'They told us not to be afraid and that our country continues'

Evidence from GAGE Round 3 on the psychosocial well-being of Ethiopian young people

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March 2024

Acknowledgements

Suggested citation:
Presler-Marshall, E., Endale, K., Jones, N., Baird, S., Yadete, W., Kasahun, T., Woldehanna, T. and Hamory, J. (2024) *'They told us not to be afraid and that our country continues': Evidence from GAGE Round 3 about the psychosocial well-being of Ethiopian young people*. Report. London: Gender and Adolescence (https://www.gage.odi.org/publication/they-told-us-not-to-be-afraid-and-that-our-country-continues-evidence-from-gage-round-3-about-the-psychosocial-well-being-of-ethiopian-young-people)

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Introduction

Globally, adolescents and young adults are experiencing unprecedented rates of reported adverse mental health. Although rates of depression and anxiety began climbing in many countries prior to the outbreak of the Covid-19 pandemic in 2020, a recent meta-analysis of studies in upper middle-income and high-income countries found that since then, rates appear to have almost doubled – to 25% and 21% respectively (Racine et al., 2021; UNICEF, 2021). Ethiopia is not immune to these global challenges. Research has found that approximately one-quarter of Ethiopian young adults have a mental illness and that suicide is the fourth leading cause of death among young people aged 15–29 (Mitiku et al., 2024).

This report builds on previous research by the Gender and Adolescence: Global Evidence (GAGE) programme and synthesises findings from Round 3 data collection (in 2021 and 2022) to explore patterns in Ethiopian young people's psychosocial well-being (Baird et al., 2019; Jones et al., 2019; Presler-Marshall et al., 2021; Miller et al., 2023; Seager et al., 2023). Paying careful attention to similarities and differences between groups of adolescents (broadly aged 13–17 at the time of Round 3 data collection) and young adults (broadly aged 18–21) – based on their gender, geographical location, and intersecting disadvantages, including disability and child marriage – we explore multiple measures of psychosocial well-being. These include young people's psychological distress and emotional resilience, access to peer networks and supportive adults, substance use, and access to psychosocial support services. Given the rapid political, economic and social changes occurring in Ethiopia over the past five years, we also highlight some key changes in psychosocial outcomes using earlier rounds of data. The report concludes with implications for policy and programming.

Ethiopian context

Country timeline

Since GAGE last collected data in Ethiopia, in late 2019 and early 2020 (Round 2), myriad events at the international, national and regional levels have combined to shape Ethiopian young people's lives and psychosocial well-being. The country's ethnic federalist constitution, which 'ties defined ethnic communities to particular territories', has proven to be a 'volatile constitutional construct' during the process of political transition that Prime Minister Abiy Ahmed heralded in when he was elected in 2018 (Hagmann and Abdi, 2020). Since 2017 there has been widespread inter-ethnic violence, including: the 2017–2018 conflict between Oromia and Somali regional states that left hundreds of people dead and up to 1.5 million people displaced (ibid.); ongoing ethnic conflict over land disputes in Benishangul-Gumuz since 2018, which has also resulted in hundreds of deaths and more than 150,000 displaced people (Gardner, 2021); and ongoing violence in southern Ethiopia, which has led to a splintering of the ethnically diverse former Southern Nations, Nationalities and Peoples Region (SNNPR) and more than 1 million displacees (Maasho, 2018). In addition, the devastating conflict in northern Tigray between 2020 and 2022 resulted in an estimated 600,000 deaths and millions of people displaced (Center for Preventive Action, 2023). Indeed, the International Organization for Migration (IOM) Displacement Tracking Matrix estimates that over the past two years in Ethiopia, up to 4.39 million people have been displaced (IOM, 2024).

In the two regions that are the focus of this report, Amhara and Oromia, shocks that have exacerbated adolescents' and young adults' risks of psychosocial distress include the Covid-19 pandemic, which disrupted the economy and forced schools and other public services to close in March 2020. Shortly after schools reopened in October 2020, conflict in the Tigray region broke out, creating country-wide unrest. By mid-2021, violence had spread to the Amhara (and Afar) regions. There was intense fighting there until August 2022, with some interruption between December 2021 and June 2022.

Current research on psychosocial well-being

Recent research in Ethiopia has found that young people are at high risk of adverse mental health. Rates of depression and anxiety are estimated to be in the order of 20%–30% (Girma et al., 2021; Hunduma et al., 2022; Tarecha et al., 2022; Chekol et al., 2023; Mitiku et al., 2024). Adverse mental health is found to be correlated with violence of all types, limited peer support, and poor social cohesion (Tirfeneh and Srahbzu, 2020; Crivello et al., 2021; Girma et al., 2021; Hunduma et al., 2022; Tarecha et al., 2022; Mitiku et al., 2024). Girls – who are more impacted by discrimination, sexual violence, and child marriage – are generally found to be at higher risk of adverse mental health than boys, especially of depression

(Jörns-Presentati et al., 2021; Nakie et al., 2022; Tarecha et al., 2022; Chekol et al., 2023).

Despite recent improvements in service provision, dedicated mental health providers are rare in Ethiopia (Ministry of Health, 2020). 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 has been slow and a broader national strategy has yet to be launched.

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 – in order to understand what works to support adolescents' development and empowerment, both now and in the future (see Figure 1). This framing draws on the three components of Pawson and Tilley's (1997) approach to evaluation, which highlights importance of outcomes, causal mechanisms and contexts, though we tailor it to the specific challenges of understanding what works in improving adolescents' capabilities.

The first building block of our conceptual framework is capability outcomes. Championed originally by Amartya Sen (1985, 2004) and nuanced by Martha Nussbaum (2011) and Naila Kabeer (2003) to better capture complex gender dynamics at intra-household and societal levels, 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 children and young people with diverse trajectories, including the most marginalised and 'hardest to reach' such as those with disabilities or those who were married as children. Although the GAGE framework covers six core capabilities, this report focuses on psychosocial well-being. It explores young people's psychological

distress and emotional resilience, access to peer networks and supportive adults, substance use, and access to psychosocial support services.

The second building block of our conceptual framework is context dependency. The GAGE '3 Cs' framework situates young people socio-ecologically. It recognises that not only do girls and boys at different stages in the life course have different needs and constraints, but also that these are highly dependent on their context at the family/household, community, state and global levels. In the case of psychosocial well-being, cultural contexts and deeply entrenched gender norms are a key factor, as are the contours of the educational and health care systems and the labour market.

The third building block of our conceptual framework – change strategies – acknowledges that adolescents' contextual realities will not only shape the pathways through which they develop their capabilities but also determine the change strategies open to them to improve their outcomes. Our socio-ecological approach emphasises that in order to nurture transformative change in adolescents' capabilities and broader well-being, potential change strategies must simultaneously invest in integrated intervention approaches at different levels, weaving together policies and programming that support young people, their families and their communities while also working to effect change at the systems level. This report concludes by reflecting on what type of package of interventions could better support young people's psychosocial well-being in Ethiopia.

Sample and methods

This report draws on mixed-methods data collected in Ethiopia between early 2021 and late 2022. It adds to what we have learnt from data collected at Baseline (2017–2018) and during Round 2 (2019–2020).

At Baseline, the quantitative sample included 6,924 adolescents from households across two cohorts (aged 10–12 years and 15–17 years), with purposeful oversampling of adolescents with disabilities and those who were married as children. Data was collected from three marginalised rural areas – Amhara's South Gondar, Oromia's East Hararghe, and Afar's Zone 5 – as well as urban Dire Dawa, Debre Tabor, and Batu. For this initial round, only younger cohort adolescents were sampled in rural areas, and in Batu only older adolescents were sampled.

Figure 1: GAGE conceptual framework

Improved well-being, opportunities and collective capabilities for poor and marginalised adolescent girls and boys in developing countries

CAPABILITY OUTCOMES

- Education and learning
- Sexual and reproductive health
- Bodily integrity
- Psychosocial well-being
- Voice and agency
- Economic empowerment

PSYCHOSOCIAL WELL-BEING:

- Psychological distress and emotional resilience
- Support from family and other trusted adults
- Support from peers
- Substance use
- Access to quality psychosocial services

CONTEXTS WHICH SHAPE ADOLESCENT GIRLS' AND BOYS' CAPABILITIES

GLOBAL
NATIONAL AND SUBNATIONALS (RURAL VS GOVERNMENTS)
COMMUNITY (RURAL VS URBAN)
HOUSEHOLD
MALE AND FEMALE PEERS

10 → 13 → 16 → 19 YEARS OLD

CHANGE PATHWAYS

- Empowering girls
- Empowering boys
- Engaging with boys and men
- Supporting parents and engaging in-laws
- Promoting community social norm change
- Strengthening school systems
- Strengthening adolescent services

Problem: inadequate knowledge about what works is hindering efforts to effectively tackle adolescent girls' and boys' poverty and social exclusion

For Round 2, an additional 1,655[1] young people (aged 10-20 at the time of recruitment) were added to the sample. Most were added because they were rural (to balance the older cohort in urban areas) or because they had married as children (due to this being of special interest to GAGE). Others were added because they were out of school, had a disability, or were internally displaced. Altogether, this brings the total sample size for Round 2 to 8,579 adolescents. Data was collected from the same three rural and three urban locations.

For Round 3, budget limitations meant that GAGE researchers only surveyed people living in rural South Gondar, rural East Hararghe and the city of Debre Tabor (see Figure 2). The total eligible sample was 8,543. This included 6,194 young people who were part of the Round 2

sample from these three locations, 807 older adolescents (new to the study) in Debre Tabor, aged 14–18 at time of recruitment, and 1,533 very young adolescents (also new to the study) aged 11–13 at time of recruitment. In Round 3 the survey involved a total sample of 7,509 young people.

To facilitate the analysis of change over time, this report focuses on the 4,810 adolescents who were surveyed in both Round 2 and Round 3. Of these, 202 had reported a functional disability, even if they have an assistive device available (such as glasses, hearing aids or a mobility device) (see Table 1). The sample included more females (2,802) than males (2,008). Of the females, and because GAGE over-sampled those who had experienced child marriage, 734 had been married prior to age 18. At the time they were surveyed,

Figure 2: GAGE Round 3 research locations

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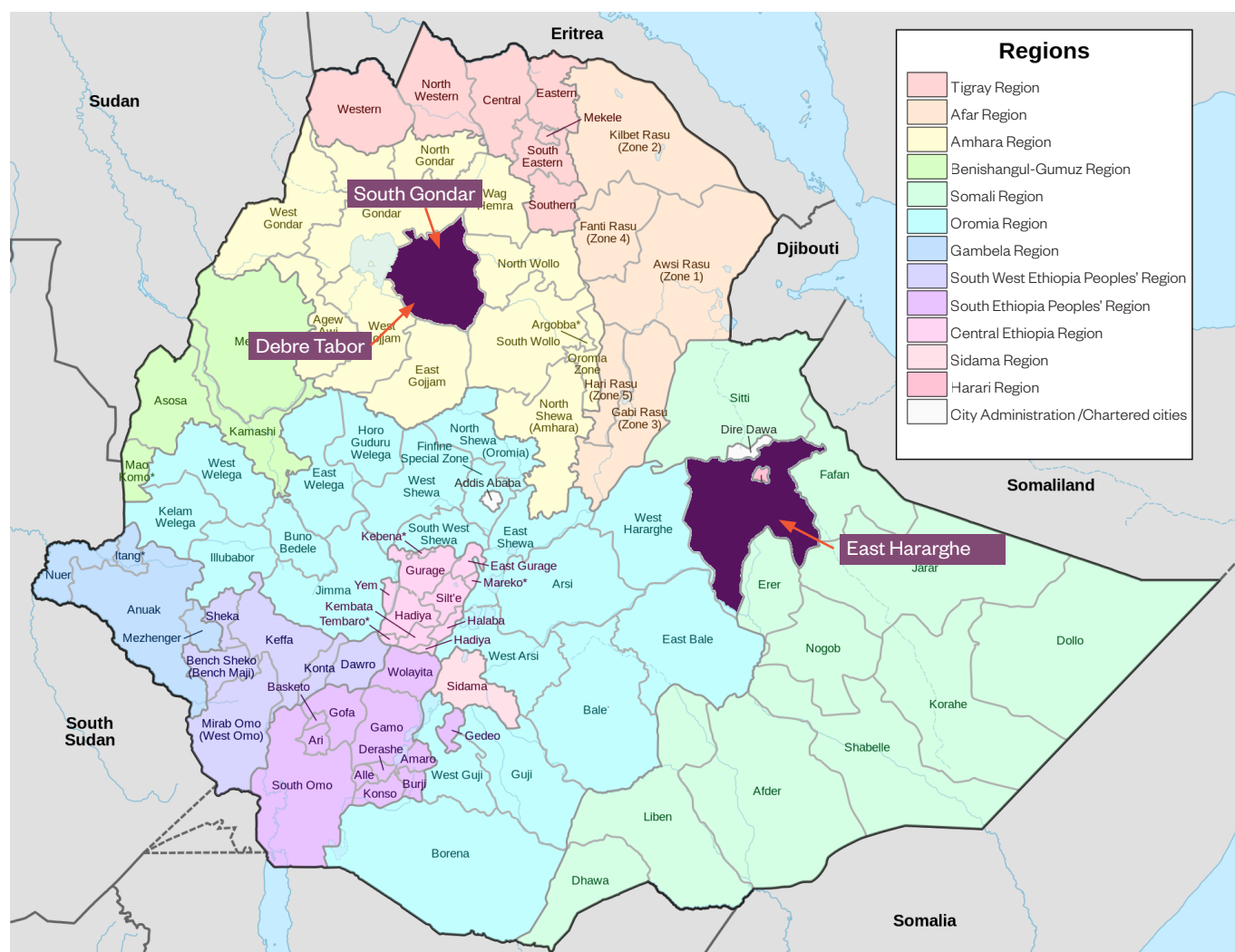
1   This total includes: a) 1,124 older rural adolescents (aged 17-19 at recruitment) from East Hararghe, South Gondar, and Afa-- of these 680 were female (490 of whom were married) and 444 were male (117 of whom were married), b) 387 married adolescents, including those living in the same three rural areas (aged 10-16 at recruitment) and in GAGE's urban locations (aged 14-20 at recruitment), c) 157 adolescents with disabilities (aged 10-20 at recruitment)—but only 64 new individuals who were not part of a and b already detailed, and d) 140 adolescents with characteristics of special interest (e.g. those who were internally displaced or out of school)— but only 80 new individuals who were not part of a, b and c already detailed.

the younger cohort had a mean age of 14.3 years; we refer to these individuals as adolescents. The older cohort had a mean age of 18.9 years. To distinguish these young people from those in the younger cohort, we refer to them as young adults, despite the fact that a small minority of them are legal minors under the age of 18.

An important point to note, for interpreting our findings, is that the younger cohort (3,857 adolescents) is much larger than the older cohort (953 young adults). The younger cohort is also more likely to be rural than the older cohort (approximately 90% versus 65%). Because of these differences, means by cohort that do not take account of location cannot be directly compared, thus our findings are presented by cohort. For some indicators, we present changes over time. Specifically, we present change between Round 2 and Round 3, because both

those samples included the older rural adolescents who were added for Round 2.

The qualitative sample for this report was primarily purposively drawn from the larger quantitative sample. However, it also includes additional research participants who were purposively selected to explore the effects of the conflict in South Gondar, given that this constituted a major shock to young people, their households and communities. Because of the security situation and the timeline of the national election, the Round 3 qualitative data was not collected during a single window. It instead represents an amalgamation of six rounds of data collected in urban Debre Tabor and rural South Gondar and East Hararghe during the same time period in which surveys were fielded. In total, the sample includes 203 interviews with 336 individual young people, as well as 37 interviews with 219

Table 1: Quantitative panel sample

	Locations			Sub-sample of those with disability	Sub-sample of girls married <18	Total
	Rural		Urban			
	South Gondar	East Hararghe	Debre Tabor			
Females	1260	1164	378	107	734	2802
Males	852	816	340	95	na	2008
Younger cohort	1777	1704	376	157	377	3857
Older cohort	335	276	342	45	357	953
Total	2112	1980	718	202	734	4810

Table 2: Qualitative sample

Respondent Type	Sex	Location			Total
		Rural		Urban	
		South Gondar	East Hararghe	Debre Tabor	
Adolescents	Girls	56 (90)	11 (27)	9	76 (126)
	Boys	50 (81)	12 (29)	6	68 (116)
Total		106 (171)	23 (56)	15	144 (242)
Young adults	Females	13 (22)	8 (16)	8	29 (46)
	Males	13 (25)	6 (12)	11	30 (48)
Total		26 (47)	14 (28)	19	59 (94)
Sub-sample of those with disability		5 (11)	-	3	8 (14)
Sub-sample of girls married <18		5 (8)	2	2	9 (12)
Sub-sample of IDPs		4 (16)	-		4 (16)
Parents/Caregivers	Mothers	10 (58)	6 (35)	3 (18)	19 (111)
	Fathers	10 (56)	5 (34)	3 (18)	18 (108)
Total		20 (114)	11 (69)	6 (36)	37 (219)
Key informants		99 (125)	32 (63)	10	14 (198)
TOTAL		265 (492)	82 (218)	55 (85)	402 (795)

The table presents the number of interviews and then in brackets indicates the total number of participants as some interviews were with pairs or groups of people

individual caregivers and 141 interviews with 198 individual key informants (see Table 2).

Quantitative survey data was collected through face-to-face interviews[2] by enumerators who were trained to communicate with marginalised populations. Surveys were broad and included modules reflecting the GAGE conceptual framework (see Hamory et al., 2024). Analysis of the quantitative survey data focused on a set of indicators related to psychosocial well-being (data tables are available on request). Statistical analysis was conducted using Stata 17.0. For simplification, differences cited in the text as statistically significant have a p-value<0.05.

Qualitative tools, employed by researchers who spoke the respondent's native language (Amharic or Afaan Oromo) and had been 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., 2024). 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, GAGE secured approval from ethics committees at ODI and George Washington University, the Ethiopian Society of Sociologists, Social Workers and Anthropologists and the research ethics boards from the relevant regional Bureaus of Health of Ethiopia. We also secured informed assent from adolescents aged 17 and under, and informed consent from their caregivers and from adolescents aged 18 or above. There was also a robust protocol for referral to services, tailored to the different realities of the diverse research sites (Baird et al., 2020).

Findings

Our findings are presented in line with our conceptual framework, focusing on: psychological distress and emotional resilience; access to peer networks and supportive adults; substance use; and access to quality psychosocial services. As noted in the previous section, survey findings are presented by cohort – first for adolescents, and then for young adults.

Psychological distress and emotional resilience

Survey results for adolescents

The Round 3 GAGE survey included the Patient Health Questionnaire-9 (PHQ-9),[3] which is used to screen for depressive symptoms and assess their severity. This tool has been validated for use in adolescent samples in low- and middle-income countries, and asks individuals to self-report on how often, over the preceding two weeks, they have had symptoms such as low interest in doing things, or difficulty falling asleep or staying asleep, among other things (Anum et al., 2019; Mazzuca et al., 2019). Unlike the broader existent evidence base, however, and possibly because our sample is primarily comprised of highly marginalised rural adolescents for whom food security is a daily concern, the Round 3 data shows that adolescents are extremely unlikely to have scores on the PHQ-9 suggestive of depression. Fewer than 2% were mildly depressed[4] and fewer than 0.5% were moderately to severely depressed[5] (see Figure 3). There were no significant location or gender differences. As we discuss further below, we believe that these scores may reflect the fact that adolescents in these

Figure 3: Adolescent depression
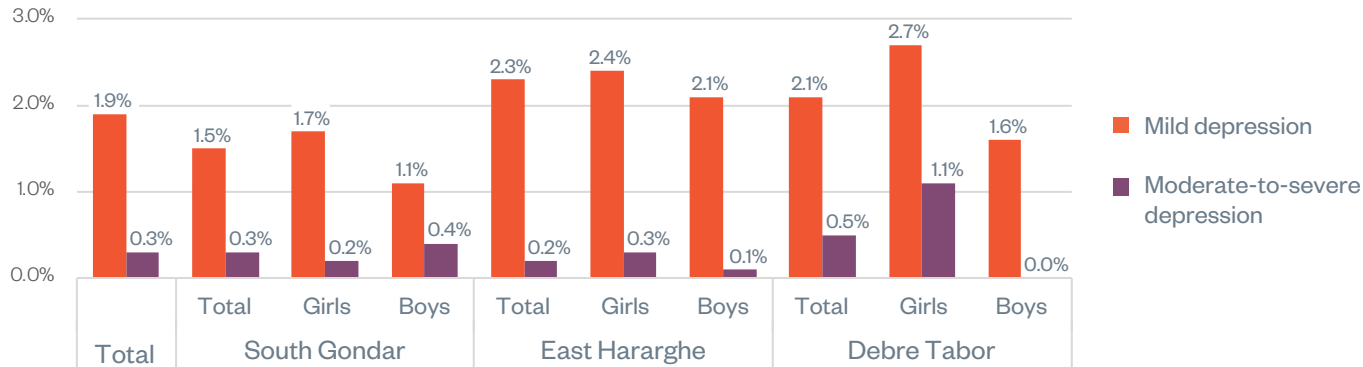
2   Twenty-seven adolescents were interviewed by phone.
3   Patient Health Questionnaire-9 (https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf).
4   This category includes those with scores between 5 and 9, out of a maximum of 27.
5   This category includes those with scores equal to or greater than 10, out of a maximum of 27.

contexts have become habituated to very challenging life circumstances.

In the approximately 18 months since the Round 2 survey, adolescents in East Hararghe have seen their rates of depression decline, possibly related to the end of the drought and better economic conditions within their community. Boys in East Hararghe were a significant 2.5 percentage points less likely to be mildly depressed at Round 3 than they were at Round 2. Girls and boys in that location were a significant 1.5 percentage points less likely to be moderately to severely depressed.

The Round 3 survey also included the Child and Youth Resilience Measure (CYRM),[6] which measures young people's resilience and ability to overcome obstacles from a socio-ecological perspective. It asks individuals whether they agree with statements like '*I have people I want to be like*' and '*I know where to go to get help*'. Dividing the sample into high, moderate and low resilience – based on the distribution of scores – adolescents were more likely to fall into the high category (23%) than the low category (12%) (see Figure 4) (Resilience Research Centre, 2019).

More importantly, adolescents' scores varied substantially based on their location and gender. Adolescents living in urban Debre Tabor (41%) were far more likely than their rural peers to have high resilience. Concomitantly, there were almost no adolescents in Debre Tabor with low resilience (1%). Adolescent resilience was also shaped by which rural location young people live in. Adolescents living in rural South Gondar were significantly more likely than their peers living in rural East Hararghe to have high resilience (25% versus 17%) and less likely to have low resilience (9% versus 17%). In all three locations, girls were approximately twice as likely as boys to have low resilience (11% versus 6% in South Gondar, for example). In

East Hararghe and Debre Tabor, girls were also less likely than boys to have high resilience. Other than young people with disabilities (see Box 1), girls in East Hararghe stand out as the least resilient group of adolescents. Compared with all other groups of adolescents, they were most likely to have low resilience (22%) and least likely to have high resilience (11%).

Compared with Round 2 data, the resilience scores of some groups of adolescents have significantly shifted. In rural South Gondar, boys were 5 percentage points less likely to have low resilience at Round 3 than at Round 2. However, girls in South Gondar were 4 percentage points more likely to have low resilience and 6 percentage points less likely to have high resilience.

Survey results for young adults

The Round 3 survey also found that young adults are unlikely to be depressed. Only 5.4% of young adults had scores indicating mild depression and only 1.2% had scores indicating moderate-to-severe depression (see Figure 6). There were no significant location or gender differences.

In the approximately 18 months since Round 2, rates of mild depression among young adults fell significantly by 4.4 percentage points (disaggregation is not possible due to sample size). Rates of moderate-to-severe depression were unchanged.

Based on their CYRM scores, most young adults are moderately resilient. Nearly one-quarter (24%) fall into the category of high resilience and 15% fall into the category of low resilience. Location and gender were again found to significantly shape categorisation. Young adults living in urban Debre Tabor were again most likely to have high resilience (41%) and least likely to have low resilience (6%). In contrast to the patterning for adolescents, young adults

Figure 4: Adolescent resilience

6   Child and Youth Resilience Measure (https://cyrm.resilienceresearch.org).
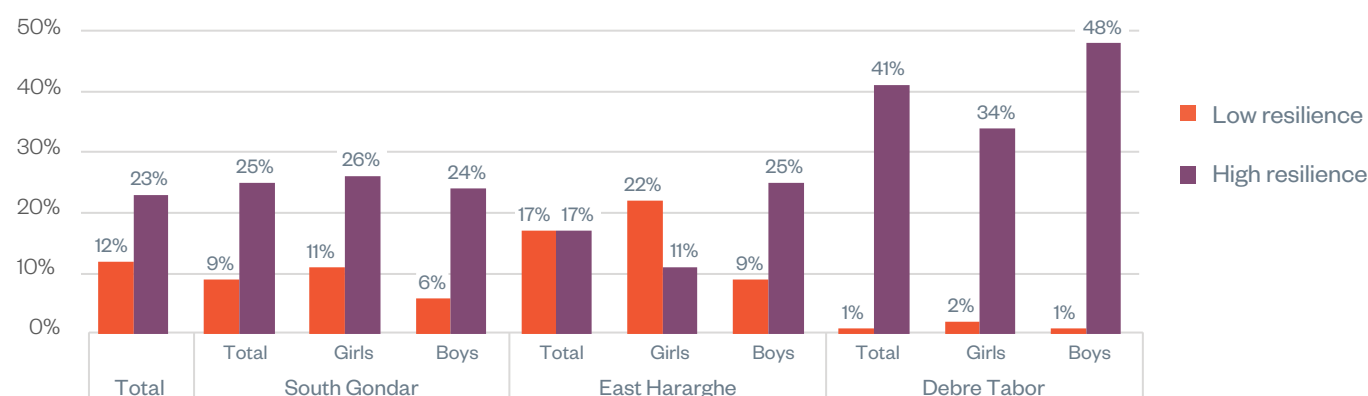
Box 1: Young people with disabilities have poorer psychosocial well-being outcomes

The Round 3 survey found that young people with disabilities are significantly disadvantaged compared to their peers without disabilities on myriad fronts. For example, they were five times more likely to have PHQ-9 scores suggestive of mild depression (11% versus 2%) and four times more likely to have scores suggestive of moderate-to-severe depression (2% versus 0.4%) (see Figure 5). Compared to their peers without disabilities, they were also twice as likely to have low resilience scores (29% versus 12%) and half as likely to have high resilience scores (11% versus 24%). Young people with disabilities were also significantly less likely than their peers without disabilities to have a trusted friend, a trusted adult, to have left the *kebele* (neighbourhood) at least once in the past 3 months, and to have a digital device for their own use. They were also significantly less likely to have spoken to their father and mother about all topics – education, future work and religion.

Figure 5: Psychosocial well-being indicators, by disability status
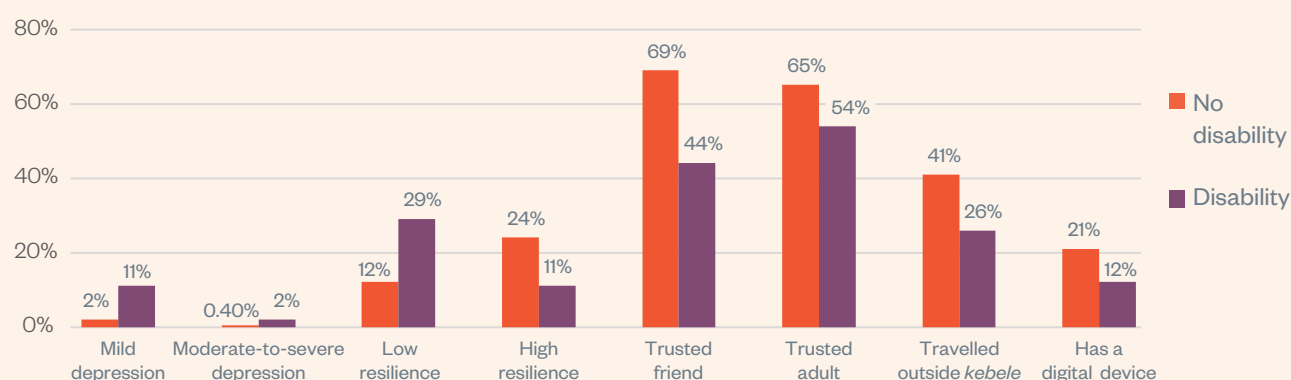
Previous GAGE qualitative research has found that many young people with disabilities are stigmatised and de-valued by their families, their peers, and their communities. However, at Round 3, young people with disabilities had little to say about the relationship between their psychosocial well-being and disability. A 17-year-old boy with a vision impairment from urban Debre Tabor reported that he has friends with and without disability – and noted that attending special needs education has been important to him for meeting other people with disabilities: '*I have friends in regular and church education … In regular education I have visually impaired friends, but in the church they are not visually impaired*.' A young man from the same community explained that young people with disabilities were especially vulnerable during the conflict, because so many are living independently in order to access special needs schools. He stated:

We adolescents with disability have been impacted not only due to the war and the war situation but also not having parents, family or anyone who helps us or guides us to escape or to change the place that we have been living. No one has supported us during that harsh time, except God.

Figure 6: Young adult depression
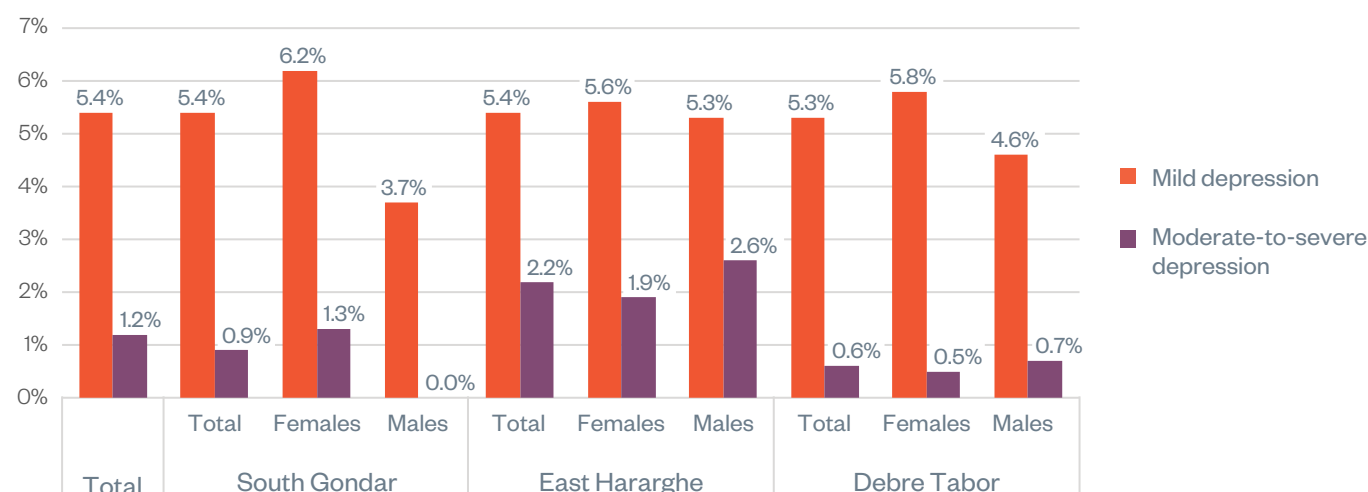
living in rural East Hararghe (21%) were similarly likely to have low resilience as their peers in rural South Gondar (19%). They were also (in further divergence from those in the younger cohort) more likely to be highly resilient than their peers in South Gondar (17% versus 13%). In East Hararghe and Debre Tabor, young women were significantly less likely than young men to be highly resilient (32% versus 52% in Debre Tabor) and more likely than young men to have low resilience (32% versus 6% in East Hararghe). In South Gondar, young women were both more likely than young men to have low resilience and less likely to have high resilience. Young women living in East Hararghe were the least resilient group. Only 7% scored as highly resilient, while 32% fell into the category of low resilience.

Too few young adults had answered resilience questions at Round 2 for us to report change over time.
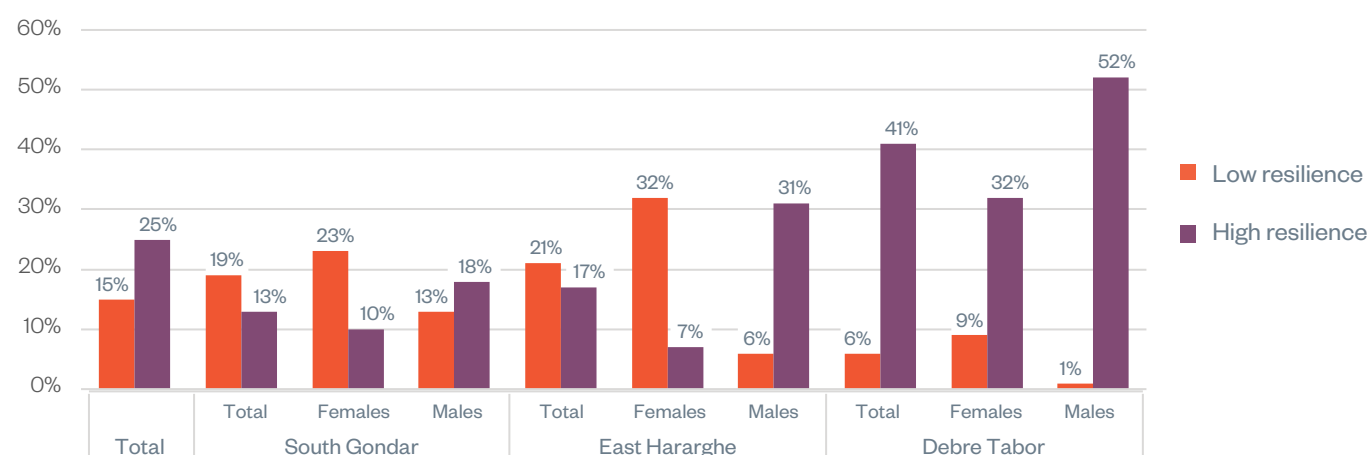
Qualitative findings

By contrast, qualitative findings suggest that psychological distress, particularly anxiety, is common. In all locations, young people were worried about their own – and their family's – economic security. This was due to both the negative effects of climate change on agricultural production and, particularly for young adults compared with adolescents, a dearth of employment opportunities. A 13-year-old girl from East Hararghe explained that she is worried about having enough to eat: '*We were sad when there was no rain, we were praying for provision. We had no food at home, no money.*' A 20-year-old young man from Debre Tabor, when asked what he is most worried about, replied that he is worried about his job prospects, given rampant youth unemployment:

I am worried about my employment opportunity. I fear that I may not get a job. If I cannot get employed, I may be a burden to my mother even after receiving my degree. I am concerned about this.

Across locations, respondents reported that girls and young women face gendered stressors that leave them especially vulnerable to psychological distress. These include sexual and gender-based violence, out-of-wedlock pregnancy, and the threat of child marriage. A 15-year-old boy from South Gondar reported that in his community, girls and young women are afraid to go anywhere alone, because they '*feel fear and threats … due to violence by boys*'. As noted in GAGE's Round 3 companion report on bodily integrity and freedom from violence, girls and young women agreed, and noted that not only is the threat of sexual and gender-based violence pervasive, but that girls themselves are usually blamed for rape and often even forced to marry the perpetrator (Presler-Marshall et al., 2024). A 15-year-old girl from East Hararghe explained, '*The one who rapes the girl will marry her.*' A 14-year-old girl from South Gondar stated that this is because the community does not recognise '*the pain that girls go through … instead she is cursed for being ruined*'.

Respondents noted that girls and young women who become pregnant outside of marriage are so completely shunned by their family and community that they are at risk of suicide. A 20-year-old young man from urban Debre Tabor reported that two unmarried female students had committed suicide in the past year, because they discovered that they were pregnant. The threat of child marriage is also a source of stress for girls. Although this is most common in South Gondar, where child marriages

Figure 7: Young adult resilience

	Low resilience	High resilience
Total	15%	25%
South Gondar – Total	19%	13%
South Gondar – Females	23%	10%
South Gondar – Males	13%	18%
East Hararghe – Total	21%	17%
East Hararghe – Females	32%	7%
East Hararghe – Males	6%	31%
Debre Tabor – Total	6%	41%
Debre Tabor – Females	9%	32%
Debre Tabor – Males	1%	52%

are typically arranged by parents, it is also true in East Hararghe, where the dominant narrative is that girls choose to marry a partner despite their parents' wishes. A father from South Gondar stated that some girls attempt suicide to escape an arranged marriage. '*There are some girls who attempted suicide in order to refuse an arranged marriage.*' A 12-year-old girl from East Hararghe noted that girls are often abducted into child marriage, and so the only way to prevent this is to stay at home: '*There are men that force girls to get married when they meet them at night outside of home. We are not allowed to go alone.*'

In rural South Gondar and urban Debre Tabor, which were heavily impacted by recent ethnic conflict, young people were also traumatised by the violence they have witnessed and endured. A 17-year-old boy from South Gondar, when asked to summarise the past year of his life, replied: '*Last year was the year of suffering … because, as you know, the junta invaded our region, killed many innocent people … fathers and mothers were killed.*' A 14-year-old girl from Debre Tabor similarly recalled, of the past year, '*I feel bad and afraid, especially when I heard about people that died … I was so much stressed by that.*' A father from South Gondar commented that even though violence has ended, young people bear the scars – because of the family and friends they lost during the conflict, the depravity of the violence to which they were exposed, the destruction of property and rise in poverty, and the disruption to their education. He explained: '*Adolescents nowadays live with hopelessness and trauma.*'

Respondents also noted that the psychological impacts of conflict-related violence on girls and young women were often more severe than those on boys and young men. This is partly because males took pride in defending their communities, believing that '*dying to save the country is a [source of] pride*' (15-year-old boy, South Gondar), but it is also because sexual violence, including gang rape, was used as a weapon of war against many girls and young women. A 17-year-old girl from Debre Tabor reported that she had been afraid, every single day for months, of being raped by TPLF (Tigray People's Liberation Front) fighters: '*I heard they rape female adolescents in front of their parents and I don't need to live in life if I face such problem.*' A key informant from rural South Gondar explained that the threat of sexual violence not only left girls terrified, but also increased their risk of suicide:

The psychological impact of the war was higher on girls than boys, because of what they heard about the atrocities the junta's force inflicted on girls … They were hearing about the sexual assaults on Amhara women and they were really afraid during that time … In addition to the rape, they were really afraid for the stigma by the community following the incident if they were raped by the junta … There are even girls who committed suicide after being raped.

Connections to others

### Survey results for adolescents

At the time of the Round 3 survey, a large minority of adolescents did not have a trusted friend (33%) (see Figure 8). Location and gender interact to shape adolescents' access to a trusted friend. In East Hararghe (73% versus 67%) and especially in Debre Tabor (83% versus 65%), boys were significantly more likely to have a trusted friend than girls, probably due to (as we discuss below) fewer demands on their time and their greater mobility. In South Gondar, there were no significant gender differences.

More than a third (37%) of adolescents did not have access to a trusted adult at the time of the Round 3 survey. Location and gender differences again interact to shape access (see Figure 8). In rural areas, boys' access to a trusted adult is significantly higher than girls' (68% versus 57% in East Hararghe, for example), whose time (as we discuss below) is primarily spent at home doing chores. In urban Debre Tabor, both boys (75%) and girls (81%) reported having access to a trusted adult.

While girls' access to a trusted friend was unchanged in the approximately 18 months between the Round 2 and Round 3 surveys, adolescent boys saw their access to a trusted friend change significantly. The direction of that change varied by location. In South Gondar, which was impacted by conflict, boys' access to a trusted friend declined by nearly 7 percentage points, perhaps because boys had too many competing demands on their time to spend time with friends – and also due to the declining security situation in their community (including a decline in the presence of local militia and increasing access to weapons).[7] In East Hararghe and Debre Tabor, on the other hand, boys' access to a trusted friend increased over time, by 6 and 19 percentage points respectively. This, as we

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7   For more discussion on this dynamic, see Woldehanna et al., 2024.

Figure 8: Adolescents' access to a trusted friend and trusted adult

			Trusted friend
			Trusted adult
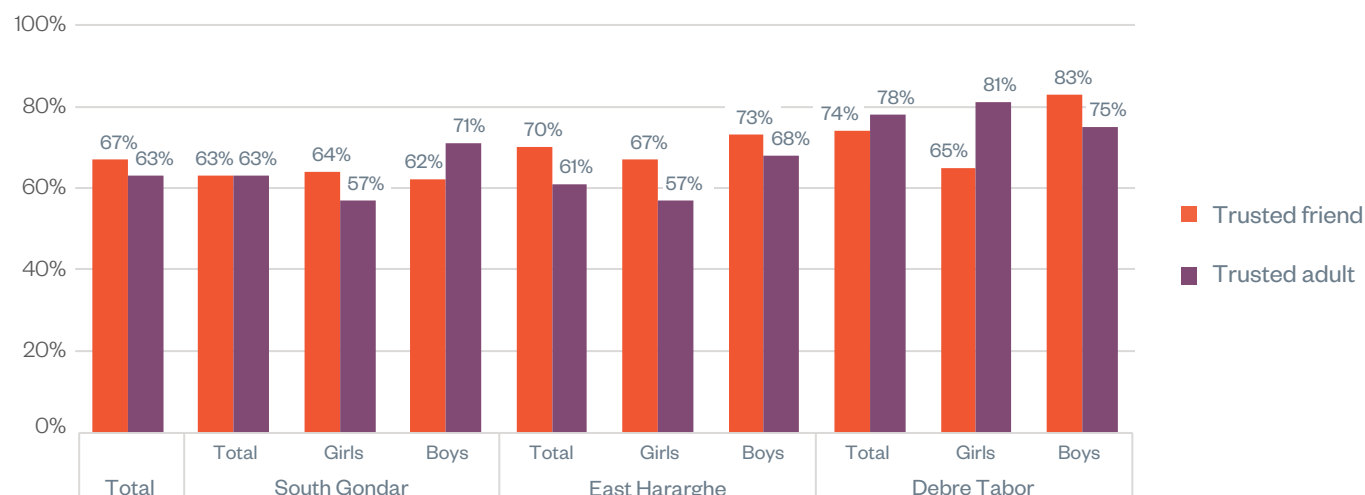
discuss below, appears related to boys' greater freedom as they grow up.

Some groups of adolescents also saw significant shifts in their access to a trusted adult between the Round 2 and Round 3 surveys. In South Gondar, girls' access to a trusted adult declined a significant 12 percentage points, which the qualitative data suggests is most likely due to their school-leaving. In East Hararghe, on the other hand, girls' access to a trusted adult increased by more than 5 percentage points, perhaps because marriage ties them into broader networks of women.

Adolescents' access to emotional support is shaped by their mobility. At Round 3, as with the Baseline and Round 2 surveys, data shows that adolescent girls' mobility is significantly more restricted than that of boys. Across locations, 60% of boys but only 23% of girls had left the *kebele* at least once in the three months preceding the survey (see Figure 9). Location differences,

while significant, were smaller. Adolescents in East Hararghe (42%), who often travel to large *khat*[8] markets, were more likely to have left the *kebele* than their peers in South Gondar (36%) and Debre Tabor (39%). In the approximately 18 months between the Round 2 and Round 3 surveys, boys in all locations saw their mobility significantly improve, by an aggregate 7 percentage points. Girls' mobility was unchanged.

Adolescents' access to emotional support is also increasingly shaped by their access to digital devices (mobile phones, tablets and computers). As with mobility, this access is primarily shaped by gender. In all locations, girls were significantly less likely than boys to have access to a digital device for their own use (12% versus 20% in aggregate) (see Figure 10). The gender gap was largest in urban Debre Tabor, where boys were nearly three times more likely than girls to have a device (30% versus 8%). Location differences were also significant,

Figure 9: Proportion of adolescents who have travelled outside the *kebele* at least once in the past 3 months

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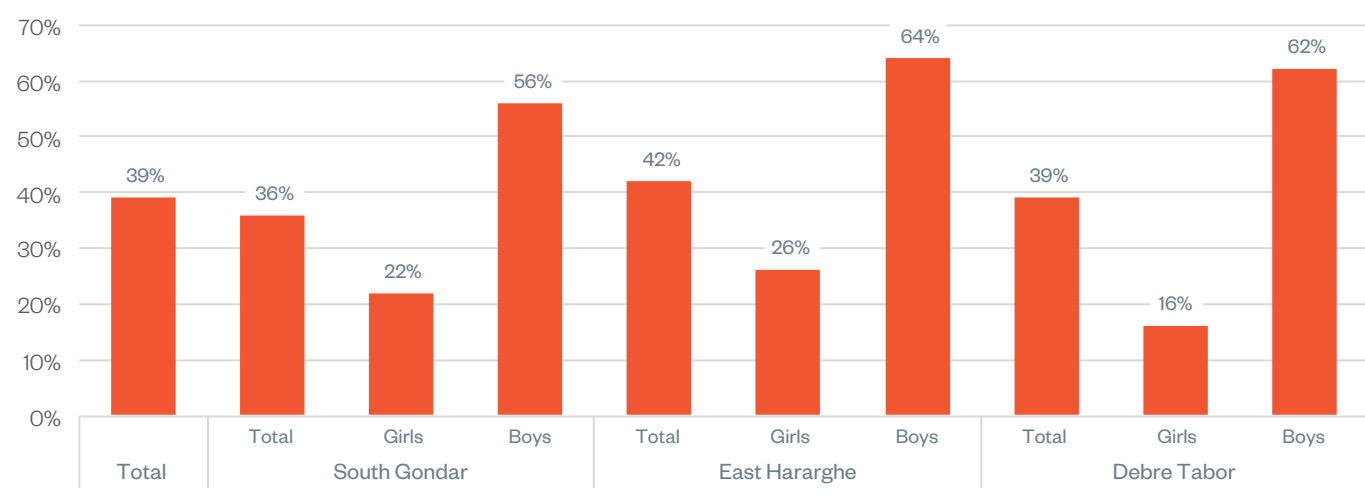
8   *Khat* is a shrub grown in East Africa. Its leaves are chewed for their stimulant effects. *Khat* is a major cash crop in East Hararghe.

Figure 10: Proportion of adolescents with a digital device for their own use
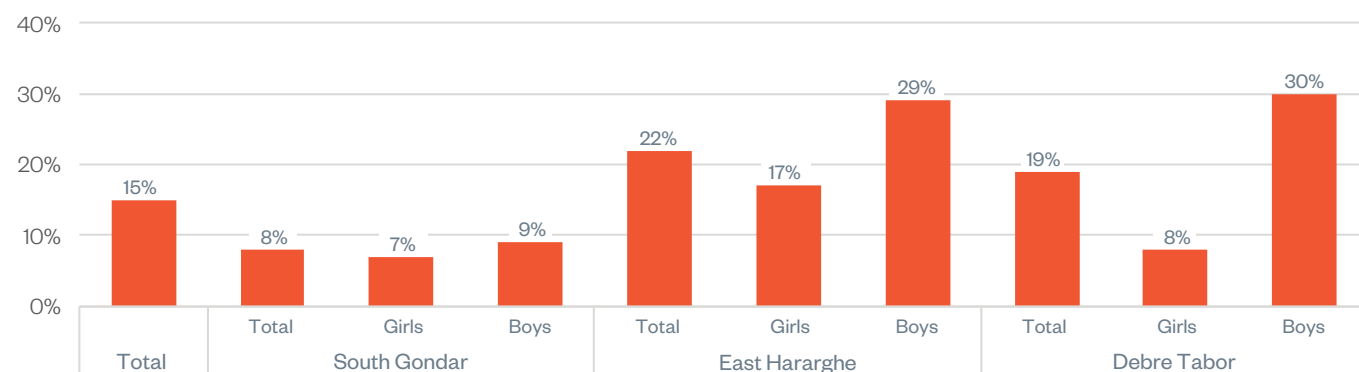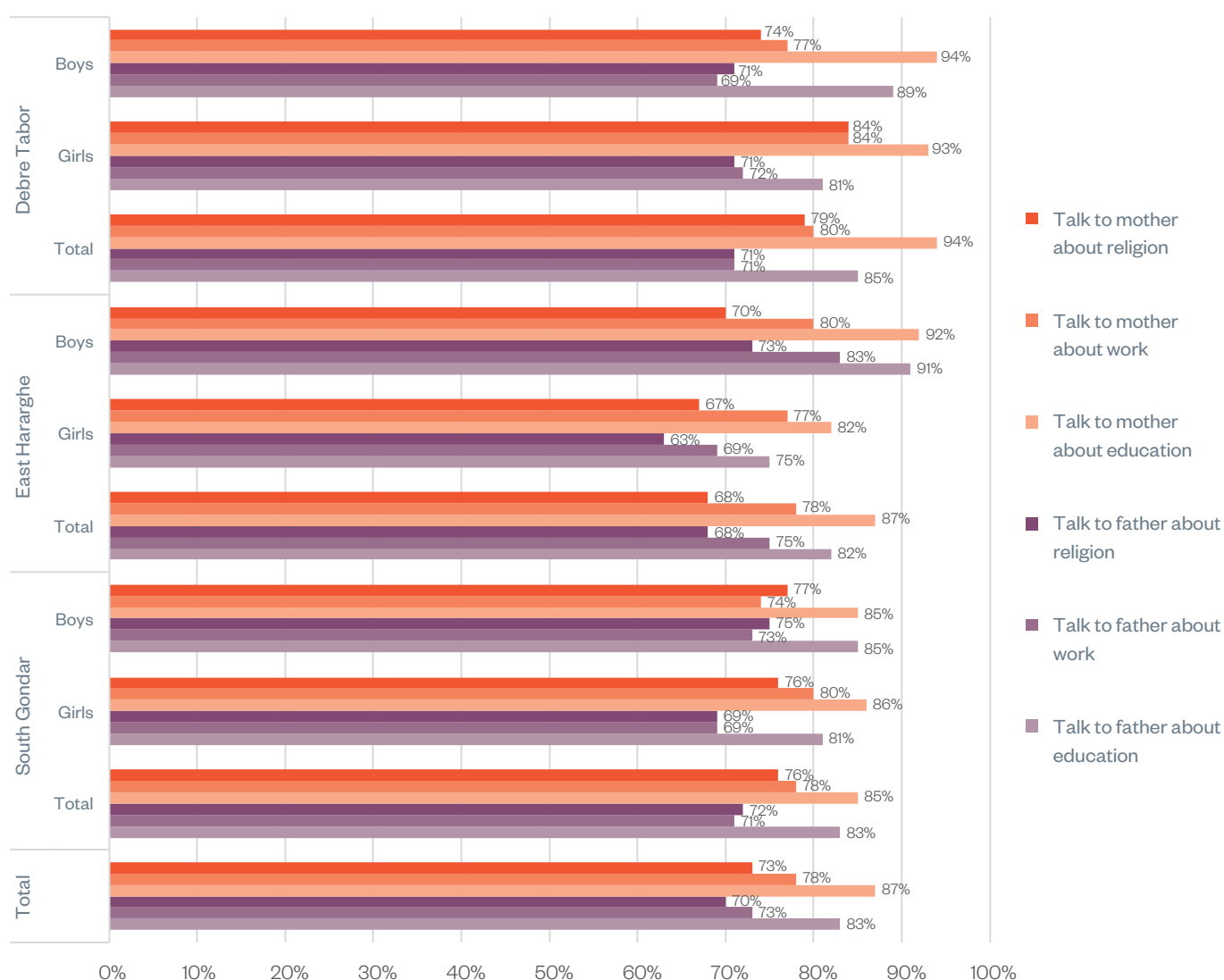

with adolescents in rural South Gondar (8%) (which has a less developed cash economy) far less likely to have a device of their own than their peers in Debre Tabor (19%) and East Hararghe (22%). In the approximately 18 months between Round 2 and Round 3, boys in all locations and girls in South Gondar saw their access to digital devices improve significantly. Boys in urban Debre Tabor reported the largest increase, of 18 percentage points.

The Round 3 survey also asked adolescents whether they had talked with their mother and father about a variety of topics, including education, future work, and religion (see Figure 11). A large majority of girls and boys reported that they had discussed these topics with both

Figure 11: Proportion of adolescents who have talked to their mother or father about particular topics

parents (for example, 87% of adolescents had discussed education with their mother and 73% had discussed work with their father). In rural South Gondar and urban Debre Tabor, where there were significant gender differences, the prevailing pattern was that girls were relatively better able to talk to their mother and boys better able to talk to their father. For example, 85% of boys and 81% of girls in South Gondar had talked to their father about education, and 84% of girls and 77% of boys in Debre Tabor had talked to their mother about work. This was not the case in East Hararghe; in that location, in line with the resilience scores presented earlier, girls were less likely than boys to have talked to either parent about any topic.

In the approximately 18 months between the Round 2 and Round 3 surveys, adolescents report having had significantly more discussion with their parents on all topics. In aggregate, the largest change was regarding discussions about religion, which have increased – with mothers and fathers – by 10 percentage points. Findings on discussions about religion have a strong gender component, as there was a significant increase for girls in all locations (for example, a 12 percentage point increase in girls talking to their mother and 11 percentage point increase for girls talking to their father), but for boys only in South Gondar (19 percentage points for discussions with mothers and fathers). Outside of religion, parent–child discussions about future work saw the biggest increase between Round 2 and Round 3. In South Gondar, where conflict increased households' dependence on boys' labour, increases were significantly larger for boys than for girls. In East Hararghe, where girls were far more likely than boys to be out of school (47% versus 16%), the reverse was true. In Debre Tabor, at Round 3, girls and boys were more likely to have spoken to their mother and father about future work than they were at

Round 2, but differences were not significant, presumably due to smaller sample size.

Survey results for young adults

A large minority (29%) of young adults did not have a trusted friend at the time of the Round 3 survey (see Figure 12). There were significant gender and location differences. Young women in all locations, but especially those who married as children (see Box 2), were less likely than young men to have a trusted friend (66% versus 79% in aggregate), most probably due to demands on their time and restrictions on their mobility (as we discuss below). The gender gap in having access to a trusted friend was largest in Debre Tabor (75% versus 93%), perhaps because urban young men have the most freedom to spend their time as they choose. Rural young women and young men were less likely than their peers in urban Debre Tabor (83%) to have a trusted friend. This is probably because (as we discuss below) they are less likely to be enrolled in school or to be participating in community-based recreational activities.

At the time of the Round 3 survey, just over a quarter (27%) of young adults did not have a trusted adult in their lives (see Figure 12). Patterning largely mirrors young adults' access to a trusted friend. Young adults in Debre Tabor (80%) were significantly more likely to have access to a trusted adult than their rural peers (69% in both South Gondar and East Hararghe), presumably due to their greater likelihood of being enrolled in school. In rural areas, young men (who have more mobility than young women) are significantly more likely to have access to a trusted adult than young women.

In the approximately 18 months between the Round 2 and Round 3 surveys, young men living in urban Debre Tabor saw significant improvements in their access to a trusted friend. Most likely due to their greater freedom

Figure 12: Young adults' access to a trusted friend and trusted adult
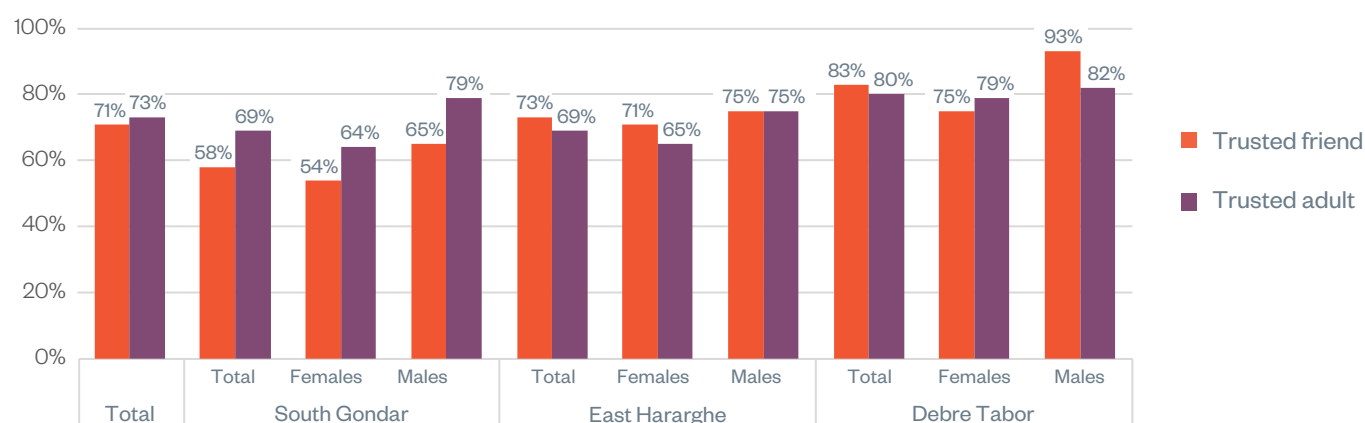
Box 2: Child brides are more likely to be depressed and isolated

The Round 3 survey found that young women who married as children, compared with their peers who had never married, were significantly more likely to be mildly depressed (7% versus 2%) and moderately to severely depressed (2% versus 0%) (See Figure 13). It also found that child brides were approximately twice as likely to have low resilience (27% versus 10%) and four times less likely to have high resilience (8% versus 33%). Young women who married as children were also significantly less likely to have access to a trusted friend (58% versus 80%) and to have a digital device for their own use (18% versus 44%). Young women who married as children were also more likely to use substances than their peers who have never married. In South Gondar, 35% reported using alcohol at least weekly (versus 18% of those who never married). In East Hararghe, 12% reported using *khat* at least weekly (versus 3% of their unmarried peers).

Figure 13: Young women's psychosocial well-being indicators, by marital status
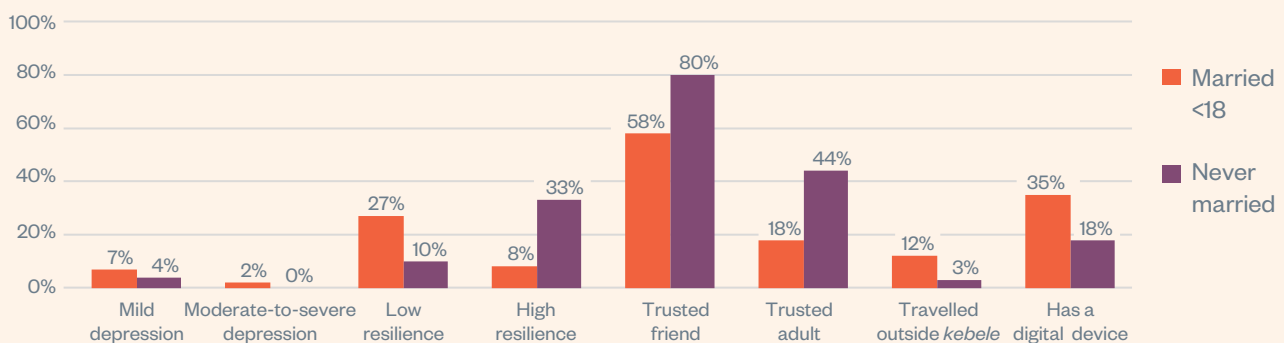
Child brides reported that their access to friends and family is severely curtailed by marriage – in part because their husband and in-laws restrict their mobility and in part because they have too much work to do to have time to socialise. A 15-year-old girl from South Gondar explained:

> *After we marry, we have a husband and a home to take care of. If we leave the house whenever we want to, our husbands will ask where we are going without preparing food. It is tiresome … After we got married, there is no more spending nights chatting with each other. You are all alone after you get married.*

A 20-year-old mother from Debre Tabor commented, '*I have friends, but we are not close.*' A 21-year-old mother from the same community added, '*Now my best friend is only my husband, I haven't any other friend except my husband and my daughter.*'

Young wives noted that social isolation is not their only source of distress. Many also face violence perpetrated by their husband. This violence is expected – and often tolerated – because it is seen as a man's right. A 17-year-old girl from South Gondar explained that, '*My husband can do whatever he wants to me. He is my husband. I have given him consent when I married him.*' Girls commented that threatening suicide is often the only way that their parents will allow them to divorce, sometimes even when they are being subjected to extreme violence. A 15-year-old girl from South Gondar recalled, '*I tried to commit suicide … They allowed the divorce after that.*'

Young mothers living in South Gondar stated that the recent conflict in Amhara was especially frightening for them, because of their fears about their children. An 18-year-old young mother from that location explained, '*I was worried for my child. I wish I had never given birth to her. I heard they kill children and I wish I did not give birth to her.*'

of movement and association, they were 11 percentage points more likely to have a trusted friend at Round 3 compared with Round 2. There were no differences for other groups of young adults. Rural young men also saw significant improvements in their access to a trusted adult. Rates climbed by 12 percentage points in South Gondar and 17 percentage points in East Hararghe. There were no differences for young men in Debre Tabor or for young women in any location.

Only 46% of young adults had left the *kebele* at least once in the past 3 months (see Figure 14). Across locations, young men (74%) were significantly more likely to have left the *kebele* than young women (28%). The gender gap was largest in East Hararghe (24% versus 78%). Location differences were also significant; those in South Gondar (40%) were less likely to have left the *kebele* than their peers in East Hararghe (46%) and Debre Tabor (52%). Young adults' mobility was unchanged since Round 2.

Figure 14: Proportion of young adults who have travelled outside the kebele at least once in the past 3 months
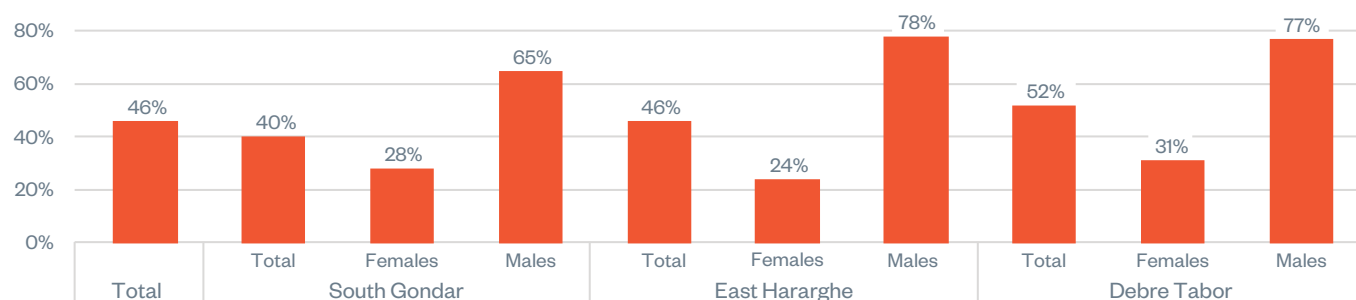
In aggregate, 40% of young adults have a digital device for their own use (see Figure 15). Young men in all locations were significantly more likely to have a digital device for their own use than young women (60% versus 28% in aggregate). The gender gap was largest in East Hararghe (58% versus 20%). Location differences were also significant. Young adults in Debre Tabor (61%) (where devices are used for education) and East Hararghe (36%) (where devices are afforded by – and support access to – *khat* sales) were more likely to have a device than their peers in South Gondar (23%). In the approximately 18 months between Round 2 and Round 3, young adults' access to a digital device of their own has primarily declined, due to the country's worsening economic situation. The largest declines were for young men in South Gondar (22 percentage points), young women in East Hararghe (18 percentage points) and young women in Debre Tabor (16 percentage points). Young men in Debre Tabor saw their access expand by 10 percentage points.

Qualitative findings

Across locations, young people reported that spending time with friends is important to their psychosocial well-being. They enjoy socialising and studying with their friends, and see them as important sources of emotional support when they are distressed. A 15-year-old boy from East Hararghe, living with his friends as he attends secondary school in town, explained that he spends all of his time with his friends: '*We go to school together. After school, we play together and we live in the same house during the night.*' A 20-year-old young woman from Debre Tabor, attending university, similarly reported of her friends: '*We talk and go to the cafe or go to my house … we tell each other everything.*' Young people in rural South Gondar and urban Debre Tabor commented that the support of friends had been especially important to them in surviving the recent conflict. A 14-year-old boy from rural South Gondar recalled that he and his friends had kept each other calm:

> *I have also discussed with my school friends the war and war-related stress. My classmates and I have discussed our fear and stress when we heard the sound of heavy artillery, and we have been reassuring each other to avoid fear and stress.*

Young people's access to, and experiences with, friends is strongly gendered. Boys and young men tend to report spending hours each day with friends, not only at school, but playing football, '*hanging out*' in cafes, playing video games (Debre Tabor), or chewing *khat* (East Hararghe). A 15-year-old boy from South Gondar explained that he and his friends do as many fun things as they can afford: '*We spend as much time together as we can, depending on the money we have in our pocket.*' A 14-year-old boy from Debre Tabor noted that he and his friends like to

Figure 15: Proportion of young adults with a digital device for their own use
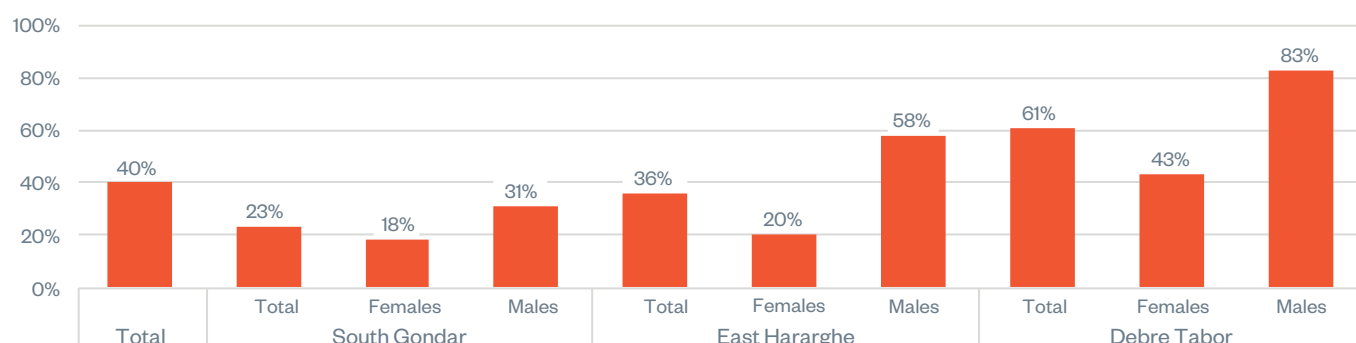
'*play PlayStation and pool*'. For adolescent boys, mobility restrictions rarely impair access to peers. In part, this is because boys are given more freedom by their parents to come and go as they please, especially as they age through later adolescence. A key informant from South Gondar explained that, '*Boys have the right to go outside freely and to have fun with their friends.*' In part, however, boys' greater access to peers is despite their parents, and reflects social norms about masculine independence. A 17-year-old boy from Debre Tabor stated that he ignores his mother's requests that he stay home: '*My mother always needs me to sit in the house. But I want to meet my friends … I refuse her and go.*' Boys and young men taking part in qualitative research also highlighted the growing importance of digital devices to their relationships with others. This was especially the case in Debre Tabor, where students regularly reported being in multiple online groups. An 18-year-old young man explained that he uses Telegram and YouTube daily:

> *I am the member of an academic group with my friends. We also have a group that is created by my classmates. We share different things that are related with education.*

In line with survey findings about resilience, adolescent girls and young women tend to report less time and more restricted activities with friends. Girls' and young women's responsibility for domestic and care work plays a major role in this. A 13-year-old girl from Debre Tabor, after excitedly describing her recent birthday party with friends, added that her friends were allowed to stay only a few hours, and that her workload prevents her from visiting them except on their birthdays:

> *On my birthday, my friends and I eat and drink together. They give me presents … They stay here for two or three hours and go back to their homes … I also go for their birthdays but I cannot go on other days … I have a lot of things to do at home. I do not have that much time to spare after doing chores … I clean the house, cook, look after the baby, wash clothes.*

Girls' and young women's more limited access to friends is also due to strict limits on their mobility, rooted in fears (on the part of girls and their parents) of sexual violence. These fears intensify when girls experience puberty, but also reflect broader gender norms that deny girls agency over their own lives. A 15-year-old girl from East Hararghe

explained that she goes nowhere unless directed by her parents:

> *I can't decide. I just do all things that my mother wants me to do. If she tells me to sit, I will, and I can't go anywhere … I can't go to school or meet friends unless she says I can go.*

Although a few older girls and young women in Debre Tabor – all secondary or post-secondary students – reported that their digital devices connect them to information and friends, it was far more common for females to report that they did not have access to a device. There are numerous reasons for this: because girls and young women have less access to cash; because they do household chores rather than work for pay; because parents are concerned that girls will use devices '*inappropriately*' and so forbid them from owning one; and because girls are hesitant to place additional financial demands on their parents. A 16-year-old girl from Debre Tabor explained:

> *I don't even have a phone … I want to wait till I get to grade 11. After that, I need the phone to use Google for searching information and doing my assignment, which is very important … I don't want to put the pressure on my parents [now].*

Qualitative research suggests that for most young people, the trusted adult in their lives is a parent – usually a mother, due to gender norms that position fathers as providers rather than carers. As a 14-year-old girl from Debre Tabor said, '*I talk to my mother. My father and I do not talk much, because he is not around.*' That said, because rural parents admit that most of their interactions with their children are practical and instructive, it is only in Debre Tabor where young people regularly speak of relying on their parents for emotional support. A mother in South Gondar reported what she discusses with her children: '*We parents advise them to avoid doing bad things.*' A 19-year-old young man from Debre Tabor, on the other hand, reported that his mother is not only his guide, but his close friend: '*My mother is like an intimate friend for me. I share everything with her … She understands me very well.*' In East Hararghe, girls often reported markedly different relationships with their parents than did their peers in South Gondar. A 15-year-old girl, when asked about her relationship with her parents, replied that she is loved for her contributions to the household economy: '*My parents love me …They love me because I am the one who does household chores…*' However, an 11-year-old girl stated that she is not valued like her

brothers, who are supported and trusted to prioritise their schooling: '*I don't want them to treat me like a weak girl who is not capable of completing what she began! I want them to treat me like the boys.*' In rural South Gondar and urban Debre Tabor, both areas that have been impacted by recent violence, young people noted that their parents (especially fathers) had helped them reduce stress and anxiety. A 14-year-old boy from Debre Tabor explained that he turned to his father for support:

> *I just share my feelings with my family, mainly with my father … He said, 'Be strong, do not fear, they will not come to this area' … My father was psychologically supporting [by showing] how to be strong.*

Some young people, especially those in rural South Gondar and urban Debre Tabor (where recent conflict has left young people in greater need of support) also reported relying on adults outside the family, typically educators. A 13-year-old girl from South Gondar stated that teachers had helped students manage their fear: '*They told us not to be afraid, as our country continues … They said Ethiopia is ours always. Teachers told us that.*' A 16-year-old girl from the same location said that students had been told that the best way for them to fight back in the war was to stay engaged in learning: '*The school director was motivating us all the time. He told us that the junta will never come again and the best way to revenge them is to keep learning*.' Although females and males in South Gondar reported that they took great comfort in the words of religious leaders during the conflict, adolescent girls and young women were less likely than their male peers to report attending services and hearing messages in person. Echoing other participants' views, a 13-year-old girl from Debre Tabor explained that this is because of girls' workload:

> *I do not go to church. I have work to do … If I go to church on Sundays, what will the family eat when they come back from church? I have to serve them breakfast when they get back.*

Substance use

Survey findings for adolescents

Adolescents aged 14 and above were asked if they used alcohol or *khat* on a weekly basis. In rural South Gondar, where Orthodox Christianity is dominant and a mildly alcoholic drink (tella) is regularly consumed with meals at home and on Saint's Days (as many as 7 per month), weekly alcohol use (22%) is relatively common (see Figure 16). Weekly *khat* use is effectively non-existent. However, in East Hararghe, which is predominantly Muslim and where *khat* is one of the primary cash crops, the reverse is true: *khat* use is common (25%) but alcohol use is non-existent. In Debre Tabor, weekly substance use (either substance) was rare, due – as we discuss below – to affordability. Gender differences were significant in East Hararghe, where 48% of boys but only 10% of girls use *khat* weekly.

In the approximately 18 months between the Round 2 and Round 3 surveys, rural adolescents' weekly use of substances increased significantly. In East Hararghe, boys' weekly use of *khat* climbed by 23 percentage points; girls' use climbed by 6 percentage points. In South Gondar, weekly use of alcohol increased substantially among girls (from 0% to 20%) as well as boys.

Survey findings for young adults

Young adults' weekly substance use is shown in Figure 17. Location and gender differences were significant, with weekly alcohol use common in rural South Gondar (34%) and urban Debre Tabor (13%), and weekly *khat*
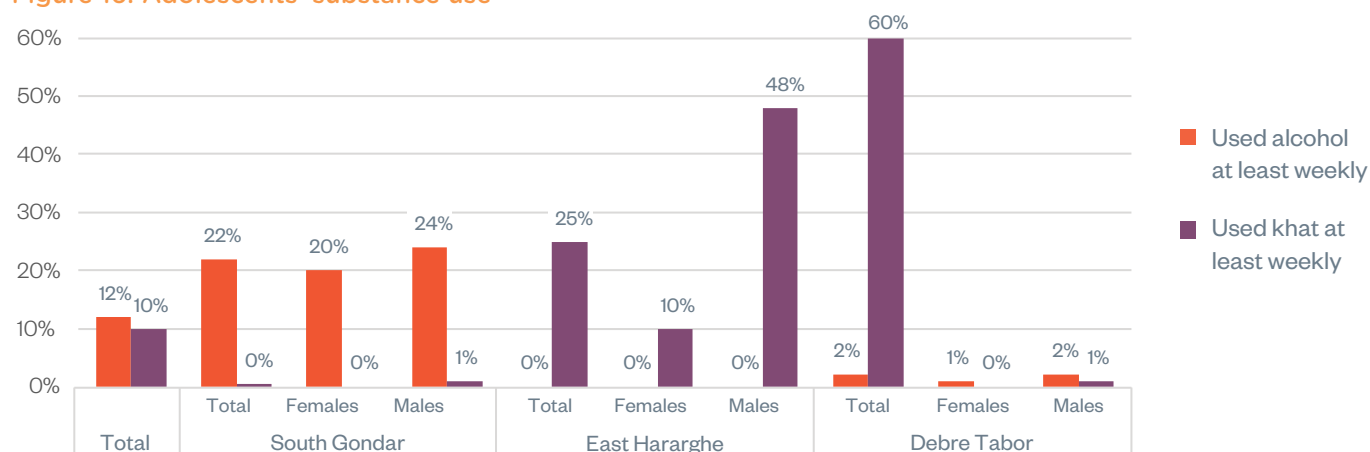
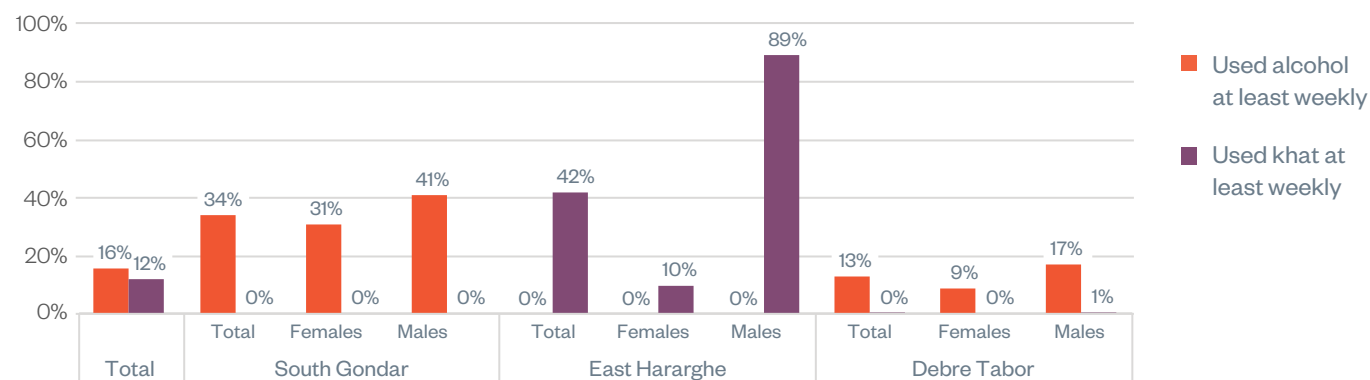Figure 16: Adolescents' substance use

Figure 17: Young adults' substance use

use common in East Hararghe (42%). Young women in all locations were less likely to use substances on a weekly basis than young men. The gender gap was largest in East Hararghe, where 89% of young men but only 10% of young women use *khat* weekly.

In the approximately 18 months between the Round 2 and Round 3 surveys, weekly *khat* use was unchanged. However, weekly alcohol use climbed significantly for young women and men living in rural South Gondar (27 percentage points) and in urban Debre Tabor (9 percentage points), likely due to stress related to the conflict and high youth unemployment (see discussion below).

Qualitative findings

Qualitative research found that substance use by young people (and particularly young men) is a growing concern for respondents in all locations. In line with survey findings, in rural South Gondar and urban Debre Tabor, concerns centre on alcohol use. A mother from South Gondar explained that peer pressure plays a role in males' drinking – and fighting: '*Many adolescents, especially boys, became drunkards. Adolescent boys pressure each other ... Adolescent boys and youths also fight each other.*' A 16-year-old boy from South Gondar noted that young males' drinking also jeopardises girls and young women: '*Youths and boys also harass girls after they drink alcohol.*' Respondents noted that increased alcohol consumption among young men is due to several factors. First, the boys and young men who migrate for work come back into the community with cash to support their habits. Second, many boys and young men are despondent because they cannot find the steady work they want. An 18-year-old young man from South Gondar explained that, 'Mostly the drunkards are those boys who migrated to other areas, worked for some time and returned here with some money.' A 17-year-old boy from Debre Tabor, where alcohol is not regularly available at home and must be purchased at bars

in a context where regular work is hard to find, noted that, '*Hopeless individuals start an addiction life when they lose hope for their future.*' A key informant noted that the recent conflict has also exacerbated young people's distress, with concomitant impacts on drinking: '*The young people use it as some form of defence mechanism to relieve their stress about violence.*'

Few respondents spoke of alcohol use by young females, outside of the tella they consume at home with dinner, though a 20-year-old young man from Debre Tabor reported that because '*drinking is a sign of modernised behaviour for females*', girls are beginning to drink when they are with boys and young men in the community.

In East Hararghe, respondents' concerns centre around young males' constant consumption of *khat*. Several adolescents admitted that parents get their children started on *khat*. A 16-year-old girl explained that:

Fathers give khat to children to chew. They learn it little by little and start to chew it well when they go to the field to collect khat ... they call it an 'eye-opener'.

A 12-year-old boy commented that '*chewing khat has become a culture*' and that nearly all boys chew *khat* with their friends as a form of recreation. A 17-year-old boy noted that this is leading boys to disengage from education and fight with one another: '*Boys stop learning ... When they are addicted with khat, they fight with each other.*' Respondents reported that while girls and young women are less likely to use *khat* than boys and young men, they are still at risk due to *khat*. This is because while boys and young men are chewing *khat*, girls and young women are present making and serving coffee. A key informant linked this to increased adolescent-driven child marriage: '*Usually girls do not chew khat, they boil coffee for the young men that chew khat ... This gathering is increasing child marriage.*' Although parents are often the instigators of their sons' *khat* habits, many appear to realise that young

males' use has become too heavy, because it is interfering with their schooling and their work. A father reported that efforts to reduce it, however, have failed: '*Religious leaders advised young people to stop gathering to chew khat but that was not successful. Kebele leaders also tried to stop them but were not successful.*'

Access to quality psychosocial services

Survey findings

The Round 3 survey asked young people aged 14 and older if they were aware of where one might seek help for substance use, and if those services were accessible to young people. In both cohorts, location differences were highly significant, with adolescents (47%) and young adults (46%) living in urban Debre Tabor far more likely to know where help is available and to agree that services are accessible than their peers in rural South Gondar and East Hararghe (see Figure 18). Differences between South Gondar and East Hararghe were nearly as large, with almost none of the adolescents or young people in East Hararghe aware of services.

Qualitative findings

In individual and group interviews, only one young person reported having accessed psychosocial services. A 22-year-old internally displaced young woman from South Gondar reported that:

> When I was in the previous camp, psychologists talked to us and they have found that I am stressed. They advised me to relax. I cannot do that. I worry for my parents. I also think about my future life.
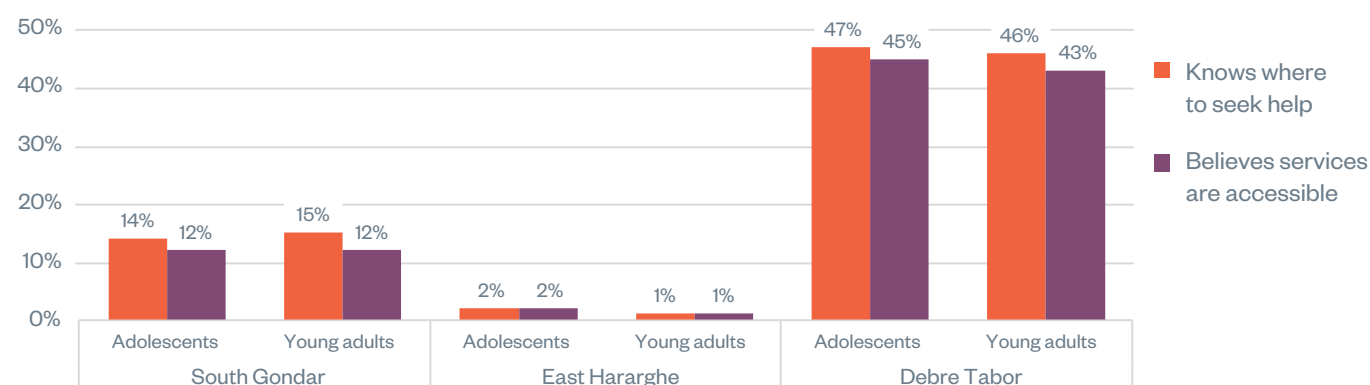
The remainder of participants, when asked if such services were available in their community, largely replied no.

Indeed, several young people noted that they and their peers had been excluded from recent 'psychological trainings' aimed at re-building peace, because of poor targeting and because of favouritism on the part of *kebele* leaders. A 14-year-old girl explained:

> There are many meetings where the youths don't participate ...There is nepotism in this kebele... When there is a meeting they identify people they are close to. Last time when they were providing psychology training, they didn't involve us.... Since it is a peace process, all need to participate.... There are youths who are unemployed and desperate about living tomorrow. ...Uneducated youths need to get support to work... They will be strengthened and create a peaceful situation... They need to be given education and advice.... All youths, boys and girls need to get psychological training. If there is peace, they will strive to change their life and make the nation peaceful.

Key informants in rural South Gondar and urban Debre Tabor, on the other hand, reported some service availability, primarily related to helping people recover from the recent conflict. A community key informant in Debre Tabor reported that health extension workers '*give psychological services for the victims [those directly impacted by] of the conflict*'. A *woreda*-level official at the Bureau of Health noted that the most severely impacted young people are being referred for '*institutional psychosocial support*'. Even key informants, however, admitted that most of the services being provided to young people who need psychosocial support are practical, such as food, housing and livestock. This is because, according to an official at the Bureau of Women, Children and Youth, 'there is no professional psychologist' available outside of major urban areas.

Figure 18: Knowledge of substance use services

Legend:
- Knows where to seek help
- Believes services are accessible

South Gondar — Adolescents: 14% / 12%; Young adults: 15% / 12%
East Hararghe — Adolescents: 2% / 2%; Young adults: 1% / 1%
Debre Tabor — Adolescents: 47% / 45%; Young adults: 46% / 43%

Conclusions and implications for policy and programming

GAGE's Round 3 findings paint a mixed picture about the psychosocial well-being of adolescents and young people in Ethiopia. Although the PHQ-9 did not identify high rates of depression, and the CYRM found that most young people are moderately resilient, the qualitative findings point to multiple and often overlapping sources of psychological distress and anxiety. These include poverty and limited livelihood opportunities, conflict-related trauma, and (for girls) risks of sexual and gender-based violence and forced marriage. The findings also underscored that many adolescents and young adults, especially females (and particularly females who married as children) and individuals with disabilities, have limited access to supportive peer networks and trusted adults, with concomitant impacts on resilience. Findings also reveal that very few adolescents and young people – even those traumatised by violence – have access to mental health support services. Taken as a whole, GAGE's Round 3 findings suggest that many adolescents and young adults have become inured to high rates of psychosocial distress, due to the challenging environments in which most are living.

If the Government of Ethiopia is to realise its commitment to Sustainable Development Goal Target 3.4

and promote mental health and well-being for all by 2030, our research findings suggest it is critical to prioritise the following actions.

1. **Work towards rebuilding peace and security and strengthening national identity.**
    - Ensure that adolescents and young adults are actively consulted in the community-level implementation of the National Dialogue process across the country, and that recommendations emerging from these dialogues that pertain to young people are adequately resourced.

2. **Invest in and scale up empowerment and social norm change programming for adolescents within schools and communities:**
    - Invest in school- and community-based clubs – especially girls' clubs and gender clubs – aimed at building peer networks, exposing young people to positive role models, and educating young people about gender norms and how these leave girls and boys differently at risk (including the risk of gender-based violence for girls, and substance abuse for boys and young men).

Adolescent students in grade 11 living alone, Amhara, Ethiopia © Nathalie Bertrams/GAGE 2024

- Invest in empowerment programming for girls that includes attention to resilience, self-confidence and positive coping strategies.
- Work with boys and men to promote non-violent masculinities.
- Expand the capacity of schools to support the emotional well-being of adolescents. This should include training for teachers as well as the provision of school counsellors. In conflict-affected communities, training should include psychological first aid.

3. Support parents with parenting education classes:

- Invest in parenting education courses, for mothers and fathers, to help parents learn about: adolescent development; non-violent discipline strategies; open communication and emotional connection; the need to monitor adolescents' behaviour; and gender norms, and how these shape parenting and the risks and opportunities open to girls and boys (and women and men).

4. Expand available community-based psychosocial support services:

- Provide health extension workers with training on how to support young people (especially in geographical areas directly impacted by conflict) to address serious trauma.

- Speed up the rollout of the social work cadre (giving priority to areas impacted by conflict) to address serious trauma.
- Strengthen psychiatry and psychology services in zonal and regional centres, and support health extension workers and district health professionals to make appropriate referrals.
- 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 the psychosocial well-being of young people. This might include working with young people directly, supporting their parents, disseminating messages aimed at rebuilding social cohesion, and supporting referral pathways for those exhibiting signs of the most serious adverse mental health.

5. Pay particular attention to the most disadvantaged groups:

- Invest in awareness-raising campaigns to address the stigma that surrounds disability.
- Expand community-based recreational spaces, including ensuring that these are accessible to and tailored for married girls, and adolescents and young people with disabilities; and invest in community outreach to support the uptake of such services.

Girls relaxing in a menstrual hygiene management room at school in Oromia © Nathalie Bertrams/GAGE 2024

References

Anum, A., Adjorlolo, S. and Kugbey, N. (2019) 'Depressive symptomatology in adolescents in Ghana: examination of psychometric properties of the Patient Health Questionnaire-9' *Journal of Affective Disorders* 256: 213–218

Assefa, Y., Gelaw, Y.A., Hill, P.S., Taye, B.W. and Van Damme, W. (2019) 'Community health extension program of Ethiopia, 2003-2018: successes and challenges toward universal coverage for primary healthcare services' *Global Health* 15(1): 24 (doi: 10.1186/s12992-019-0470-1)

Baird, S., Bhutta, Z.A., Hamad, B.A., Hicks, J.H., Jones, N. and Muz, J. (2019) 'Do restrictive gender attitudes and norms influence physical and mental health during very young Adolescence? Evidence from Bangladesh and Ethiopia' *SSM – Population Health* 9: 100480 (https://doi.org/10.1016/j.ssmph.2019.100480)

Baird, S., Hamory, J., Jones, N. and Woldehanna, T. (2020) 'Multi-level programming aimed at gender norms transformation to improve capabilities of young adolescents in Ethiopia: a cluster randomized control trial'. Pre-Analysis Plan. London: Gender and Adolescence: Global Evidence

Center for Preventive Action (2023) 'Conflict in Ethiopia' (www.cfr.org/global-conflict-tracker/conflict/conflict-ethiopia)

Chekol, A.T., Wale, M.A., Abate, A.W., Beo, E.A., Said, E.A. and Negash, B.T. (2023) 'Predictors of depression among school adolescents in Northwest, Ethiopia, 2022: institutional based cross-sectional' *BMC Psychiatry* 23: 429 (https://doi.org/10.1186/s12888-023-04899-2)

Crivello, G., Tiumelissan, A. and Heissler, K. (2021) *'The challenges made me stronger': what contributes to young people's resilience in Ethiopia?* Working Paper 197. Oxford, UK: Young Lives (www.younglives.org.uk/sites/default/files/migrated/YL-WP197-Proof04.pdf)

Gardner, T. (2021) 'All is not quiet on Ethiopia's western front'. Foreign Policy website (https://foreignpolicy.com/2021/01/06/ethiopia-benishangul-gumuz-violence-gerd-western-front)

Girma, S., Tsehay, M., Mamaru, A. and Abera, M. (2021) 'Depression and its determinants among adolescents in Jimma town, southwest Ethiopia' *PLoS ONE* 16(5) (https://doi.org/10.1371/journal.pone.0250927)

Hagmann, T. and Abdi, M.M. (2020) 'Inter-ethnic violence in Ethiopia's Somali Regional State, 2017–2018', Conflict Research Programme, London: The London School of Economics and Political Science (www.lse.ac.uk/ideas/Assets/Documents/Conflict-Research-Programme/crp-memos/Inter-ethnic-conflicts-SRS-Final-April-2020.pdf)

Hamory, J., Baird, S., Das, S., Jones, N., Woldehanna, T. and Yadete, W. (2023) 'Do layered adolescent-centric interventions improve girls' capabilities? Evidence from a mixed-methods cluster randomised controlled trial in Ethiopia.' AEA RCT Registry (www.gage.odi.org/publication/near-term-impacts-of-interventions-aimed-at-adolescent-empowerment-and-gender-norm-change-in-ethiopia)

Hamory, J., Das, S., Baird, S., Jones, N., Yadete, W. and Woldehanna, T. (2024) *GAGE Ethiopia Round 3 (2022). Core respondent module (a-e).* London: Gender and Adolescence: Global Evidence (www.gage.odi.org/publication/ethiopia-round-3-survey-2021-2022)

Hua, Z., Wang, S. and Yuan, X. (2024) 'Trends in age-standardized incidence rates of depression in adolescents aged 10–24 in 204 countries and regions from 1990 to 2019' *Journal of Affective Disorders* 350: 831–837 (www.sciencedirect.com/science/article/abs/pii/S016503272400020X)

Hunduma, G., Deyessa, N., Dessie, Y., Geda, B. and Yadeta, T.A. (2022) 'High social capital is associated with decreased mental health problem among in-school adolescents in eastern Ethiopia: a cross-sectional study' *Psychology Research and Behavior Management* 15: 503–516 (https://doi.org/10.2147/PRBM.S347261)

IOM (2024) 'Displacement Tracking Matrix: Ethiopia' (https://dtm.iom.int/ethiopia)

Jones, N., Presler-Marhsall, E., Tilahun, K. and Yadete, W. (2024) *Qualitative research toolkit: Round 3 Ethiopia.* London: Gender and Adolescence: Global Evidence (www.gage.odi.org/publication/qualitative-research-toolkit-round-3-ethiopia)

Jones, N., Baird, S., Hicks, J., Devonald, M., Neumeister, E., Presler-Marshall, E., Yadete, W. and Kebede, M. (2019) *Adolescent psychosocial well-being and voice and agency in Ethiopia. A report on GAGE Ethiopia baseline findings.* London: Gender and Adolescence: Global Evidence

Jörns-Presentati, A., Napp, A.K., Dessauvagie, A.S., Stein, D.J., Jonker, D., Breet, E., Charles, W., Swart, R.L., Lahti, M., Suliman, S., Jansen, R., van den Heuvel, L., Seedat, S. and Groen, G. (2021) 'The prevalence of mental health problems in sub-Saharan adolescents: a systematic review' *PLoS ONE* 16(5) (https://doi.org/10.1371/journal.pone.0251689)

Kabeer, N. (2003) *Making rights work for the poor: Nijera Kori and the construction of 'collective capabilities' in rural Bangladesh.* Working Paper 200. Brighton: Institute of Development Studies

Maasho, A. (2018) 'Ethnic unrest tarnishes new Ethiopian leader's reforms'. Reuters, 24 August (www.reuters.com/article/us-ethiopia-violence/ethnic-unrest-tarnishes-new-ethiopian-leaders-reforms-idUSKCN1L914V/?il=0)

Mazzuca, A., Nagarchi, D., Ramanaik, S., Raghavendra, T., Javalkar, P., Rotti, S., Bhattarcharjee, P., Isac, S., Cohen, A. and

Beattie, T. (2019) 'Developing a mental health measurement strategy to capture psychological problems among lower caste adolescent girls in rural, south India' *Transcultural Psychiatry* 56(1): 24–47

Miller, L., Butera, N.M., Ellsberg, M. and Baird, S. (2023) 'Polyvictimization and adolescent health and well-being in Ethiopia: the mediating role of resilience' *International Journal of Environmental Research and Public Health* 20(18): 6755

Ministry of Health (2020) National Mental Health Strategy 2020–2025. Addis Ababa: Ministry of Health, Government of the Federal Democratic Republic of Ethiopia (http://repository.iifphc.org/bitstream/handle/123456789/1423/MENTAL-HEALTH%20strategy.pdf?sequence=1&isAllowed=y)

Mitiku, K.W., Tegegne, E., Amsalu, M., Habtegiorgis, S.D. and Melaku, B. (2023) 'Mental illness in children and its determinants in Ethiopia: a systematic review and meta-analysis' *Clinical Child Psychology and Psychiatry* 29(1): 168–186 (doi: 10.1177/13591045231209078)

Nakie, G., Segon, T., Melkam, M., Desalegn, G.T. and Zeleke, T.A. (2022) 'Prevalence and associated factors of depression, anxiety, and stress among high school students in, northwest Ethiopia, 2021' *BMC Psychiatry* 22: 739 (https://doi.org/10.1186/s12888-022-04393-1)

Nussbaum, M. (2011) *Creating capabilities: the human development approach.* Cambridge, MA: The Belknap Press of Harvard University Press

Pawson, R. and Tilley, N. (1997) *Realistic evaluation.* London: Sage

Presler-Marshall, E., Dutton, R., Jones, N., Baird, S., Woldehanna, T., Yadete, W. with Amdeselassie, T., Emirie, G., Gebreyehu, Y., Gezahegne, K., Iyasu A. and Workneh, F. (2021) *'My morale has been broken': exploring Ethiopian adolescents' psychosocial well-being.* London: Gender and Adolescence: Global Evidence (www.gage.odi.org/publication/my-morale-has-been-broken-exploring-ethiopian-adolescents-psychosocial-well-being)

Presler-Marshall, E., Das, S, Jones, N., Baird, S., Yadete, W., Woldehanna, T., Hamory, J., Workneh, F. and Birra, M. (2024) *Adolescent bodily integrity in times of crisis in Ethiopia: evidence from GAGE Round 3.* London: Gender and Adolescence (www.gage.odi.org/publication/adolescent-bodily-integrity-in-times-of-crisis-in-ethiopia-evidence-from-gage-round-3)

Resilience Research Centre (2019) Child and Youth Resilience Measure (CYRM-R) & Adult Resilience Measure (ARM-R) (https://cyrm.resilienceresearch.org/files/CYRM_&_ARM-User_Manual.pdf)

Seager, J., Oakley, E., Akhtar, A., Das, S., Hamory, J. and Baird, S. (2023) 'Adolescent social outcomes declined during COVID-19: evidence from Bangladesh, Jordan, and Ethiopia' *Health Affairs* 42(12): 1–12 (https://doi.org/10.1377/hlthaff.2023.00818)

Racine, N., McArthur, B.A., Cooke, J.E., Eirich, R., Zhu, J. and Madigan, S. (2021) 'Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: a meta-analysis' *JAMA Pediatrics* 175(11): 1142–1150 (doi: 10.1001/jamapediatrics.2021.2482)

Sen, A.K. (1985) *Commodities and capabilities.* Oxford, UK: Oxford University Press

Sen, A.K. (2004) 'Capabilities, lists, and public reason: continuing the conversation' *Feminist Economics* 10(3): 77–80

Tarecha, D., Tarafa, H., Asnake, G., Mekonen, H. and Roba, G. (2022) 'Depressive symptoms and associated factors among youth attending public high school in Bahir Dar city, northwest Ethiopia: a cross-sectional study' *Journal of Depression and Anxiety* 11(8): 478

Tirfeneh, E. and Srahbzu, M. (2020) 'Depression and its association with parental neglect among adolescents at governmental high schools of Aksum town, Tigray, Ethiopia, 2019: a cross sectional study' *Depression Research and Treatment* art. 6841390 (https://doi.org/10.1155/2020/6841390)

UNICEF (2021) The state of the world's children 2021. *On my mind: promoting, protecting and caring for children's mental health.* New York: UNICEF (www.unicef.org/media/114636/file/SOWC-2021-full-report-English.pdf)

Woldehanna, T., Endale, K., Das, S., Yadete, W., Vintges, J., Baird, S., Jones, N. and Hamory, J. (2024) 'Armed conflict and adolescent social capital in Ethiopia' *International Journal of Disaster Risk Reduction* 103: 104299 (https://doi.org/10.1016/j.ijdrr.2024.104299)

About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a decade-long (2016-2026) 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.

Front cover: Group of friends in East Hararghe, Ethiopia © Nathalie Bertrams/GAGE 2024

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