support for chores...
also emerged as an important show of sibling support – largely because it frees up time for homework. A 15-year-old girl from Community F (South Gondar) explained how she and her siblings work together so that they all have time to study: ‘If I cook stew and my brother fetches water, my sister will clean the house. We help each other.’

Some adolescents reported support networks that extend beyond the family, and often mentioned teachers. Across locations, girls and boys both noted that some teachers go above and beyond to help students stay in school and succeed, even buying supplies out of their own pockets and providing private tutorials. A 19-year-old boy from Community H (East Hararghe) recalled, ‘When I dropped out of school, teachers came to my home and supported me... They were helping with school materials and advising me... I was ranked last out of 40 students. Then teachers supported me and improved my grade.’

Girls also mentioned teachers as an important source of emotional support. ‘The teachers are close to the students... If we come to school feeling bad with something at home, they console us,’ reported a 14-year-old girl from Debre Tabor (South Gondar). ‘There are teachers who treat me like their sister and support us as much as they can,’ added a 13-year-old girl from Community I (East Hararghe).

A few adolescents reported having a trusted adult who was not a teacher. In urban areas, girls and boys both spoke of guidance from religious leaders. A 19-year-old boy from Dire Dawa observed, ‘Religious leaders teach you to love each other and love our country. So their teaching has helped us.’ A girl the same age and from the same city added that a priest had not only ‘encouraged me to be disciplined and to behave in the right way’ but had given her ‘permission and encouragement’ to contravene custom and wear trousers ‘as it suits my work.’ A few girls, from both urban and rural locations, noted that women in the community either were (or tried to be) supportive of them. A 19-year-old in Batu (East Shewa), for example, spoke highly of her employer, who ‘treats me like her sister... and gives good advice.’ Several girls in South Gondar and Zone 5 reported that women in their neighbourhood had either attempted to prevent an arranged marriage or had intervened to stop domestic violence. ‘Our neighbours arrived home while I shouted and intervened... He was advised to refrain from beating me,’ explained a married 15-year-old from Community D (South Gondar) of how her (female) neighbours had tried to keep her safe. Although no adolescents spoke of turning to health extension workers for non-medical support, several female health workers reported significant efforts in that regard. In Community J (East Hararghe), for example, one described how, ‘Many children come to my home and I advise them well. When they come from school at 12 noon, they come to my home after they eat their lunch.’

Peer networks

Alongside the question about whether adolescents have a trusted adult, our survey also asked whether they have a trusted friend. Most (outside of Zone 5), even including married girls (see Box 2 on page 9) and those with disabilities (see Box 6) – replied in the affirmative (see Table 13). In Zone 5, where far fewer adolescents are enrolled in school (as boys are often off herding by themselves for weeks at a time, and girls’ mobility and time-use is dictated almost exclusively by household needs), trusted friends are less common (32% of younger boys and 41% of younger girls). A 12-year-old boy from Community A (Zone 5) acknowledged that while he herds in the vicinity of other children, play can be dangerous because it can...
‘My morale has been broken’: Exploring Ethiopian adolescents’ psychosocial well-being

Disability in Ethiopia is highly stigmatised, and it is not uncommon for people with significant impairments to be considered cursed by God or marked by evil. One result of this is that young people with disabilities often exhibit more emotional distress and receive less support than their non-disabled peers.

Table 14: Survey measures of psychosocial well-being for adolescents with and without disabilities, by urban vs rural location (percentage)

<table>
<thead>
<tr>
<th></th>
<th>Urban Without disability (n=1787)</th>
<th>Urban With disability (n=200)</th>
<th>Rural Without disability (n=5168)</th>
<th>Rural With disability (n=381)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerning GHQ-12 scores</td>
<td>21</td>
<td>32</td>
<td>9</td>
<td>23</td>
</tr>
<tr>
<td>Lowest quartile for resilience (younger cohort only)</td>
<td>8*</td>
<td>20*</td>
<td>21</td>
<td>33</td>
</tr>
<tr>
<td>OK expressing opinion to peer</td>
<td>86*</td>
<td>84*</td>
<td>77</td>
<td>68</td>
</tr>
<tr>
<td>Has a trusted adult</td>
<td>73*</td>
<td>73*</td>
<td>65</td>
<td>65</td>
</tr>
<tr>
<td>My parents often listen to me</td>
<td>62</td>
<td>61</td>
<td>61*</td>
<td>45*</td>
</tr>
<tr>
<td>Has a trusted friend</td>
<td>72*</td>
<td>70*</td>
<td>63</td>
<td>66</td>
</tr>
<tr>
<td>In a group</td>
<td>51*</td>
<td>44*</td>
<td>44</td>
<td>33</td>
</tr>
</tbody>
</table>

*p<.05 except where marked *

Our survey found that adolescents with disabilities are significantly more likely than those without to have GHQ-12 scores that suggest emotional distress (32% vs 21% in urban areas) (see Table 14). They are also more likely to fall into the lowest quartile in terms of resilience, and to feel uncomfortable expressing an opinion to peers. Adolescents with disabilities in rural areas are also less likely than their non-disabled peers to have a trusted adult (55% vs 65%), a trusted friend (56% vs 63%), or to belong to a club or group (33% vs 44%).

Our qualitative work found that adolescents with disabilities experience many sources of distress. First, especially in rural areas – given that special needs schools are an urban phenomenon – they are far less likely to have access to education than their non-disabled peers. This leaves many feeling hopeless about their future. A 17-year-old blind girl, now living on her own in Community C (South Gondar) so that she can attend school, explained, ‘After I lost my sight I got depressed. I began getting easily upset for my physical disability. I started to feel inferior to my friends as I couldn’t go to school.’

Second, young people with disabilities have more negative interactions and fewer positive interactions with peers and the broader community. An 11-year-old girl from Community E (South Gondar), who has a mobility impairment, reported how she is treated by other children in her village: ‘They insult me, they call me cripple.’ The mother of a 12-year-old boy with a communication impairment, from Community I (East Hararghe), added, ‘He does not interact with them.’

Finally, although with some notable exceptions, many adolescents with disabilities appear significantly less well-supported by their parents than their non-disabled peers. Differences often emerged slowly, over the course of lengthy interviews, in the details provided by both adolescents and parents; it appears that young people with disabilities have less access to health care and education, are assigned more burdensome chores, and are given less desirable food and clothing. Adolescents with disabilities who are attending special needs schools in urban areas highlighted that access to education – which also affords them access to trusted adults (their special needs teachers) and peers – can come at a cost in terms of parental support. The above-mentioned 17-year-old blind girl in Community C (South Gondar) reported that she had not had contact with her parents in years, because she cannot afford transport back to the rural kebele where her parents live: ‘I live here and I can’t go to my folks because of the transportation problem. They expect me to come [to them].’ A 20-year-old physically impaired woman living and attending school in Debre Tabor (South Gondar) added, ‘Being far from my parents is my biggest challenge.’
jeopardise livestock: ‘I keep the goats alone... There are children... If I play with them, the goats could be lost.’ A 16-year-old girl from the same community added that she has lost contact with her only friend because their mothers send them to different locations. She explained, ‘I have a friend, but her mother only sends her to look after the animals and not to fetch water... I am no longer friends with her because we don’t meet, because she does not go where I go.’

Our qualitative work explored how adolescents spend their time together. Across cohorts and locations, both girls and boys reported spending a great deal of time doing chores alongside their friends. A 12-year-old boy from Community H (East Hararghe) explained, ‘We go to farmland together and we do our work together. We harvest sorghum.’ A 14-year-old girl from Community F (South Gondar) added, ‘My friends and I go to the woods to fetch firewood.’ Adolescent girls and boys also reported studying together. A 14-year-old girl from Community C (South Gondar), for example, stated, ‘My friend sometimes comes to our home to study with me. Then we spend the whole night together reading. We study and read together.’ A 17-year-old boy from Batu (East Shewa) noted, ‘We study together. We arrange to meet at the library.’

Other activities are more gendered, such as play. While nearly all boys reported playing tag and football with their friends, only a few girls used the word ‘play’ at all (and those that did were almost exclusively in Zone 5, where there are girls-only games played with stones and bones). Indeed, quite a few adolescent boys noted that their games were not open to girls. ‘It is only boys who can play football,’ explained a 13-year-old boy from Community B (Zone 5). For boys, when they are young, fighting is also a form of play. A 12-year-old boy from Community D (South Gondar) reported, ‘We climb slanting trees and we shake the trees... We play together. We fight one another by beating each other with our legs.’ A boy the same age from Community B (Zone 5) noted, ‘We play and fight, it is the characteristic of our childhood.’ As boys get older, fighting becomes not just a way to play but also a way to demonstrate loyalty and support. A 14-year-old from Community F (South Gondar) explained, ‘I also accompany my friends while they are fighting with others... A fight may be started over grazing land and an adolescent may beat one of our friends. Then,
As noted earlier, while most boys regard fighting in a positive light, it also carries psychosocial costs, with some fearful of injury or even death.

Adolescent girls and boys generally agreed that girls – but not boys – spend time talking with friends about personally meaningful things, which (especially for older girls in urban areas) increasingly involves using a mobile phone (see Box 7). In a group discussion, a younger boy from Dire Dawa explained that, ‘Girls like each other because they spend time together… They chat… Boys play.’

Across locations, girls reported that ‘making small talk and laughter… about our childhood life experiences’ not only speeds up chores, but relieves loneliness (15-year-old married girl, Community I, East Hararghe). They also agreed that discussions with friends can help them process ‘things that made us angry… for example, if a guy tried to harass us by pulling our hands’ (14-year-old girl, Community A, Zone 5) and to make plans for the future. An 11-year-old girl from Community I (East Hararghe), talking about her best friend, said: ‘We have talked about our future. She told me that after completing our education we will migrate to Djibouti.’ Especially in urban areas and South Gondar, where girls are more likely to be in school (which affords them more contact, and more regular contact), girls spoke at length of the emotional support they receive from one another. A 19-year-old girl from Batu (East Shewa) recalled:

> I was worried and scared when my father died… I was afraid of getting abused by people because I do not have a father, and I was afraid of losing the resources I have. I was thinking about it constantly. I was about to die because of stress… I started to spend time with friends and the stress reduced.

Girls’ narratives quite often revolved around how friends are able to support one another through family conflict, which becomes more common during adolescence. A 13-year-old girl from Community E (South Gondar) noted, ‘For example, if I did something wrong in the house and my mother yells at me or hits me, I will tell her [the friend] what happened and she will try to comfort me and make me laugh… She does not tell anyone. She keeps my secret and she also tells me some of her secrets that I don’t tell anyone.’ A 19-year-old girl from Debre Tabor (South Gondar) added, ‘We discuss personal issues like if there is some problem with our families, we talk about that and help each other to resolve the problem.’

In East Hararghe and Zone 5, unmarried adolescent girls and boys often spend time with each other at adolescent-only cultural dances, which provide them with comparatively unique opportunities to develop and strengthen the peer relationships that are important to adolescent well-being, as well as to solidify their cultural identity, which is often central to personal identity. Sadah (Zone 5) and shegoye (East Hararghe) are broadly similar in that they take place at night with no adult supervision, and are simultaneously treasured as fun but also quite dangerous – especially for girls. While a 15-year-old girl from Community A (Zone 5) reported that it ‘was delightful for me and for my age mates’ to spend time dancing ‘side by side’ with boys – particularly as in Zone 5, girls have no input into when and who they marry and are afforded zero freedom after marriage – a 17-year-old girl from the same community admitted that there are costs to participating in such events:

> We discuss personal issues like if there is some problem with our families, we talk about that and help each other to resolve the problem.

(A 19-year-old girl from Debre Tabor)
Sadah is good and it is bad at the same time. The good thing is because it is our culture, it has benefit. It also causes harm... There are girls who go there and get raped.

(A 17-year-old girl from Zone 5)
The boys may have intercourse with the girls, saying that they will get married... The friends eagerly ask each other who had intercourse with whom and how they had it... The male partner says whether he did it by pushing the girl or with her consent.

In Zone 5, fiemas – which are groups of ‘children who were born during the same season’ – emerged as important to some adolescent boys (15-year-old boy, Community A). These groups have both a positive role (in that they promote clan belonging) and a more harmful role (in that they use violence to ensure adherence to clan norms). Boys reported that their fiema met to discuss important topics (including girls) and to contribute to the community, including by ‘taking a sick person to the health centre’ (18-year-old boy, Community B). Several boys however noted that the fiema also plays a key role in making sure that boys conform to expectations. A 13-year-old from Community B explained, ‘There is no beating at our age group, but the older fiemas would beat their member when he fails to come to a funeral or is absent from digging the grave, or when he failed to participate in a given social activity.’ The fiema’s role in supporting cultural continuity is seen as so important that even boys who have been very badly beaten (for dereliction of duty) agree that it is necessary. An 18-year-old from Community B, who had been beaten, concluded that, ‘It is good. I believe it is important... It doesn’t matter if I die. It is, after all, my fiema.’

For girls and boys alike, there is often a fine line between peer support and peer pressure. Because adolescents themselves are often not aware of this line until after it has been crossed, and after some time has passed, active parenting is required to keep young people safe. For boys, peer pressure is most common and most destructive when it leads to substance use (alcohol in South Gondar, khat in East Hararghe, and both in urban areas), violence, and school dropout. A 14-year-old boy from Community I (East Hararghe) reported that he and his friends chew khat together nearly every day, as a way to relax: ‘We discuss on different issues and enjoy chewing khat.’ An 18-year-old boy from Batu (East Shewa) added that his peer group relies on a variety of substance to help them cope with feeling hopeless about the future. He said, ‘In our area, adolescents are not refraining from those addictions... there is khat, cigarette and tella... we also smoke marijuana ... it might help to forget the depressions of unemployment.’

Boys, even as they acknowledged that substance use prevents their ‘minds from working properly...so they fight each other all the time’ (17-year-old boy, Batu (East Shewa), admitted that it can be very difficult for their families to rein them in. ‘If the family speak to him about it, the boy would say that was none of their business,’ admitted a 19-year-old...
from Community D (South Gondar) of parents’ attempts to dissuade their sons from drinking.

For girls, who have far fewer opportunities for agency, let alone rebellion or destructive behaviour, peer pressure is most visible in regard to child marriage. In East Hararghe, girls who do not go to shegoye dances, where most relationships begin, are shunned by their peers. ‘There is a rule among youths... Boys and girls will not talk to her,’ explained an 18-year-old boy from Community I. Girls then encourage one another to marry, even in very early adolescence, to escape the chores that their families heap on them, to ensure that they can attract younger and more attractive boys and young men, and to demonstrate compliance with peer norms. A 15-year-old girl from Community I, who married at age 12 and is now divorced, recalled:

I got married through my own decision... It was due time for me... I had also reached the puberty age by then... Older friends of mine had already got married... We had been attending and playing shegoye together before they got married.

Although several respondents reported that some fathers beat their daughters to prevent them from attending shegoye (for which their mothers buy them clothes), none reported that married girls – even those as young as 10 years old – are helped to cancel their marriage. Indeed, several married girls observed that they are not allowed back in the natal home, even if they are experiencing intimate partner violence. A married 14-year-old girl from Community I stated, ‘Parents may force their daughters to get back to their husbands by explaining that the daughters should take responsibility of staying in their wedlock for they entered it on their own decision.’

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Figure 11: Substance use among adolescents

**Boys** are far more at risk of substance use than **girls**:

- In East Hararghe they chew *khat*. 59% vs 14%
- In South Gondar they drink *alcohol*. 47% vs 5%

Substance use in Zone 5 (Afar) is rare.
Interactions in the community

Our survey found that across locations and cohorts, nearly half (45%) of adolescents belong to a club or group. This is most common for younger adolescents living in urban areas (72% of boys and 56% of girls), nearly all of whom are enrolled in school and thus have access to after-school clubs; and least common for older adolescents in Zone 5, who are especially unlikely to be enrolled in school (17% of boys and 7% of girls) (see Table 15). With the exception of younger adolescents in South Gondar, boys are more likely than girls to be a member of a club or a group. The gender gap is driven in large part by boys’ disproportionate access to sports clubs and religious groups; girls are less often afforded time to participate in (and more likely to be actively excluded from) such activities. Among older urban adolescents, for example, 40% of boys but only 11% of girls are members of a sports club. Similarly, among younger adolescents in East Hararghe, 36% of boys and only 17% of girls are members of a religious group.

Reported access to girls’ clubs is highest for younger girls living in South Gondar (38%) and East Hararghe (36%), and also reflects how the GAGE sample was constructed to allow for the evaluation of Act With Her (AWH), a girls’ empowerment programme implemented by the non-governmental organisation (NGO), Pathfinder International and Care Ethiopia (see Box 8).6 In communities in South Gondar and East Hararghe that are serving as controls (i.e. not participating in the programming), girls’ access is approximately half that of AWH participants – which is more in line with the levels of access enjoyed by their older peers (21% and 22% in South Gondar and East Hararghe respectively). Access to girls’ clubs is especially limited in

Table 15: Group membership, by cohort, location and sex (percentage)

<table>
<thead>
<tr>
<th></th>
<th>Younger cohort</th>
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<th>Younger cohort</th>
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<td>East Hararghe</td>
<td>Zone 5</td>
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<td>F</td>
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<tr>
<td>Is in a girls’ club</td>
<td>26</td>
<td>38</td>
<td>36</td>
<td>5</td>
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Box 8: Act With Her

Act With Her is a five-year umbrella programme being implemented in Ethiopia by non-governmental organisations (NGOs) in collaboration with the government. It is designed to lay the health, education and social foundations that adolescent girls need to thrive and navigate healthy transitions to adulthood. The programme is being delivered in different ways in different communities, to test which interventions (including empowerment programming for adolescents, awareness-raising for parents, asset transfers, and systems strengthening) have the biggest and most sustainable impacts on girls’ lives. GAGE is evaluating the programme.

Our midline research found that while the programme is not without challenges (especially in Zone 5, where implementation was delayed), it is beginning to create subtle changes in some communities (see Baird et al., 2021a, 2021b, 2021c). Adolescent participants reported improved relationships with their parents, siblings and peers. For example, when asked what she had learned from Act With Her, a younger girl from Community G (South Gondar) replied, ‘being able to communicate with parents’. A 12-year-old girl from Community H (East Hararghe) added that the programme has given her much to discuss with her father: ‘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.’ Service providers, including teachers and health extension workers, observed that impacts on adolescents are visible. For example, a school director from Community F (South Gondar) reported that, ‘One of the most significant changes that has been observed in adolescent girls is developing self-confident behaviour.’

6 It should be noted that membership in any group is affected by this same issue. Looking only at control communities, in which programming is not being delivered, 38% of younger adolescents were in a group.
Zone 5 (5% of younger girls and 1% of older girls), in part because girls are less likely to be enrolled in school but primarily because schools are more poorly resourced.

School clubs are perhaps the most common groups to which adolescents belong. Indeed, among rural girls, 57% of those enrolled in school but only 8% of those not enrolled reported being in a group (figures for boys are 51% and 20% respectively). Outside of girls’ clubs, which will be discussed separately, students spoke of a wide variety of school clubs, including mini-media, Know Your Country, environmental, Red Cross, physical education, civics and ethics, debating, HIV, and sports. While many adolescents reported that they were assigned to clubs by teachers (sometimes without any expression of interest), and some young people admitted that while they were technically club members, the clubs had yet to convene, a sizeable minority of club members observed that school clubs provide important opportunities for participation. ‘We dance and sing music. Students who write poems also present them to us,’ explained a 16-year-old girl from Community F (South Gondar). Positive reports were far more common in South Gondar and urban areas, where clubs and after-school groups are better developed. A 14-year-old boy from Debre Tabor (South Gondar) identified belonging to after-school tutorial group as important to his growth, as a student but also as a person. He said, ‘I get the skill of self-confidence. We can improve our self-confidence by participating in such activities.’ An 18-year-old girl from Dire Dawa admitted that she loved the debating club the best because ‘I always love to argue with others!’ Unlike boys, who have opportunities to join community-based sports clubs, the girls who took part in sports clubs almost always did so at school. A 14-year-old girl from Community D (South Gondar), for example, reported that she enjoyed jump-rope competitions hosted by her school’s sports club: ‘It is good to do sport, you feel relaxed after doing sport.’

I get the skill of self-confidence [in an after-school tutorial group]. We can improve our self-confidence by participating in such activities.

(A 14-year-old boy from Debre Tabor)
Since I am a girl myself, I need to know about being a girl. That is why I joined the girls’ club.

(A 13-year-old from South Gondar)

Although our survey results do not allow us to ascertain how many girls have access to school-based girls’ clubs, our qualitative work underscored that clubs can be transformative. When clubs are well-organised (which is most common in urban areas and South Gondar), they provide girls with opportunities to spend recreational time with peers, which is vital in environments where girls’ time is limited and recreational spaces are exclusively for male use. They also offer a forum in which girls can access female mentorship (as clubs are led by female teachers), and expose them to myriad gendered ideas – including that menstruation is a normal process, and that they have the right to refuse child marriage. ‘Since I am a girl myself, I need to know about being a girl. That is why I joined the girls’ club,’ explained a 13-year-old from Community G (South Gondar). A girl the same age from Community I (East Hararghe) recalled that:

She [the teacher] informed us that we should tell her if our period comes to us while we are at school and she will help us by taking us to a separate room so that we can maintain our hygiene. She gathered and gave us all this information separately, with no boys present. It was safe for us to discuss openly, because all of us were females.

Several older girls and young women looked back on their participation in girls’ clubs as central to their development. A 20-year-old from Batu (East Shewa), for example, attributes her willingness to be the only female studying electrical engineering to ideas she first learned in girls’ club. ‘It benefits me, it helps me to have self-confidence,’ she recalled. A 23-year-old from Debre Tabor (South Gondar) added that in addition to de-stigmatising menstruation, her club leader had encouraged girls to share their problems with their parents. These lessons, according to a key informant (an educator from Debre Tabor (South Gondar)),

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7 Because girls would have answered ‘yes’ if they were in a school-based girls’ club and/or participating in Act With Her.
But during adolescence, you can do [things] and lay the foundation for your later adulthood and older age… My mind is rich. At this age, I can do anything and be fruitful.

(A 17-year-old boy from Batu)

need to be disseminated more broadly – including to boys. She stated, ‘There will not be real change without involving boys.’

While many boys (and some girls) from East Hararghe and Zone 5 reported attending religious/Qur’an education, only Ethiopian Orthodox adolescents spoke of more participatory religious groups. These groups provide young people with opportunities to volunteer in their communities, and to develop important life skills, including self-confidence, communication and collaboration. A 16-year-old boy from Community C (South Gondar) explained that his group helps labour-constrained households with farm work: ‘We give them labour support for those who don’t have enough family members… We are given a blessing.’

A 15-year-old married girl from Community D (South Gondar) added that her group distributes food to the poor. She explained, ‘We have our own mahiber [a religious based association] with friends… we gather in our house… We discuss if we need to give money… We go to church and give food to people.’ In Batu (East Shewa), several adolescents noted that weekly Bible study with their peers had been central to helping them set longer-term goals for themselves, to resist the peer pressure that might pull them off track, and to strengthening their faith, which helped them to overcome life’s challenges. An 18-year-old girl stated:

I spend my spare time at church. I attend Bible study on Saturday mornings at church I also attend Sunday service… I have friends at church… It helps you to prevent bad behaviours. It helps you to think about your future life. They teach you to help those who require our assistance. They help us to plan for the future and think beyond [today].

In East Hararghe, youth groups called qeeroos often take on similar functions. Qeeroos, which first emerged decades ago but have been revitalised in recent years by young people’s growing interest in politics, are spontaneously organised, rather than being affiliated (as many groups are) with the Ethiopian government and top-down efforts to support development. Adolescents and young adults reported that groups work to return truant children to school, providing school supplies ‘if the family are unable to cover school materials’ and distributing ‘food for displaced people’ (older girl in a group discussion, Community I, East Hararghe). Groups also break up fights and work alongside religious leaders to dissuade adolescents from attending shegoye. An 18-year-old married boy from Community J explained:

The Qeeroo(s) would do in collaboration with religious leaders… We just tell them in the form of advice that if a given adolescent dances the whole night, he would waste his education and work time on sleeping the next morning for he/she had been dancing the previous night.

GAGE participants reported that girls have far fewer opportunities to take part in queeroo groups than boys. This is partly because they have less time and less mobility, especially after marriage, as they are 'required to work in the house and help her husband and do other domestic errands' (18-year-old married boy, Community I, East Hararghe). However, girls’ more limited participation in queeroo groups is also partly the result of self-selection. A former female member from Community I, who was asked to lead a group, admitted that she quit instead of assuming leadership because she knew that no male would ever accept her authority. She recalled:

If I tell them to do something and order them, they would reply to me, "go away from here, you even do not know about yourself"… They accept the orders of males but they do not accept my orders. When they give orders to them and if they do not do that, conflict will arise. So I refused [as I did not want] to face such form of conflict.

A few adolescents in urban areas mentioned taking part in adolescent-focused, community-based NGO programming. In Debre Tabor (South Gondar), this programming was most often offered by SOS Children’s Villages.8 ‘They tell us about peace and to not fight with each other,’ reported a 13-year-old boy. In Batu (East Shewa), a 17-year-old boy explained that a short-term course on adolescence had been life-changing:

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8 https://www.sos-childrensvillages.org/who-we-are
I am interested in psychology after I got counselling from the NGO Compassion... They have trained us about adolescence. There are peculiar behaviours that differentiate the adolescence period from other age ranges. It is important for we adolescents to use this period well, because if we do not our minds will not develop fully and we will become stunted adults. We are at an ideal time to move and use our full potential. When you grow old, you cannot move as you want. Again, your memory fades. You cannot be active. But during adolescence, you can do [things] and lay the foundation for your later adulthood and older age... My mind is rich. At this age, I can do anything and be fruitful.

Access to quality psychosocial services

Quality psychosocial services – which might be provided by social workers or health extension workers, at school by trained counsellors, or via phone/online by zonal or even regional-level providers – could help young people to cope with mental health challenges. However, none of the GAGE participants – even those who reported having attempted suicide – had accessed services. Indeed, although 'the plan is to assign a social worker in each woreda... the numbers of social workers assigned at kebele level are insignificant', admitted a social worker from South Gondar (where roll-out of social workers is most advanced). In East Hararghe, where a significant number of internally displaced children witnessed or experienced atrocities during recent ethnic conflict in Somali region and are 'now mentally not normal and in a dangerous situation', parents reported that there is 'no psychosocial support' (father, Community I). In Afar – where girls have the fewest opportunities to avoid (or even delay) child marriage and are consequently the most likely to attempt suicide – community leaders acknowledge that 'there are no experts giving counselling' and that the only services available to suicidal girls are 'water and milk so as to neutralise the poison... and advice so as not to repeat [the attempt]'. In urban areas, where both government and NGO services are ostensibly more developed, key informants (when asked about the psychosocial services they deliver to vulnerable young people) described mainly practical support (including financial support and referral to health and justice services) and admitted that follow-up is rare. As a male key informant from Dire Dawa noted, 'We don't have any updated information about their [prior beneficiaries] current status.'
Our midline research underscores that Ethiopian adolescents’ psychosocial well-being is shaped by whether they have access to opportunities to pursue futures that are meaningful to them, and to emotional support to help them weather life’s challenges. Although most adolescents participating in GAGE appear to be navigating the transition to adulthood relatively well, especially given that the challenges they face are many and large, and traditional parenting strategies (and pedagogies) are unlikely to foster open communication and connection, those without opportunities and support are quite often at significant risk. This includes young people who have lost access to education (as well as the social opportunities school can afford), those exposed to myriad forms of violence (including child marriage), and those who are trapped in ‘waithood’ and unable to access the livelihoods that support adult independence. Differences between urban and rural areas, as well as between regions, are marked. Young people living in towns and cities—and Ethiopia’s more developed regions—tend to have more opportunities and better access to social support from family and peers and are generally more resilient and confident than those who live in more remote areas, especially Zone 5 (Afar). Due to gendered social norms that deprive girls of agency over their own lives, they are generally at higher risk than boys. Gender gaps are particularly large in East Hararghe (Oromia). Similarly, adolescents with disabilities, who often face exclusion both within and outside of the home, are usually at higher risk. Critically, for young people who are most at risk, access to formal psychosocial services is effectively non-existent.

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Key policy and programmatic strategies that would accelerate progress in improving adolescents’ psychosocial well-being include the following.

**Strategies directly focused on improving adolescent psychosocial well-being**

- **Provide students, beginning in early adolescence (e.g. at age 10 or 11), with iterative classes aimed at helping them understand adolescent development.** Alongside puberty education courses that address the physical changes that take place during adolescence, young people need to understand how their minds are developing. This should include attention to impulse control and peer pressure (contextualised as needed to account for substance abuse and child marriage) and actively encourage adolescents to seek out adult guidance (including from teachers, HEWs and other community members where young people are not comfortable approaching their parents). Starting in urban areas, and expanding as Ethiopia’s rural areas come online, adolescents should also be provided with education about how to keep themselves safe online, including from disinformation (which can inflame ethnic tensions and violence), pornography, and violence.

- **Scale up access to school-based clubs,** and ensure that adolescent girls and boys in all locations have access to clubs that meet regularly and allow for the active participation (starting with self-selection) that supports the development of efficacy.

- **Ensure that all girls and boys have access to girls’ clubs and gender clubs.** Girls’ clubs should be led by women and afford girls the opportunity to learn about gender norms, explore their interests, develop skills and spend time with friends in a girls-only space. Gender clubs should include both girls and boys and pay direct attention to how gender norms shape beliefs and behaviours, and constrain the lives of boys and girls and their families.

- **Develop culturally sensitive parent education courses,** for mothers and fathers, to help parents learn about adolescent development and understand the importance of non-violent discipline, open communication (and the emotional connection that it fosters), and of the need to monitor adolescents’ behaviour (to keep young people safe from risks such as adolescent-driven child marriage, substance use, and real-world and online violence). Courses should look at how gender norms shape adolescents’ and parents’ beliefs and behaviours, including limits on girls’ opportunities to interact with peers. They should also encourage parents to be alert for opportunities to provide guidance and support to adolescent community members who may not feel comfortable approaching their own parents.

- **Create community-based opportunities for adolescents—** including for girls (even those who are married) and those with disabilities—to engage in age-appropriate, lightly supervised interactions.
with one another. These might include sports clubs, recreational spaces such as youth centres, local women’s and youth associations in rural areas (but with particular attention to age- and gender-responsive tailoring), and organisations that bring young people together to volunteer in their communities (perhaps building off existent mahibers, qeerroo groups, and fiemas but being aware of the importance to promote equal participation of girls and boys). Where possible, supervision (or mentoring, depending on the ages of the young people involved) should be provided by adults who have been trained in adolescent-friendly communication techniques.

- **Expand the capacity of school staff to support the emotional well-being of adolescents.** This should include (for all staff who interact directly with adolescents) training in child-friendly disciplinary strategies, as well as courses in human development and adolescent-friendly communication techniques. School counsellor positions should be made available at all schools and their roles and responsibilities should be expanded to include supporting students’ broader well-being (not only their academic success). Special attention should be paid to adolescents with disabilities attending special needs schools, given that many are living away from home. Policies forbidding corporal punishment should be consistently enforced, including through establishing anonymous reporting mechanisms and the firing of staff who repeatedly violate children’s right to be free of violence.

- **Continue (and speed up) rolling out community-based social workers,** ensuring that training courses include a focus on adolescence (and how to support parents through parenting adolescents) and adolescent-friendly communication strategies.

- **Step up efforts to sensitise health extension workers to the needs of adolescents (and their parents).** Trainings should emphasise the emotional and social development that takes place alongside physical development and the importance of using guidance-based communication strategies that support adolescents’ well-being and well-becoming.

- **Provide interested religious leaders with basic and culturally sensitive training on human development and mental health, and help them consider how they might use their position in the community to improve adolescent well-being,** including by working with young people directly and by supporting their parents. Mahibers, community-based religious associations in which women play key roles, could also be important venues for promoting changes in social norms and attention to adolescent girls’ and young women’s well-being.

**Broader strategies that support adolescent psychosocial well-being**

- **Expand efforts to get all young people (including married girls and those with disabilities) in school, and keep them there,** including through stepped-up access to social protection, improved opportunities for dropouts to return to the classroom, better access to secondary school for students in rural areas (including through boarding options—especially for girls), and attention to the quality deficits that limit learning.

- **Support youth employment through improved access to Technical and Vocational Education and Training (TVET), short-term skills and entrepreneurship courses, apprenticeships, opportunities to save and borrow, and stronger linkages between schools and employers (in collaboration with the Ministry of Education and the Jobs Creation Commission).**

- **Continue efforts to eliminate child marriage,** working with adolescents, parents, communities and religious leaders to raise awareness – and with community leaders, to step up enforcement. Pair prevention efforts with improved support for married girls, especially in regard to girls’ needs for justice and mental health services due to intimate partner violence.

- **Work with men and boys, and the community more broadly, to promote alternative, non-violent masculinities and improve social cohesion (especially regarding ethnicity).**
References


‘My morale has been broken’: Exploring Ethiopian adolescents’ psychosocial well-being


Read: Now I want to ask you some more questions about your feelings. I am going to ask you a series of questions about how you have been feeling for the last two weeks. Everything that you say will be kept confidential, unless I feel that you are in imminent danger, or you feel that you are in imminent danger, in which case I will discuss with you some options to refer you for help.

After each question, read through the response options.

1. During the past two weeks, have you been able to concentrate on whatever you are doing?
   - 0 = Better than usual
   - 97 = Refused
   - 99 = (Do not read aloud)
   - 0 = Same as usual
   - 1 = Less than usual
   - 2 = Much less than usual

2. During the past two weeks, have you lost much sleep over worry?
   - 0 = Not at all
   - 97 = Refused
   - 1 = No more than usual
   - 99 = (Do not read aloud)
   - 0 = Same as usual
   - 1 = Rather more than usual
   - 2 = Much more than usual

3. During the past two weeks, have you felt that you were playing a useful part in things?
   - 0 = More so than usual
   - 97 = Refused
   - 1 = Same as usual
   - 99 = (Do not read aloud)
   - 0 = Less useful than usual
   - 1 = Much less than usual

4. During the past two weeks, have you felt capable about making decisions about things?
   - 0 = More so than usual
   - 97 = Refused
   - 1 = Same as usual
   - 99 = (Do not read aloud)
   - 0 = Less so than usual
   - 1 = Much less capable

5. During the past two weeks, have you felt constantly under strain?
   - 0 = Not at all
   - 97 = Refused
   - 1 = No more than usual
   - 99 = (Do not read aloud)
   - 0 = Same as usual
   - 1 = Rather more than usual
   - 2 = Much more than usual

6. During the past two weeks, have you felt that you couldn’t overcome your difficulties?
   - 0 = Not at all
   - 97 = Refused
   - 1 = No more than usual
   - 99 = (Do not read aloud)
   - 0 = Rather more than usual
   - 1 = Much more than usual

7. During the past two weeks, have you been able to enjoy your normal day-to-day activities?
   - 0 = More so than usual
   - 97 = Refused
   - 1 = Same as usual
   - 99 = (Do not read aloud)
   - 0 = Less so than usual
   - 1 = Much less than usual
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<th>Question</th>
<th>Response Options</th>
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<td>8</td>
<td>During the past two weeks, have you been able to face up to your problems?</td>
<td>0= More so than usual -97= (Do not read aloud): Refused</td>
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<tr>
<td></td>
<td></td>
<td>1= Same as usual -99= (Do not read aloud): Don't know</td>
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<tr>
<td></td>
<td></td>
<td>2= Less able than usual</td>
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<tr>
<td></td>
<td></td>
<td>3= Much less than usual</td>
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<tr>
<td>9</td>
<td>During the past two weeks, have you been feeling unhappy and depressed?</td>
<td>0= Not at all -97= (Do not read aloud): Refused</td>
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<td></td>
<td></td>
<td>1= No more than usual -99= (Do not read aloud): Don't know</td>
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<td></td>
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<td>2= Rather more than usual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3= Much more than usual</td>
</tr>
<tr>
<td>10</td>
<td>During the past two weeks, have you been losing confidence in yourself?</td>
<td>0= Not at all -97= (Do not read aloud): Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1= No more than usual -99= (Do not read aloud): Don't know</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2= Rather more than usual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3= Much more than usual</td>
</tr>
<tr>
<td>11</td>
<td>During the past two weeks, have you been thinking of yourself as a worthless person?</td>
<td>0= Not at all -97= (Do not read aloud): Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1= No more than usual -99= (Do not read aloud): Don't know</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2= Rather more than usual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3= Much more than usual</td>
</tr>
<tr>
<td>12</td>
<td>During the past two weeks, have you been feeling reasonably happy, all things considered?</td>
<td>0= More so than usual -97= (Do not read aloud): Refused</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1= Same as usual -99= (Do not read aloud): Don't know</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2= Less so than usual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3= Much less than usual</td>
</tr>
</tbody>
</table>
About GAGE

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

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Adolescents at a school sports day in Amhara, Ethiopia © Nathalie Bertrams/GAGE