Policy Brief

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Adolescents in a dance club, Ethiopia © Nathalie Bertrams / GAGE

Adolescent psychosocial well-being in Ethiopia: implications for policy and programming from the GAGE midline data

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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 awareness has grown 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 (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 brief, which is accompanied by a longer 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.

Methods

This policy brief draws on mixed-methods research undertaken in late 2019/early 2020 as part of GAGE's midline data collection in rural and urban sites in three regions of Ethiopia: Afar (Zone 5), Amhara (South Gondar) and Oromia (East Hararghe), and Dire Dawa City Administration. Our quantitative sample, which includes 7,526 adolescents in two age cohorts (the older aged 17–19 and the younger aged 12–14), deliberately oversampled those most at risk of being left behind – such as out-of-school adolescents, married adolescents and adolescents with disabilities. Our qualitative sample of 388 core adolescents (plus their caregivers, siblings, peers, service providers and community key informants) was selected from the larger quantitative sample.

Key findings

Psychosocial well-being outcomes

The GAGE adolescent survey included the General Health Questionnaire-12 (GHQ-12). The GHQ-12 is a screening device that identifies 'minor psychiatric disorders' and has been used with adolescent populations and in LMIC contexts. Across cohorts and locations, 13% of the adolescents in our midline sample had GHQ-12 scores that suggested emotional distress (>9/36). Variation across cohorts and locations and between boys and girls was marked.

In line with the broader literature, the survey findings indicate that older adolescents are more likely to be distressed than younger adolescents. 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). With the caveat that access to education is associated with significantly better psychosocial outcomes, older adolescents – especially those in urban areas and South Gondar (where secondary education is more common) – often attributed their anxiety and depression to academic stress and exam failure. The national exam taken at the end of 10th grade was singled out as especially stressful, because until recently it was the sole determinant of whether students were allowed to fulfil

▶▶ 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…

(A 19-year-old girl from Batu)

their aspirations. *'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. Older adolescents also attributed their distress to unemployment and their (in) ability to achieve economic independence. 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.'*

High levels of distress among urban adolescents – especially those in the older cohort – were also driven by concerns about violence. Political and ethnic conflict were rampant at the time of midline data collection and many young people were simultaneously excited about the possibility of political change and terrified about being caught in the crossfire. *'In Oromia region, there is always chaos,'* observed a 19-year-old boy from Batu (East Shewa). Layered on top of concerns about political violence, urban girls reported feeling a constant threat of sexual violence. 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.'*

The survey found that boys are more likely to be distressed than girls in South Gondar and girls are more likely to be distressed than boys in East Hararghe. Our qualitative findings suggest that gender norms – and how they interact with differences in broader regional opportunities for education and employment – underlie these differences. In South Gondar, even though girls are tasked with a disproportionate 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. As a father from Community E explained, *'All parents prefer to educate their female children.'* In East Hararghe, patterning is largely 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. With education not an option, 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 (especially those who have been married) perceive little potential for a better future (see Box 1). 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.'*

Across cohorts, our survey found that boys in Zone 5 were at particularly high risk of emotional distress. In interviews, alongside observations that they are lonely, Afar boys discussed two main drivers of their anxiety and depression. Most common was fear of being unable to deliver on the expectations of family and clan, which, in Zone 5, are tightly
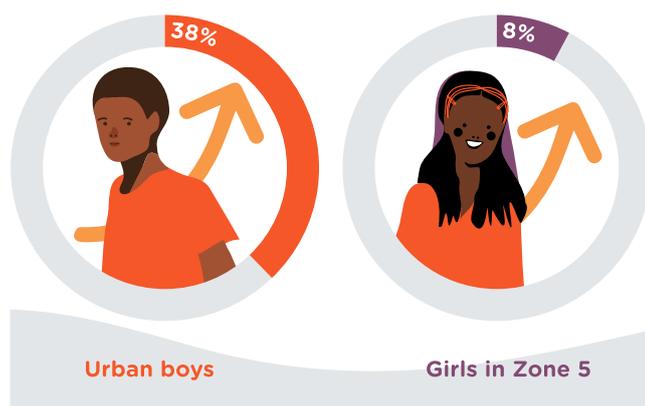
linked to keeping livestock (the source of both wealth and food) alive and healthy. A 13-year-old boy from Community B recalled his terror at the most recent drought: *'I was worried about the animals that were dying. Then I was worried that we might not have anything to eat, when many animals were dying 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.'* 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: *'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.'*

Resilience and efficacy

The GAGE 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. Compared to their rural peers, urban adolescents are especially likely to fall into the top quartile in terms of resilience (>33%). They are especially unlikely to fall into the bottom quartile (<10%). 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. With exceptions, adolescents in Zone 5 represent the other end of the resilience continuum (see Box 2). They are unlikely to be highly resilient (<10%) and especially likely to not be resilient (>33%). As was the case with the GHQ-12 scores, girls' disadvantage is proportionately largest in East Hararghe, whereas boys are most disadvantaged compared to girls in South Gondar.

Of younger adolescents, urban boys are the most likely to score highly in terms of **resilience** — girls in Zone 5 are the least likely.

38%

8%

Urban boys   **Girls in Zone 5**

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 C (South Gondar) explained, *'There is no problem for boys, but if a girl is not obeying her parents, she will be insulted and she will be labelled as someone born of a bad person.'* 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.

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. Adolescents, including those with disabilities, reported that school helps them to develop coping skills and the confidence to speak their minds – and also makes them happy (see Box 3). 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.'* Survey results echoed the qualitative findings, with in-school adolesents exhibiting better psychosocial well-being than their out-of-school peers on a range of measures – including emotional distress, resilience and support from family and peers.

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. A 20-year-old girl from Dire Dawa noted: *'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.'*

Support from family and trusted adults

The survey findings indicate that one-third (34%) of adolescents do not have a trusted adult in their life. Zone 5 stands out as the location in which adolescents have the least access to a trusted adult. 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

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(An 18-year-old girl from South Gondar)

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.'* Although gender gaps are almost always in boys' favour, East Hararghe again stands out in terms of the magnitude of girls' disadvantage. Indeed, it was not uncommon for girls from East Hararghe to report feeling as if they had been 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 cultural dances, because *'My parent can beat me if I tell.'*

Although relatively few rural adolescents reported approaching their parents with emotional concerns, sometimes because they saw no point – because so few feel that their parents 'often' listen to them (50% across rural locations and cohorts), sometimes because they were afraid of their parents' reactions and other times

Box 3: 'I started to feel inferior'

The GAGE 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). Our qualitative research 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.'* Finally, although with some notable exceptions, many adolescents with disabilities appear significantly less well-supported by their parents than their non-disabled peers. They have less access to healthcare 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].'*

because they did not want to add to their parents' worries, most adolescents reported that their parents were at least somewhat supportive. Across locations and cohorts, the young people who felt the 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.'*

Our survey found that adolescents – especially girls – usually feel less emotionally connected to their fathers than their mothers. A 12-year-old boy from Community H (East Hararghe) explained that this is due to gender roles which leave nurturing to women: *'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.'* However, because fathers tend to be decision-makers in Ethiopian households, the young people who felt the most secure about their place in the family and their future options were generally those

Figure 9: The psychosocial well-being of adolescents with disabilities

Adolescents with disabilities are more than twice as likely as those without to report **emotional distress**.

● Adolescents with disabilities
● Adolescents without disabilities

23%

9%
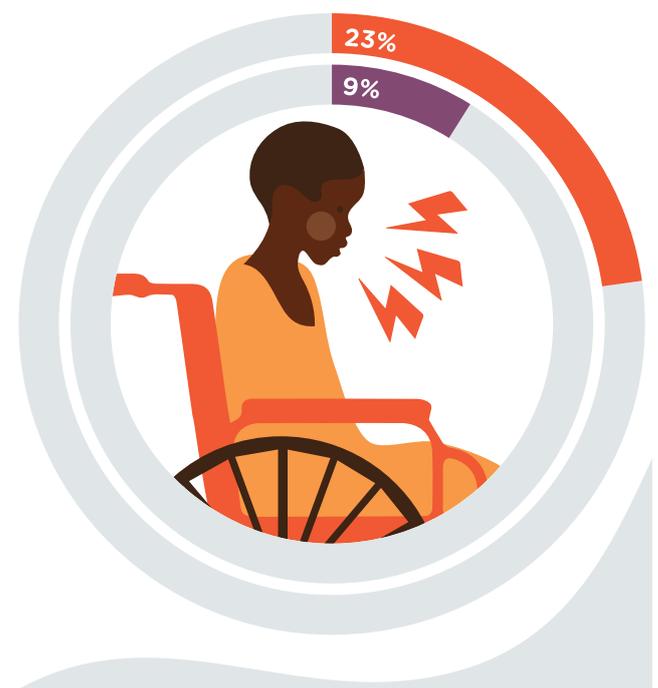
with the most supportive fathers. For example, a 12-year-old girl from Community J (East Hararghe) said, *'My father appreciates me that I am his type of child! In his appreciation, he assures me that he will fulfill everything I want. He promises that he will sacrifice everything he can for my education. He assures me that he will never hesitate to sell our livestock to support my education.'*

Adolescents participating in our qualitative work emphasised the importance of support from siblings as well as parents. 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. As was the case with parental support, the most common and often most appreciated form of sibling support was for education. It was common for adolescents across locations to note that the remittances provided by older siblings were funding schooling and several younger adolescents reported tutoring by older siblings. *'My sisters tutor me... with all they can,'* explained a 14-year-old boy from Debre Tabor (South Gondar).

Some adolescents reported adult support networks that extend beyond the family. Teachers, religious leaders, employers and Health Extension Workers featured in young people's narratives. *'There are teachers who treat me like their sister and support us as much as they can,'* explained a 13-year-old girl from Community I (East Hararghe). A 19-year-old boy from Dire Dawa added, *'Religious leaders teach you to love each other and love our country. So their teaching has helped us.'*

Peer networks

In terms of peer networks, most adolescents (66%) said they have a trusted friend, outside of Zone 5 (39%) – where 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. Our qualitative interviews 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.'* 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.'*

Other peer activities are more gendered. For example, while nearly all boys reported playing tag and football with their friends, only a few girls used the word 'play' at all. Indeed, quite a few adolescent boys noted that their games were not open to girls. *'It is only boys who can play football,'* explained

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

a 13-year-old boy from Community B (Zone 5). Boys also reported fighting as a peer activity. A 12-year-old boy from Community D (South Gondar) noted, *'We climb slanting trees and we shake the trees... We play together. We fight one another by beating each other with our legs.'* As boys get older, fighting becomes not just a way to play but also a way to demonstrate loyalty and support to friends.

Adolescent girls and boys generally agreed that girls – but not boys – spend time talking with friends about personally meaningful things. 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. As girls grow up, and leave school and marry, their access to peer support is limited by gender norms that restrict both their mobility and their access to mobile phones and other communication technology. *'In our area, females do not have phones. It is usually males who can have a cell phone... It is to prevent women from cheating*

A minority of adolescents in Zone 5 have a **trusted friend**.

39%

with other men by using the phone to make calls,' explained a 14-year-old girl from Community A (Zone 5).

For girls and boys alike, there is often a fine line between peer support and peer pressure. 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. 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.'*

Interactions in the community
The survey findings revealed 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 (nearly all of whom are enrolled and have access to school clubs) and least common for older adolescents in Zone 5. Except for younger adolescents in South Gondar, boys are more likely than girls to be a member of a club or a group (because of their better access to sports clubs). Although some Ethiopian Orthodox adolescents in urban areas and South Gondar mentioned active participation in religious groups (mahibers), and some adolescents (especially boys) discussed being members of community-based youth groups (qeeroos in East Hararghe and fiemas in Zone 5), it was most common for young people to discuss participating in school clubs. Club members observed that school clubs – when done well (which is most common in urban areas and South Gondar) – provide important opportunities for the participation that improves self-efficacy and psychosocial well-being. *'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).

For girls, access to girls' clubs can be transformative. They can provide girls with opportunities to spend recreational time with peers, offer a forum in which girls can access female mentorship, 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). 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.

Access to quality 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).

Policy and programming implications

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 navigate risks and challenges. Although most adolescents participating in the GAGE longitudinal study appear to be navigating the transition to adulthood relatively well, especially given that the challenges they face are multiple, significant and intersecting, 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.

Key policy and programmatic strategies that would accelerate progress in improving adolescents' psychosocial well-being include the following:
- Create strategies directly focused on improving adolescent psychosocial well-being.

- Provide students, beginning in early adolescence, 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).
- 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 that supports the development of efficacy.
- Ensure that all girls and boys have access to girls' clubs and gender clubs that address gender norms and how they shape and limit lives.
- 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), 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), and how gender norms shape adolescents' and parents' beliefs and behaviours.
- 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.
- 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).
- Continue (and speed up) the roll-out of 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.

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).