

GAGE Digest

**Adolescent
girls' capabilities
in Ethiopia**

A synopsis of the evidence

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Introduction

Ethiopia, sub-Saharan Africa's second most populous country, is highly diverse in terms of cultures, languages and religion – making generalisations difficult. That said, on a national level it has made remarkable economic progress since the turn of the millennium. The world's poorest country in 2000, high growth rates have slashed its poverty rate to only 26% (MoFED, 2014). Many Ethiopians, however, remain highly vulnerable. The country's per capita income in 2016 was less than half the regional average (about \$660 versus \$1,500)¹. Future progress will require capitalising on the youth and dynamism of the Ethiopian population – which is young due to continued high fertility rates. A quarter of Ethiopians are adolescents between the ages of 10 and 19 and more than 53% are under the age of 20.

This evidence digest provides an overview of what we know about adolescent girls in the context of Ethiopia, the ways in which they experience the second decade of life and how programming designed to support their development trajectories impacts their lives (Box 1). The digest also highlights what the key evidence gaps are, and how Gender and Adolescence: Global Evidence (GAGE) and other research programmes can best contribute to a robust evidence base to support evidence-informed policy and programming.

Figure 1: Map of Ethiopia



Box 1: Why adolescent girls?

Adolescence has powerful impacts on children's capabilities – in part because of the physical transformations wrought by puberty, which are considered second only to those experienced in infancy and early childhood in terms of their scope and speed, and in part because of how children's place in the family and broader community shifts as they approach adulthood. While acknowledging that these processes affect girls and boys equally, GAGE focuses most directly on girls because of the ways adolescent transitions more sharply curtail their capabilities.

Over the course of the second decade of life, adolescents undergo significant physical, cognitive and emotional changes. Simultaneously as girls enter and progress through adolescence, the gendered norms of their socio-cultural environments also begin to play a heightened role in shaping their trajectories, with the years of early adolescence found to be especially important because of the ways in which social norms start to become both more rigidly enforced – and more personally salient. Critically for girls in the Global South, the years of early adolescence, rather than expanding their worlds, often see them made smaller as girls have to leave comparatively free childhoods and are forced down the gendered adult pathways of their local environments. Girls who have begun to aspire to a world different from those of their mothers and their grandmothers find as their bodies evidence maturity that they are too often required to leave school and marry, abandoning not only their educational and occupational plans but also mobility and friendships. Pressures related to domestic and care work burdens, sexual purity and family honour and heightened risks of sexual and gender-based violence combine to limit girls' possibilities in ways that often have lifelong consequences.

¹ Gross national income per capita, Atlas Method (World Bank Data)

Methodology

One of the four knowledge generation work-streams of the Gender and Adolescence: Global Evidence (GAGE) research programme is synthesising the existent evidence of what works globally to enhance adolescent girls' capabilities. Two of the products produced over the course of the first year of our work were about adolescent girls in Ethiopia. The first Ethiopian Evidence Mapping, which was based on 526 thematic studies, brought together existent evidence on the wellbeing of Ethiopian girls between the ages of 10 and 19 (Stavropoulou and Gupta-Archer 2017a). It was organised around the capability domains laid out in GAGE's conceptual framework – education, bodily integrity, physical health, economic empowerment, psychosocial wellbeing, and voice and agency – and sought to lay out what is known and not known about the recent progress girls have made and the vulnerabilities they still face. The second Ethiopian Evidence Mapping, which was largely based on 61 impact studies and evaluations, looked at girl-focused interventions and sought to tease out what types of programming work best for what kinds of girls in which contexts (Stavropoulou and Gupta-Archer 2017b). Both were based on systematic searches of Google Scholar, academic and development databases, and websites of organisations known to be active in Ethiopia.

Our Evidence Mappings concluded that the literature on adolescent girls in Ethiopia is varied and comparatively well developed, with significant focus on all of GAGE's capability domains except psychosocial wellbeing. It found the evidence is particularly rich in terms of education, child marriage, and Sexual and Reproductive Health (SRH). On the other hand, the Evidence Mappings also found that there is insufficient attention to age differentiation. Younger adolescent girls are primarily considered children and rarely visible outside of child labour and education research. Older girls' issues are often discussed within the context of youth – defined in Ethiopia as those aged 15–29 – in the case of employment issues, or of married women's experiences-- particularly as they relate to SRH and intimate partner violence. Additionally, some regions of the country are better represented in research than others (e.g. child marriage in Amhara). The wide range of interventions available for girls have also largely failed to disaggregate by age, but show that where programming for girls is combined with community messaging and education for parents and husbands, progress towards

the range of girls' capabilities is possible.

Evidence across capability domains and gaps

Education and learning

- **On a national level and across all grade levels, there are now more girls in school than boys-- despite the fact that household poverty and rural location disadvantage girls more than boys.**
- **Girls' academic performance lags to some extent behind that of boys —largely due to their heavy domestic workloads.**

The evidence base regarding Ethiopian girls' education and learning is large (170 sources) and strong. Overall, it notes that while challenges remain – especially for older girls and at higher grade levels – the country has made tremendous recent progress in terms of not only girls' enrolment, but their aspirations and the family support they enjoy.

Driven by the government's vision of achieving middle-income status by 2025, and with significant donor support, Ethiopia has made remarkable progress in equitably expanding primary education over the last two decades (UNESCO, 2015). Between 1996 and 2012, it built 20,000 primary schools, hired in excess of 200,000 teachers (Bastian et al., 2013) and adopted a National Girls' Education Strategy (MoE, 2010). Impacts on girls' education have been marked. Their primary school Net Enrolment Ratio (NER) increased from 20% to 84% between 1996 and 2012, the proportion of girls aged 15 to 19 with no education is half that of their slightly older peers (14% versus 28% for women aged 20-24), and in 2014 the overall enrolment rate for girls aged seven to eighteen years was higher than that of boys (Bastian et al., 2013; CSA and ICF, 2017; EMIS, 2014). Girls in primary education are also far less likely than boys to be overage (13% versus 52%) (Woldehanna and Pankhurst, 2014). There is also evidence that parents increasingly consider girls' education important, even in the emerging regions and pastoralist areas that are yet to see much change in terms of actual enrolment (Camfield and Tafere, 2011; Feeny and Crivello, 2015; Brooklesby et al., 2010; Smith et al., 2015)

That said, there remains significant scope for improvement in terms of girls' education. Not only do their enrolment rates remain very low in emerging

regions such as Afar, where only 62% of primary-aged girls attend school – but in other regions, such as Somali, the secondary school gender parity index (GPI) remains extremely low (.27) (CSA and ICF, 2017). Indeed, while on a national level girls are more likely to attend secondary school than boys, national figures are to large extent driven by girls' relative success in Amhara, Tigray, and Gambella (GPIs of 1.4, 1.3, and 1.2 respectively) – with girls in other regions still less likely to attend secondary school than boys (ibid.).

Most notably, girls' scores on the national exams taken at the end of 10th and 12th grades are much lower than those of boys, which is especially troubling given that the dramatic expansion of the education system has somewhat lowered quality across the board, meaning that benchmarking against today's boys effectively hides a piece of the story about the quality of education that girls receive (Bastian et al., 2013). In 2016, 78% of the boys who sat the 10th grade exam passed – compared to only 69% of girls (MoE, 2017). Of those who sat the 12th grade exam, 50% of girls (compared to 65% of boys) passed the natural sciences stream and 25% of girls (compared to 43% of boys) passed the social sciences stream (ibid.). Attempting to offset girls' lower exam scores, the government provides lower entry requirements for girls to both technical and vocational education and training (TVET) and university. In tandem with quotas, this has helped raise girls' enrolment in the former significantly, though it should be noted that overall enrolment in TVET has been falling in recent years because the educational system is oriented towards academic rather than technical skills (MoE, 2017). Females now make up 52% of all TVET students (ibid.) – albeit primarily in courses on textiles and hospitality rather than the technical occupations which are perceived to be male (Biazen and Abegaz, 2009). Females are still very under-represented at university. In 2016, only 34% of students in higher undergraduate education were female (MoE, 2017).

A wide range of economic, sociocultural and institutional factors contribute to girls' educational disadvantage. For example, Ethiopian girls shoulder the lion's share of household chores, meaning that they often arrive to school late, are regularly truant and have insufficient time for homework (Pankhurst et al., 2016; Jones et al., 2014a; Karippai and Kassa, 2010). This pattern is especially acute in low-income households, households with young children and households with

low levels of parental education (Rolleston et al., 2013; Woldehanna et al., 2008). Bastian et al. (2013) note that while the poorest children are three times more likely to be out of primary school than their peers from better-off households, parents of poor girls are especially likely to deny them an education (16% versus 10% of poor boys) especially as they grow older. Indeed, low parental expectations regarding girls' education – which are tightly linked to child marriage and the belief that boys represent a better economic investment – effectively caps girls' educational outcomes by becoming a self-fulfilling prophecy. Parents' lower aspirations for daughters prevent girls from focusing on their studies which limits their academic success which then further lowers parents' aspirations for girls. By age 12, parents' more limited aspirations for girls are evident in girls' aspirations for themselves (Dercon and Singh, 2013).

Early adolescence – and puberty – marks a key turning point for many girls' access to school. As will be noted below, concerns about their chastity grow larger, given that their sexual purity is considered crucial in order to arrange the marriages that are perceived to be in their own longer-term interests (Jones et al., 2016a,b; Male and Wodon, 2016; Pereznieto and Tefera, 2013; Population Council and UNFPA, 2010). To allay their fears, it is not uncommon for parents to remove their daughters from school in early adolescence. Indeed, nearly half of girls aged 12-24 report that their main reason for not attending school is parental disapproval (compared to 37% of boys) (Population Council and UNFPA, 2010). Schools' limited girl-friendly sanitary facilities, which keep many girls at home while they are menstruating because it encourages the "accidents" which lead to boys' teasing (Feeny and Crivello, 2015; TOECA, 2014), and a growing preference for migration (Jones et al., 2014b,c) also contribute to many young adolescent girls leaving school.

The transition to secondary school marks another turning point for adolescent girls. Over 40% of secondary students in rural areas must travel for an hour in order to get to the nearest secondary school (CSA and World Bank, 2015). While distance to school impacts both girls and boys, impacts on girls are far larger. Parents are, for example, less likely to invest scarce financial resources in paying for girls to board and are more likely to disallow both commuting and boarding because of safety concerns (Jones et al., 2016a; Male and Wodon, 2016; Pereznieto and Tefera, 2013).

Child marriage is also an obstacle to adolescent girls' education. While most child brides are removed from school well before marriage – rather than for marriage itself – once girls are married a minority continue their schooling (Jones et al., 2014a,2016a,b; Mjaaland, 2016). The most recent DHS found that of married girls aged 15-19, 47% were in school before marriage and of those, 72% stopped school after marriage (CSA and ICF, 2017). Most were too busy with family life (47%) or were refused permission by their husband (30%)(ibid.).

Adolescents' access to information and technology is very low in Ethiopia – with girls disadvantaged compared to boys and rural adolescents disadvantaged compared to their urban peers (CSA and ICF, 2017; Population Council and UNFPA, 2010). Only 7% of girls aged 15-19 report reading a newspaper at least once a week (vs. 9% for boys), with 18% watching TV (vs. 22%) and 17% listening to the radio (vs. 26%). Overall, 69% of girls access no source of mass media on a weekly basis (vs. 62%). Adolescent girls are also less likely to own a mobile phone than their male peers (29% vs. 42%) or to have ever used the internet (7% vs. 15%) (CSA and ICF, 2017).

On the one hand, the broader picture of Ethiopian girls' educational progress is well documented by current research. On the other hand, most evidence about girls' schooling makes little attempt to disaggregate between groups of girls and explore their specific educational needs and outcomes. Furthermore, the rosy picture painted by enrolment statistics hides the fact that less than half of Ethiopian girls actually complete primary school, meaning that there is a need for research that better explores the forces driving school drop-out and how those forces might be mitigated.

Bodily autonomy, integrity and freedom from violence

- **Over 40% of young women aged 20-24 were married before the age of 18 and 47% of girls aged 15-19 have experienced Female Genital Mutilation/Cutting.**
- **Adolescent girls are highly vulnerable to physical and sexual violence – especially at the hands of their husbands and partners.**

The evidence base on the bodily integrity of Ethiopian adolescent girls is strong (128 sources). Covering child marriage (with Amhara Regional State being over-represented), female genital mutilation/cutting (FGM/C), and other forms of physical and sexual violence (with limited disaggregation), it suggests that girls face a variety of threats that reflect the country's cultural, economic, and religious diversity.

Child marriage rates in Ethiopia appear to be plummeting for the youngest girls, with the most recent DHS finding those aged 15-19 less than half as likely to have been married before the age of 15 as were young women aged 20-24 (6% versus 14%) (CSA and ICF, 2017). Declines are also evident for older girls, with 'only' 40% of those aged 20-24 married by age 18, compared to 49% of those 25-29 (ibid.). Girls marry men an average of seven years older than they are (CSA and ICF International, 2012) and the majority have their partner chosen by their parents (56%) (CSA and ICF, 2017). The youngest brides are the least likely to have known about their marriages or met their husbands-to-be in advance (Population Council and UNFPA, 2010; Ferede and Erulkar, 2009). Moreover, bride kidnapping continues, especially in areas where bride price is paid. For instance, in SNNPR, 13% of child brides were abducted into marriage (Population Council and UNFPA, 2010).

Critical to understanding the incidence and patterning of child marriage in Ethiopia is that "one size does not fit all" (Jones et al., 2016a,b). For example, while child marriage is declining in Amhara (from 74% to 56% between 2005 and 2011), outside of woreda²-level "hotspots" that are invisible in regionally aggregated statistics, it is increasing in Harari (from 33% to 39%) (Jones et al., 2016b; UNFPA, 2012). Furthermore, while in Amhara child marriage is associated with arranged marriages, particularly for

2 Woredas are districts within regional states.

the youngest girls, and in some locales can be purely ceremonial – with girls married in order to cement their parents' social status in the community but then divorced only a few weeks later having never left their parents' sides – in other regions, notably Oromia and Gambella, child marriage is increasingly driven by girls themselves, as they marry their “first loves” against the wishes of their parents (Jones et al., 2016a,b).

Research has found that while the drivers of child marriage vary in line with its patterning, most revolve around social norms. Child marriage is seen as a way to prevent premarital sexual exploration and pregnancy and ensure that girls marry “well” by marrying while their virginity and purity is uncompromised (Jones et al., 2016a,b; lossifov and Wassie, 2016). This is particularly the case for girls who are already out of school, as “idle” girls face the most stigma from their families and communities and often perceive early marriage as their only option given the limited opportunities with which they might prove their value (ibid.).

Economic factors also contribute to child marriage (Boyden et al., 2013; Tafere and Camfield, 2009). While poverty itself did not emerge as a primary driver in any of the “child marriage hotspots” in Jones et al.'s (2016a) recent work, poverty is a key factor forcing girls to leave school and lack of access to education is a clear driver of child marriage (lossifov and Wassie, 2016). In addition, Swarup et al. (2011) found that for some families living in poverty, the marriage of a daughter means one less mouth to feed. There is also evidence that child marriage can be used to demonstrate and consolidate wealth. In Amhara, for example, wealthier girls – especially those with access to land – are more likely to marry as children than less well-off girls, and in areas where men must pay bride-price in order to obtain a wife there is evidence that adolescent girls are effectively sold in order to obtain the resources needed to marry off their older brothers (Jones et al., 2016a; Gibson and Girmu, 2011; Boyden et al., 2013).

Evidence on FGM/C is far thinner but suggests that the practice is – like child marriage – highly variable, in decline, and fundamentally linked to a profound internalisation of patriarchal values (Pankhurst, 2014; UNICEF, 2013; CEDAW, 2011; Rahlenbeck et al., 2010; Tamire and Molla, 2013; Boyden, 2012; UNICEF Innocenti, 2010). The most recent DHS found that the overall prevalence rate in women aged 15-49 dropped from 80%

in the 2000 survey to 65% in the 2016 survey (CSA and ICF, 2017). Geographical variation is marked, with 99% of women in Somali and only 24% of women in Tigray having been cut. Religion was also found to be a factor in shaping likelihood of exposure to FGM/C (Muslim 82% vs. Orthodox Christianity 54%). Rural women are more likely to have been cut than urban women (68% vs 54%) (ibid.).

Rates are especially low in the youngest cohorts. Of those aged 15 to 19, only 47% had been cut. Of cut girls, most had flesh removed (65%) – and just over 7% had been infibulated (sewn shut). More than half of cut girls report that they were cut before the age of 5, over a fifth between the ages of 5 and 9 and about a fifth between the ages of 10 and 14. While noting that under-reporting is likely, given that the practice is both illegal and typically driven by mothers' decision-making, the DHS estimates, using mothers' reporting, that 38% of girls between the ages of 0 and 14 have been cut. Of those, nearly all (98%) were cut by a traditional agent (CSA and ICF, 2017).

Evidence on other forms of violence against girls, while not sufficiently disaggregated, indicates that girls are highly vulnerable to all types of violence in a variety of venues, including home, school, and the community (Jones et al., 2016a,b; Perezniето and Tefera, 2013). Intimate partner violence (IPV) appears especially common, with one-third of ever married girls aged 15-19 having ever experienced violence at the hands of their partner (CSA and ICF, 2017). Physical violence was the most common (27%), followed by emotional violence (22%) and sexual violence (10%). The majority of girls experiencing violence (60%) had never told anyone and only 25% had actually sought help. The Population Council and UNFPA (2010) found that 17% of urban girls (versus 11% of rural girls) had experienced at least one form of IPV – with urban girls less likely to report that they “deserved it” (4% versus 22% of rural girls). Married girls are especially vulnerable to IPV, with those married at the youngest ages the most likely to experience violence at the hands of their husbands (Erulkar, 2013). This violence is largely seen as acceptable by adolescent girls: the 2016 DHS found that 60% of girls between the ages of 15 and 19 reported that a husband was justified in beating his wife for at least one reason (including refusing to have sex or burning the food) (CSA and ICF, 2017).

Violence by other perpetrators is common as well. One survey, for example, found that nine out of ten girls had been physically abused and seven out of ten had

been psychologically abused, most often at the hands of their mothers (ACPF and Save the Children Sweden, 2006). Other research has focused on violence that girls face as they travel to and from – and attend – school. A 2008 Save the Children Denmark study, for example, found that 40% of parents considered violence a disincentive to send their adolescent daughters to school and that 35% of parents and 53% of teachers believed that most sexual harassment took place in school (cited in Perezniето and Tefera, 2013). Karippai and Kassa (2010), in their work with urban school girls, found that girls are increasingly harassed via mobile phones, with boys sending them pornographic images.

Rape is also common. The Population Council and UNFPA (2010) found that of girls between the ages of 12 and 24, 12% of urban and 16% of rural girls had been raped – with nearly 40% and 15% respectively blaming themselves for the experience. Domestic workers (Erulkar and Ferede, 2009) and street girls have been found to be especially vulnerable to sexual violence (Misganaw and Worku, 2013). Migrating adolescent girls are also highly vulnerable to trafficking and abuse, with research finding that lines between voluntary migration and trafficking blurred to invisibility by illegal brokers who exploit families' dreams of escaping poverty (Jones et al., 2014b,c).

While the evidence base on the bodily integrity of adolescent girls in Ethiopia is very strong and consists of a wide range of documents covering a variety of threats to girls' autonomy and safety, with the exception of child marriage that evidence tends to be poorly disaggregated. The experiences of older girls are “lumped” with those of adult women and those of the youngest girls are largely ignored. GAGE, with its focus on capability development over the course of adolescence, is poised to bring clarity to the vulnerabilities and opportunities facing girls of different ages.

Sexual and reproductive health, health and nutrition

- **The health needs of younger girls, including for sex education and menstrual management, have been largely overlooked.**
- **Older girls are highly vulnerable to adolescent pregnancy, with social barriers preventing most from using contraception and protection.**

The evidence base on girls' physical health is large (195 sources) – albeit heavily tilted towards older girls' SRH. While girls continue to face a variety of threats, mostly the result of restrictive gender norms, the investments of the government, donors, and NGOs have led to significant progress.

Ethiopia's adolescent fertility rate has dropped precipitously in recent years: from 110 in 2000 to 57 in 2015 (per 1000) (World Bank, 2017). Despite progress, however, adolescent pregnancy remains common – and almost entirely the result of child marriage. While the youngest girls are quite unlikely to have become mothers (1.6% of 15-year-olds are pregnant or mothering), overall 13% of 17-year-olds and 28% of 19-year-olds have begun childbearing (CSA and ICF, 2017). Early motherhood is particularly common amongst girls from Afar (23%) and Somali (19%), from the poorest wealth quintile (22%), and those with no education (28%). Girls from Addis Ababa (3%) and Amhara (8%), the wealthiest families (5%), and with more than a secondary education (3%) are far less likely to become young mothers (ibid.). Adolescent girls are also highly vulnerable to HIV. Females aged 15-24 are five times more likely to have HIV than boys the same age (ICF International, 2012).

Ethiopian adolescents' exposure to health-related information is mixed. On the one hand, messages about contraception and HIV are common. The 2016 DHS, for example, found that 61% of adolescent girls between the ages of 15 and 19 (and nearly 74% of adolescent boys) knew that HIV could be prevented by using condoms, and that girls were quite likely to have been exposed to a family planning message on the radio (24%) or at a community event (27%) (CSA and ICF, 2017). On the other hand broader SRH education is rare.

Parents are unlikely to provide their children with any sort of sex education due to social norms (Ayalew et al., 2014; Dessie et al., 2015; Lemango et al., 2016; Shiferaw et al., 2014). Indeed, most girls are even unaware of

menstruation until they experience it (Tamiru, 2015; TOECA, 2014; Upashe et al., 2015; Population Council and UNFPA, 2010). Given that health education is primarily delivered to adolescents in school by visiting Health Extension Workers, out-of-school girls have particularly limited access to any sort of SRH information (Perezniето and Tefera, 2013), which is highly problematic given that the majority of girls leave school right around the time they most need information.

Adolescent girls' use of family planning continues to be low, despite the government's scale-up of health care coverage, which includes the internationally lauded Health Extension Programme. On a national level, of girls aged 15-19, only 32% of those who are married and 59% of those who are unmarried but sexually active use any form of contraception (compared to 39% of married women aged 20-24)(CSA and ICF, 2017). Rates are even lower in regions that value early and high fertility, such as Somali.

Given government commitment to reducing fertility, girls' contraceptive uptake is not fundamentally driven by poor supply, but by their lack of social access. Married girls often face pressure from their husbands, their families and their communities to demonstrate their ability to produce children (Jones et al., 2014a, 2016a,b; Perezniето and Tefera, 2013). Unmarried girls, especially the youngest, face even higher barriers to contraceptive access. Not only are they often embarrassed to seek out services – even though they, like their married peers, have free access – but despite government policy, health care providers often refuse to serve unmarried girls because their sexual activity is seen as violating social norms (Abebe and Awoke, 2014; Bansal et al., 2012). Indeed, one study found that nearly half of providers were unwilling to let unmarried girls access contraceptives (Tilahun et al., 2012). Unsurprisingly, studies in high schools and villages have shown that abortions among students are markedly common (Melaku et al., 2014; Worku and Fantahun, 2006).

Outside of SRH, the only other health-related topic to garner any significant attention is nutrition. Research has found that due to son preference adolescent girls have poorer diets than boys (Roba et al., 2015) and that girls aged 13–17 years were more likely than boys to report being food-insecure, especially in severely food-insecure households and even when comparing sibling pairs (Hadley et al., 2008). Indeed, nearly 20% of girls between

the ages of 15 and 19 are anaemic, which has profound implications not only for girls' own health, but also for the wellbeing of the next generation, given anaemia's impacts on foetal health (compared to 18% of boys) (CSA and ICF, 2017). Girls who married before the age of 15 are sixteen times more likely to be undernourished than those who married between the ages of 18 and 19 (Belete et al., 2016).

The health-focused evidence base revolves almost entirely around the SRH needs of married girls over the age of 15. Young adolescent girls, and girls who are not married, are rarely included in research. Furthermore, outside of larger surveys such as the DHS, most of what we know about girls' health reflects the experiences of those who are in school. Out-of-school girls, especially those who live in emerging regions, have rarely been included in the smaller studies that add texture to what we know. GAGE will help fill these evidence gaps.

Psychosocial wellbeing

- **Very little is known about girls' psychosocial wellbeing, though mental health problems appear to affect a considerable number of children and adolescents.**
- **Girls who are married or are working as domestic workers tend to be socially isolated and especially likely to be depressed and anxious.**

The literature base addressing girls' psychosocial wellbeing is small (only 32 sources) and fractured. It largely focuses on the wellbeing of particular sub-sets of girls. Many studies do not disaggregate by age and some include both girls and boys.

Research indicates that mental illness burdens in Ethiopian children are high (between 12% and 25%) (MoH, 2012), and identifies particularly vulnerable groups. These include child labourers (Alem et al., 2006), school children who experience corporal punishment and public humiliation at school (Asfaw and Hagos, 2008), girls who face sexual harassment on the way to school and teasing about menstruation (ibid.), married girls (FORWARD and PFDI, 2014), girl domestic workers – who face high levels of social exclusion and isolation (Erulkar and Ferede 2009; Erulkar and Mekbib, 2007), and girls who have faced sexual abuse and suffer from self-blame that can lead to suicidal ideation (Garoma et al., 2008; Marsh et al., 2009; Wondie et al., 2011). Child marriage has also been found to lead to negative effects: Gage (2013) found that

in Amhara, girls who have marriage requests are twice as likely to attempt suicide as their peers with no requests.

The few studies that include adolescents' own perspectives on wellbeing identified the significant role of having good family relationships and feeling loved and respected (Camfield and Tafere, 2009, 2011; Fehr, 2010). However, further exploration is necessary in order to ascertain differentials by age and socioeconomic or marital status as well as to highlight the coping strategies of different groups of adolescent girls in order to identify ways to strengthen their resilience.

Voice and agency

- **Girls' access to decision-making is limited by social norms that place marriage and motherhood as central to their worth. Married girls' voice and agency is particularly limited, given that they tend to be younger than their husbands.**
- **As girls' access to education (and school-based girls' clubs) and employment has improved, they are becoming more active agents in their own lives.**

Evident from the discussion so far, as highlighted in the 58 thematic studies uncovered by our review, social norms sharply restrict girls' voice and agency and truncate their trajectories in myriad ways. That said, progress is notable and may even be accelerating – in part because of government efforts to include messaging about gender equality in a wide array of community level programming (including schools and health extension platforms).

From birth, Ethiopian girls are socialised to do as they are told and are considered to be less intelligent and independent than boys (Mjaaland, 2016; CRS, 2013; Camfield and Tafere, 2011). Young Lives found that as a result, girls have lower agency/self-efficacy than boys in terms of feeling in charge of their lives and destinies (Dercon and Singh, 2013). Although when they begin menstruating, girls are considered women ready to get married (Camfield and Tafere, 2011), this comes not with more freedom – such as boys seen when they become men – but with further restrictions, as girls' chastity is central to family honour (Jones 2016b). Nearly 95% of girls between the ages of 12 and 24 reported that they needed permission before leaving the house (Population Council and UNFPA, 2010). By age 15, girls also have significantly lower trust than boys in members of their

immediate community, a finding possibly reflecting fear as girls move closer to marriageable age (Dercon and Singh, 2013).

This fear is well-grounded in reality given that married girls' lives are often controlled by their husbands. The most recent DHS, for example, found that 39% of married girls report that their husbands must know where they are at all times, 17% that their husbands do not permit them to meet with female friends, and 14% that he tries to limit their contact with their own natal families (CSA and ICF, 2017). Married girls also have relatively limited input into household decision-making. About 20%, for example, are not allowed to make decisions about their own health care or about visiting their relatives. Over 25% do not contribute to decision-making about large household purchases (ibid.). Furthermore, of young married women aged 15-24, only 50% report that they can refuse sex and only 35% that they can ask their husband to use a condom. Some young wives have especially limited agency. Those include the youngest, who typically have the largest age gap with their husbands, and those from marginalised populations such as pastoralists (Brocklesby et al., 2010; EDC, 2012; Eneyew and Mengistu, 2013).

There is, however, evidence of growing space for girls' agency and decision-making (Jones et al., 2016a,b; Camfield and Tafere, 2011; Getahun, 2010). The 2016 DHS, for example, shows marked change since that of 2011. In 2011, only 47% of married girls aged 15-19 were allowed input into all three types of decision-making mentioned above (see also Getahun, 2010; Population Council and UNFPA, 2010). By 2016, that figure was up to 68% (CSA and ICF, 2017). Other research has found that some girls are able to bargain with their parents to stay in school and avoid marriage if they pass exams (Mjaaland, 2016) or choose their own marriage partner (Pankurst et al., 2016; Jones et al., 2016b, Camfield and Tafere, 2011). Indeed, the most recent DHS found that of married girls aged 15-19, just over 40% had been allowed to help decide about their own marriage (CSA and ICF, 2017).

Progress towards girls' improved decision-making appears related to their growing opportunities on other fronts. School, for example, not only expands girls' knowledge and skills, but exposes them to female role models and helps them aspire to lives broader than those of their mothers (Jones et al., 2014a; 2016a). School-based girls' clubs have also been found to be important. They not only address gender head-on, but provide girls

the opportunity to learn and exercise leadership skills, voice their concerns, and exchange experiences with peers (ibid.). The government has also been encouraging women to participate in all levels of governance, which is leading to growing acceptance of women's power (CEDAW, 2010) – and has rapidly expanded the Women's Development Army, which in some locations is directly tackling gender issues, including the norms that restrict girls' voice and agency (Jones et al., 2016a).

The vast majority of what we know about girls' access to voice and agency is again restricted to older girls – and often married older girls at that. The opportunities that younger girls have to contribute to the household- and community-level decisions that impact their lives is almost unexplored. GAGE will address these gaps, working in particular to bring girls' voices to the fore.

Economic empowerment

- **We know little about the economic empowerment of adolescent girls. Younger girls are effectively invisible and older girls are almost universally subsumed into the larger categories of either “youth” or “married women”.**
- **Adolescent girls and young women face high unemployment rates, are largely confined to the poorly paid and poorly protected informal labour market, and all too often see their time and money treated as communal property that belongs to their family or husband rather than to themselves.**

There is a large body of evidence (144 sources) that includes information on girls' economic empowerment. On the whole it indicates that girls have less access to employment, assets and financial services than do their male peers. However, very little of that evidence is focused explicitly on adolescent girls.

Ethiopian girls' economic wellbeing must be understood in context. Namely, despite the fact that the country has one of Africa's fastest growing economies, and has reduced its poverty rate from 61% in 1995 to 26% in 2013 (in part through its flagship public works programme – the Productive Safety Net Programme) (UNDP, 2015), it remains the world's second poorest country in terms of multi-dimensional poverty (87%) (OPHI, 2017). Children are particularly deprived. In 2011, 94% of children still suffered from at least two deprivations that threatened their survival or development (Plavgo et al., 2013).

As a direct result of high poverty levels, Ethiopian young

people are very likely to work. Indeed, despite a minimum working age of 14, Ethiopia has one of the highest rates of child labour globally (UNESCO, 2012). With accurate and up-to-date figures apparently unavailable, most sources cite the 2001 Child Labour Survey, according to which 52% of children were working to supplement family incomes. Research by Young Lives reveals that children themselves want to engage in paid work and contribute to the daily survival of their families, having a strong sense of obligation towards their family (Pankhurst et al., 2016). Some children also work to meet their own school costs, which is feasible given the prevalence of half-day shifts (ibid.).

Adolescent boys aged 15-19 are far more likely than girls to have been employed within the last twelve months (69% vs. 24%) (CSA and ICF, 2017). Most employed girls (43%) were sales and services, with 39% in agriculture; boys are concentrated in agriculture (74%) (CSA and ICF, 2017). While youth un- and under-employment is a national concern, given that high population growth has led to land fragmentation and is making it difficult for the economy to generate enough jobs, girls and young women are especially disadvantaged (Save the Children, 2013; Yèhoué et al., 2013; Igbatayo and Babalola, 2014; Kellow et al., 2010; Broussar and Tekleselassie, 2012). Inequalities are further exacerbated by a growing youth (ages 15-24) gender pay gap – estimated to be 66% and 56% in the public and private sectors respectively (Gable, 2013) – and the fact that adolescent girls and young women are often missed by both youth employment schemes and programmes aiming at women's economic empowerment (CRS, 2013; EDC, 2012; Kellow et al., 2010). One result of girls' more limited employment opportunities is that migration – including to the Middle East to participate in the “Maid Trade” – is an increasingly common path for adolescent girls as young as 13 (Bezu and Holden, 2014a,c; Tadele and Gella, 2012; Jones et al., 2014b, 2016b).

A primary reason that girls are less likely to be employed than boys is that they have no time. Time use surveys have found that differences begin at an early age. Girls aged 10-14 are more likely than boys the same age to collect water and firewood – and they spend significantly more time every day doing it (CSA, 2014). Older girls work even more: 91% of girls aged 15–29 years spend on average 4.5 hours a day on unpaid domestic tasks (ibid.). Girls from rural areas have heavier workloads than girls from urban areas (Tafere and Camfield, 2009) – in part

because rural children, in addition to their domestic work, also provide unpaid agricultural labour.

Girls and young women have limited access to assets as well. For example, while Ethiopian law grants women equal right to land – and land titling – Bezu and Holden (2014a,b) found that parents disproportionately grant access to their sons rather than their daughters – because they assume their daughters' husbands will provide for them. Parents who farm smaller plots and have the least education are the least likely to bequeath their daughters land and over all daughters are only about half as likely as sons to believe that they will inherit (*ibid.*). The latest DHS reported that 3% of girls aged 15–19 own their own land and 8% owned land jointly compared to 6% and 3% of boys respectively (CSA and ICF, 2017).

Furthermore, while students take a course each year, as part of civics class, on savings, budgeting, and bank accounts (Hopkins et al., 2012), girls' access to actual services remains rare. In 2016, only 8% of girls aged 15–19 used a bank account (compared to 10% of boys the same age) (CSA and ICF, 2017) (in part because accounts cannot be opened prior to age 18) and in 2012, only 22% of Savings and Credit Cooperative (SACCO) members were female (Karunakaran and Gebru, 2015). It is unclear how many girls have access to informal savings groups (such as *eqqubs*), but evidence suggests that those who do are primarily married and that most girls are forced to rely on family and friends for credit (EDC, 2012; Bekele and Worku, 2008; Phororo and Verick, nd; Karunakaran and Gebru, 2015). Part of the issue may be that girls have little money to save: Young Lives has found that girls face more pressure than boys to contribute to the household (Pankhurst et al., 2016).

As with other capability domains, the primary gap in existent evidence is related to disaggregation. The literature speaks in general about young people aged 15–29 without differentiating between older adolescents and young adults – and the youngest adolescents are largely invisible outside of child labour statistics. We also know relatively little about how public works schemes such as the PSNP are impacting adolescent girls and to what extent girls are able to utilise informal savings and credit opportunities.

Programming for girls

The evidence base on the effectiveness of Ethiopian interventions is both large (61 impact studies and evaluations) and comparatively rigorous. Indeed, as will be discussed in more detail below, the country is home to three multi-component programmes (End Child Marriage Programme/Finote Hiwot, Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls/TESFA, and the Male Norms Initiative) which had a quasi-experimental design with arms to assess the relative effectiveness of different intervention strategies. However, as has been the case in GAGE's other focal countries – and as GAGE was designed to address – most interventions have been evaluated immediately after programming has ended, meaning that we do not know whether they created longer-term change. In addition, although interventions tend to target the entire adolescent age group, evaluations rarely assess and specify outcomes by narrower age groups and few have tried to disentangle the relative importance of different components (e.g. safe spaces vs. livelihood training). Key findings about the impact of interventions are summarised by capability domain in Box 2 below.

In some countries, such as Bangladesh, it is difficult to disentangle the relative impact of programming (such as the Female Secondary School Stipend) from the impact of broader economic change. Our Evidence Mapping suggests that in Ethiopia that is less of a concern. While its economy is rapidly growing, 77% of the population was still employed in the agricultural sector in 2013 (World Bank, 2016) and it remains disproportionately rural, even on a regional basis (Bezu and Holden, 2014c). That means that it is easier to directly attribute progress to government and NGO programming.

Government programming, while constrained by budget realities and uneven follow-through at sub-national levels, has been central to girls' recent progress. In addition to the massive investment in educational infrastructure, which as mentioned above has made primary school accessible nearly to all, the government has also used its Health Extension Programme to leverage change for girls. Health Extension Workers not only provide door-to-door and school-based health education for mothers and adolescents, education which includes topics such as child marriage and FGM/C, but they also provide contraception and other health services at no charge. Over the last few years, the government

Box 2: What works to enhance girls' capabilities?

Education and learning

Our search generated 25 impact studies and evaluations of education-related interventions, indicating that there is a considerable body of evidence on interventions targeting girls or children and aiming at increasing their access to education and improving their learning outcomes. The majority of examined interventions combined several strategies, notably cash or in-kind support to girls, establishment of girls' clubs, teacher training, infrastructure improvement and community awareness-raising on the value of education. While evaluations show improved enrolment and attendance indicators, more attention needs to be paid to best practices to help older girls complete their secondary education in different environments and married girls to re-enter school. In addition, the so far mixed results of household participation in public works on education could be a point of further investigation.

Bodily autonomy, integrity and freedom from violence

The evidence base on programmes to tackle child marriage is particularly strong, with 13 out of the 19 impact studies and evaluations of interventions aiming to improve the bodily integrity of adolescent girls in Ethiopia concerning child marriage. Most available evidence comes from large scale multi-component programmes which have included a combination of girls' clubs, access to education, community mobilisation and economic incentives. Involving boys and men, engaging local and religious leaders, closely monitoring and reporting child marriages to legal authorities, and ensuring community ownership of the intervention also appear promising. However, the relative effectiveness of different strategies remains unclear along with the exact pathways and the sustainability of the observed changes. Moreover, evidence from the first phase of Berhane Hewan showed that the intervention was successful only among younger adolescent girls.

Intensive community conversations – which enable local communities to access information, discuss and reflect on their own views of the practice – appear to be especially successful at reducing FGM/C, especially when they involve religious leaders and provide alternative income-generating activities to traditional circumcisers. In terms of preventing physical and sexual violence against girls, emerging evidence suggests that targeting boys and young men for gender education can lead to positive behavioural changes towards their female partners.

Sexual and reproductive health, health and nutrition

Our search yielded 25 evaluations of programmes aiming to improve adolescent girls' physical health. The vast majority of examined interventions aimed to increase sexual and reproductive health knowledge and to improve access to such services. While evaluations show that these interventions were often able to meet their aim to different degrees, they do not consistently identify best practices for adolescent girls of different ages and in different environments. The use of safe spaces and mentors, as well as involvement of girls' partners, appear to have promising effects for older adolescent girls' health. There is very limited evidence on younger adolescent girls.

Psychosocial wellbeing

Our search generated eight impact studies and evaluations of interventions aiming to improve the psychosocial wellbeing of adolescent girls, indicating that the evidence base on such interventions is very limited and focuses on marginalised and vulnerable groups such as migrants to urban areas, domestic workers, survivors of violence and abuse, sex workers and refugees. Almost all examined interventions are multi-component programmes with several other objectives. While some evaluations assessed the mental health outcomes of participants as measured by international self-assessment tools, others focused on girls' social and emotional wellbeing measured by changes in their self-confidence and their relationships with significant others. However, even when positive impacts are reported, lack of a rigorous research design does not allow us to identify the most effective strategies.

Voice and agency

Many international agencies and NGOs have made transforming discriminatory social norms and promoting girls' agency and voice an important focus of their work, implementing programmes that combine life skills/empowerment strategies with community mobilisation. Our search generated 21 impact studies and evaluations of interventions with the most common approaches being establishment of girls' clubs led by female mentors, and community conversations. A considerable number of examined studies and evaluations focused on assessing multi-component programmes addressing harmful traditional practices and the underlying norms. In addition, four evaluated interventions targeted married girls and aimed to improve their communication and negotiation skills, while two other interventions focused on boys and men and promoted more gender-equitable norms and behaviours. The active involvement of boys and men along with use of community structures were found

Box 2 (continued): What works to enhance girls' capabilities?

to effectively address harmful norms and practices. However, there is very little evidence about what works to empower girls of different age groups and in different settings. Moreover, there is still limited evidence of the extent to which attitude change is translated into behavioural change and of the sustainability of this observed change.

Economic empowerment

The 21 evaluations uncovered in our review found that most programmes aimed at economically empowering girls provide them with business skills training, financial literacy and access to credit to start their own income-generating activities, or with vocational skills to improve their employment opportunities. However, it is challenging to identify age- and sex-disaggregated effects because the majority target girls along with women or youth. Indeed, there is some evidence that suggests that girls benefit the least from such programming because their specific needs are not met. Our knowledge is particularly limited when it comes to younger adolescent girls, who remain invisible in interventions, outside of early evidence that they may substitute their labour for that of their mothers when their mothers engage in public works programming.

has used its Health Extension Programme to create the Women's Development Army, which effectively links every adult woman into five person groups (1:5 groups) that use regular face-to-face meetings to discuss – and monitor – group members' commitment to a range of development targets, including not only vaccination and ventilation, but also contraception, harmful traditional practices (HTPs), and girls' education. The government has also prioritised development programming for children and adolescents, who have access to girls' clubs and anti-HTP clubs in most schools and are now also being organised into 1:5 groups (Jones et al., 2016a,b).

Donors – many of whom have funded these government initiatives – and NGOs have also been critical to Ethiopian girls' recent progress. Using a combination of approaches, including group-based work with girls, community conversations, direct work with boys and young men, and radio programming, scores of programmes have worked to expand girls' capabilities. While these programmes have largely been small,

targeted at only certain subsets of girls (e.g. domestic workers or slum-dwelling girls), and most have seen only informal assessment at best, several have been at scale or have had rigorous, well-designed evaluation.³

For example, the Towards Improved Economic and Sexual Reproductive Health Outcomes for Adolescent Girls (TESFA) project, implemented by CARE Ethiopia, used group-based peer education – for both married adolescent girls as well as community members. Using a quasi-experimental design with different intervention arms, girls were provided with either SRH or savings and business information, in addition to a broader life-skills curriculum that emphasised effective communication and negotiation skills. While the evaluation focused on health and economic outcomes, which were positive, TESFA also saw large gains in communication between girls and their husbands as well as decreases in gender-based violence levels. Moreover, the evaluation found an exceptional shift in girls' decision-making and communication skills, particularly in relation to sexual and reproductive health and family planning matters (Edmeades et al., 2014, 2015). Another qualitative assessment found that the inclusion of husbands and community leaders was especially important to progress and that the programme had led to a notable reduction in child marriage, as group members – especially married girls – began to understand the ways in which it threatened girls' wellbeing and speak out against the practice (Jones et al., 2016b).

The End Child Marriage Programme (ECMP)/ Finote Hiwot also uses a girl-centred approach and school clubs with girls and boys along with community conversations (DFID, 2015). A qualitative assessment found that the programme increased awareness about – and ultimately reduced – child marriage, improved girls' confidence

3 The engagement of non-profits has also been limited by the 2009 Civil Society Law. That law, which prevents international NGOs from engaging in activities that pertain to human rights and prevents national NGOs from obtaining more than 10% of their funding from international organisations, has made it far more difficult for groups to frame and launch their programmes (Amnesty International, 2012; Yeshanew, 2012). This is especially problematic given that recent research suggests that the government's own platforms, including the Women's Development Army and girls' clubs, are more effective change-makers when they are supported by NGOs (Jones et al., 2016a,b).

and support networks, and fostered better relationships between students and teachers and males and females (IMC Worldwide, 2015). Another quantitative impact study also found that the programme increased the household decision-making power over child marriage and child education of women in intervention areas (Chow and Vivalt, 2015). Interestingly, impacts appear more related to the provision of information rather to economic incentives (ibid.).

Finally, the Male Norms Initiative targeted men aged 15-24 with interactive group education and community engagement and was evaluated using a quasi-experimental research design with three arms – the first combining community engagement with interactive group education sessions promoting gender-equitable norms and violence prevention, the second including only community engagement activities, and the third being the control arm. Both intervention groups showed a positive, significant shift towards support for gender-equitable norms between the baseline and endline. They also reported a significant decrease in intimate partner violence at endline. The evaluation also noted that young men in the combined intervention group reported more support for gender-equitable norms at endline compared to those in the community engagement only group (Pulerwitz et al., 2010; Pulerwitz et al., 2014).

Conclusions

Our Evidence Mappings uncovered a wealth of information on Ethiopian girls. However, while much is known, even more remains unexplored. Key in terms of understanding girls' capability outcomes is the disaggregation which is central to GAGE's conceptual framework. Outside of educational statistics, which report by grade level but tend to hide the realities of marginalised girls such as

pastoralists or those with disabilities – most research either entirely ignores the needs of younger adolescent girls or fails to differentiate between their needs and those of their older peers. In addition, some of GAGE's capability areas have attracted little research. For example, we know little about Ethiopian girls' psychosocial needs and far less about their experiences with normal puberty than their uptake of contraception. GAGE can definitely help fill these gaps.

What is known about girls' capabilities, however, dwarfs what is known about the interventions that support their development. While there are hundreds – if not thousands – of programmes that touch the lives of Ethiopian adolescent girls, most have never been formally evaluated. Furthermore, even those that have undergone comparatively rigorous assessment rarely have evaluation designs that – like GAGE's – allow for the disentanglement of impact pathways or permit conclusions to be drawn about what sorts of interventions work best for younger versus older girls or optimally support the most vulnerable. There is also little evidence about whether programmes create sustained changes in girls' adult lives.

Fortunately, the Evidence Mappings on which this short synthesis was based represent only one of GAGE's four work-streams. Having now mapped what is known – and not known – about the capabilities of Ethiopian adolescent girls, and how existent interventions are supporting the expansion of those capabilities, GAGE will be moving forward with its mixed-methods longitudinal research aimed at extending evidence and filling gaps. Combining quantitative and qualitative work with policy and legal analysis, GAGE will hone in on what works to help Ethiopian girls become the women they would like to be.

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About GAGE

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

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Front cover: A student reads at Kokebe School, Addis Ababa.
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