

# Adolescent psychosocial well-being and voice and agency in Ethiopia

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## Acronyms list

OBC	Community-based coalition
EDHS	Ethiopia Demographic and Health Survey
FGM/C	Female genital mutilation/cutting
GAGE	Gender and Adolescence: Global Evidence
GHQ	General Health Questionnaire
HEW	Health extension worker
KI	Key informant
LMIC	Low- and middle-income country
MoH	Ministry of Health
NGO	Non-governmental organisation
USAID	United States Agency for International Development

## Glossary

Fiema	Collective of adolescent peers in Afar culture.
Kebele	Community or smallest administrative unit of Ethiopia.
Sadah	A form of traditional dancing in Afar.
Shegoye	A form of traditional dancing that adolescent girls and boys participate in without adult supervision in eastern Oromia.
Qeerroos	Groups of adolescent boys and young men who have formed at the community level in many parts of the Oromia region in response to political tensions prevailing in the country since 2016.
Woreda	District or third-level administrative division in Ethiopia (after zones and regions).



## Ethiopia: Psychosocial well-being

**Recommendation:** Provide guidance to parents and teachers on supporting adolescents - including on positive disciplinary approaches - and safe, gender-sensitive and adequately resourced spaces for adolescents to interact with peers, alongside social workers and hotlines to support vulnerable young people and those with mental ill-health.



Adolescent girls aged 15-17 are more psychologically distressed than adolescent boys



Adolescents in psychosocial distress are more likely to have access to eligible healers than formal services



Adolescent boys are more likely to be members of clubs than adolescent girls and have wider peer networks



Adolescents with disabilities are less able to discuss life issues with their parents than those without disabilities



## Ethiopia: Voice and agency

**Recommendation:** Support adolescents' safe access to information, including in the digital sphere, and to school parliaments and adolescent clubs to encourage opportunities for participation and development of leadership skills, and link them with aspirational role models and mentors.



Older adolescent girls' mobility is far more restricted than adolescent boys'



Twice as many urban boys as girls have access to the internet



Adolescents have very limited opportunities for safe civic engagement



Only one-third of young adolescents have a role model

**“ There is a gap in providing emotional support among parents, discussing with children... It is a gap that results from having no knowledge.”**

Community key informant, East Hararghe

**“ At that time I told them that I want to go to school and they told me to herd the goats for that day and so I dropped out.”**

12-year-old married girl, Zone 5, Afar

# Executive summary

## Introduction

Very little is known about adolescent psychosocial well-being in Ethiopia, although existing evidence suggests that mental ill health appears to affect a significant number of young people, especially child labourers (Ministry of Health (MoH), 2012). There also appears to be an important gender dimension to psychosocial well-being: girls who are married, engaged as domestic workers, survivors of sexual violence or involved in commercial sex work are at high risk of social isolation and mental distress (Erulkar and Ferede, 2009; Wondie et al., 2011; Gage, 2013; Presler-Marshall and Stavropoulou, 2017).

The research base on adolescent voice and agency is broader and highlights that conservative age- and gender-related social norms play a critical role in limiting adolescent opportunities for participation and decision-making within their families and communities (Dercon and Singh, 2013; Jones et al., 2018). However, there appear to be growing spaces for adolescent agency, fostered by a rapid increase in school enrolment and opportunities to participate in school-based clubs (whether girls' clubs and gender clubs explicitly promoting children's and girls' rights or other types of club) and children's parliaments as well as emerging opportunities to participate in the community afforded by the recent political transformation process in the country.

This report on adolescent psychosocial well-being and voice and agency in Ethiopia seeks to contribute to our understanding of adolescent well-being and to broaden the evidence base. It is one of a series of reports presenting findings from baseline mixed-methods research as part of the Gender and Adolescence: Global Evidence (GAGE) longitudinal study (2015–2024). We focus on: adolescents' resilience and emotional efficacy; their voice and decision-making opportunities within the family; their mobility; their access to peer networks and safe spaces; their access to age-appropriate information and digital technology; their access to inspirational role models; and opportunities for civic engagement. We pay particular attention to gender and regional differences, as well as differences between adolescents with disabilities and those without. We also discuss the range of formal and informal change strategies currently being implemented to fast-track social change, as well as related gaps in the policy and programming landscape.

## Research methodology

In Ethiopia, our research sample involves a survey with more than 6,800 adolescent girls and boys from two cohorts aged 10–12 years (younger adolescents) and 15–17 years (older adolescents), and more in-depth qualitative research with 240 adolescents and their families. The baseline data was collected in selected sites in Afar, Amhara and Oromia regional states and Dire Dawa city administration during 2017 and 2018. The sample includes some of the most disadvantaged adolescents (adolescents with disabilities, married girls and adolescent mothers, adolescents from pastoralist and remote rural communities, adolescents from internally displaced households, and child-headed households). Three subsequent rounds of data collection will be carried out in 2019/2020, 2020/21 and 2022/23 with the younger cohort when they reach 12–14 years, 13–15 years and 15–17 years, and with the older cohort at 17–19 years, 18–20 years and 20–22 years. The main qualitative research will happen at the same junctures, but we will also undertake peer-to-peer and participatory research from late 2018/ early 2019 onwards on an annual basis to explore peer networks and the experiences of the most marginalised adolescents in more depth.

## Key findings

- **Resilience and emotional efficacy:** Overall, adolescents had low scores on the 12-item General Health Questionnaire (GHQ-12), suggesting an overall low level of mental distress, though adolescents from Afar, those in urban areas and adolescent girls (especially older girls) are considerably more likely to exhibit greater levels of distress. Our qualitative findings confirmed this, highlighting that girls experience considerable levels of anxiety and depression owing to sexual harassment and the risks of sexual violence and forced and child marriage.
- **Voice and decision-making within the family:** Adolescents report a medium level of voice and decision-making within their families according to our survey; however, there are significant differences among adolescents, with younger adolescents, girls and adolescents in rural areas (especially in pastoralist communities) having less say.



Girl with visual impairment in Debre Tabor © Nathalie Bertrams / GAGE 2019

- **Mobility, access to peer networks and safe spaces:**

The overwhelming majority of adolescents need parental permission to move around their communities. Urban adolescents and girls face the greatest mobility restrictions and also safety fears. Adolescents in communities with cultural dance traditions (*sadah* in Afar and *shegoye* in East Hararghe) enjoy surprising levels of freedom to interact with the opposite sex unsupervised. More than three-quarters of all adolescents reported they have a friend they can trust, with the exception of adolescents in pastoralist communities, where less than a quarter reported close friendship networks.

- **Access to age-appropriate information and digital technology:** Adolescent connectivity is very low, with -less than half of older urban adolescents and nearly no younger urban or rural adolescents having access to a mobile phone and/or the internet when needed. There are also noteworthy differences in access between adolescents across regions and between adolescent boys and girls. Adolescents with disabilities are also more likely to lack connectivity.
- **Access to inspirational role models:** Young adolescents and girls are less likely to have a role

model outside their family whereas males and older adolescents in urban areas are more likely to report that they have a role model that they look up to, often citing community leaders, educational professionals and political figures such as the former Prime Minister, Meles Zenawi, and Nelson Mandela. While there are no significant differences between adolescents with disabilities and those without disabilities, urban adolescents are more likely to aspire to emulate the achievements of specific individuals such as fashion designers or lawyers.

## Change strategies

There are a range of initiatives to promote adolescent voice and agency, and enhance their psychosocial well-being, including girls' clubs and gender clubs in school, school parliaments and government-run youth centres in urban areas. In Christian communities, churches often serve as an important venue for adolescents to interact with peers; we did not find evidence of mosques serving a similar function but some adolescents were attending Quran education with their peers. There are also a number of initiatives run by non-governmental organisations (NGOs) but these tend to be small in scale, and there were



none such activities are evident in our research sites in Afar. Efforts to engage with parents and communities to promote adolescent well-being focus largely on awareness-raising efforts to promote education and avoid harmful traditional practices, notably child marriage and female genital mutilation/cutting (FGM/O). Such efforts do not yet tackle safe and age-appropriate use of media and technology. Finally, outside of school counselling services (which few adolescents reported using), there are extremely limited psychosocial services, although a small emerging cadre of social workers may begin to tackle this gap in service provision, but capacities are still weak and training very limited.

## Policy and programming implications

Our baseline research findings point to the need for the following policy and programming priority actions:

- **Provide guidance to teachers and school counselors** through refresher teacher training that covers how they can most effectively support adolescent transitions, including child-friendly pedagogies that encourage classroom participation and positive disciplinary approaches.
- **Develop and maintain spaces where adolescents can safely spend time with peers and contribute to their communities**, including investing in youth centres that are well-resourced and friendly and welcoming, for younger adolescents and especially for girls (including through the provision of better sanitary facilities for girls); and expand clubs and extra-curricular activities, including child parliaments, girls' clubs, and sports activities in schools, to encourage opportunities for participation.
- **Use school lessons and clubs to map out with adolescents which locations they feel are safe and which are not safe**, and support them to think through ways to avoid unsafe spaces; also provide opportunities for adolescents to volunteer in their communities.
- **Provide outreach to the most disadvantaged adolescents**, with programming designed to reach the most isolated groups such as married girls, herding boys, child labourers, domestic workers, migrant workers, adolescents from internally displaced communities (IDPs) and street-connected children.
- **Provide guidance to parents**, including through parenting classes for parents of adolescents to support them to guide young people through the transition from puberty into adulthood, promoting non-violent disciplinary approaches.
- **Continue to develop and expand a cadre of social workers trained to support young people's mental health needs**, and simultaneously provide training to health extension workers and teachers on how to identify young people in need of support and counselling.
- **Invest in telephone hotlines for young people with psychosocial ill-being/ mental ill health**, given young people's increasing access to mobile phones, and drawing on international good practice.
- **Expose young people to aspirational yet actionable ideas for their future pathways by engaging with role models** from the community and developing school- and district-level alumni associations with linkages to local schools to provide regular access to role models and mentors.
- **Support adolescents to gain safe access to information**, including through education for adolescents and their parents on how to use the internet safely, including specifically addressing the risks of pornography, and on the risks of substance abuse, including cigarettes, khat, alcohol and other drugs.

# Introduction

Very little is known about adolescent psychosocial well-being in Ethiopia, although existing evidence suggests that mental ill health appears to affect a significant number of young people, especially those engaged in child labour (MoH, 2012). There also appears to be an important gender dimension, in that girls who are married, engaged as domestic workers or survivors of sexual violence are at high risk of social isolation and mental distress (Erulkar and Ferede, 2009; Wondie et al., 2011; Gage, 2013; Presler-Marshall and Stavropoulou, 2017). The research base on adolescent voice and agency is broader and highlights that conservative age- and gender-related social norms play a critical role in limiting adolescent opportunities for participation and decision-making within their families and communities (Dercon and Singh, 2013; Jones et al., 2018). However, there appear to be growing spaces for adolescent agency, fostered by a rapid increase in school enrolment and opportunities to participate in school-based clubs (whether girls' clubs, gender clubs or other types of club). There are also emerging opportunities to participate in the community owing to the recent political transformation process in the country, which has seen more women appointed to high-level decision-making roles.

This report on adolescent psychosocial well-being and voice and agency in Ethiopia seeks to contribute to our understanding of adolescent well-being and to broaden the evidence base (see also Box 1). It draws on GAGE mixed-methods baseline research findings, focusing on similarities and differences between girls and boys, and between young people in rural and urban areas. In terms of adolescent psychosocial well-being and voice and agency, the GAGE conceptual framework defines capable adolescents as having: (1) resilience and emotional efficacy; (2) voice and decision-making within their family; (3) mobility, access to peer networks and safe spaces; (4) access to information and digital technology; (5) access to inspirational role models; and (6) civic engagement opportunities (see Figure 1). Where relevant, sub-sections of this report explore differences by gender and differences between contexts (see text boxes). Where our findings underscore significant differences in the experiences of adolescents

with disabilities compared to those without disabilities, we also highlight these in a text box.

The report then looks at our findings on the change strategies currently being used by different stakeholders, from the micro to the macro level. We discuss which interventions are perceived by our research respondents to be effective in supporting adolescent psychosocial well-being and voice and agency, as well as any shortcomings and key gaps. The report concludes by exploring policy implications of the baseline research.

## Conceptual framework

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 adolescent girls' development and empowerment – 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 the importance of outcomes, causal mechanisms and contexts – but we tailor it to the specific challenges of understanding what works in improving adolescent girls' and boys' capabilities.

The first building block of our conceptual framework are capability outcomes. Championed originally by Amartya Sen (1984; 2004), and nuanced to better capture complex gender dynamics at intra-household and societal levels by Martha Nussbaum (2011) and Naila Kabeer (2003), the capabilities approach has evolved as a broad normative framework exploring the kinds of assets (economic, human, political, emotional and social) that expand the capacity of individuals to achieve valued ways of 'doing and being' (see Figure 2). Importantly, the approach can encompass relevant investments in girls and boys with diverse trajectories, including the most marginalised and 'hardest to reach' such as those who are disabled or are already mothers.

The second building block of our conceptual framework is context dependency. Our 3 Cs framework situates girls and boys ecologically, and that their capability outcomes are highly dependent on family or household, community, state and global contexts.

### Box 1: Overview of GAGE and our baseline report series

GAGE is a unique longitudinal mixed-methods research and impact evaluation study exploring what works to support the development of adolescents' capabilities over the course of the second decade of life (10–19 years) as children transition from early adolescence through puberty and into early adulthood.

The far-reaching physical, cognitive, psycho-emotional, social and sexual transformations that take place during the adolescent years (and especially following the onset of puberty) are considered second only to those experienced in infancy and early childhood in terms of their scope and speed. Given these pivotal life changes – and with a global adolescent population of more than 1.2 billion (most of whom live in the Global South) – the development community is increasingly recognising that adolescence offers a unique window in which to accelerate progress against poverty, inequality and discrimination. By investing in young people there is an opportunity to reap a triple dividend for adolescents now, for their adult trajectories and for those of their children.

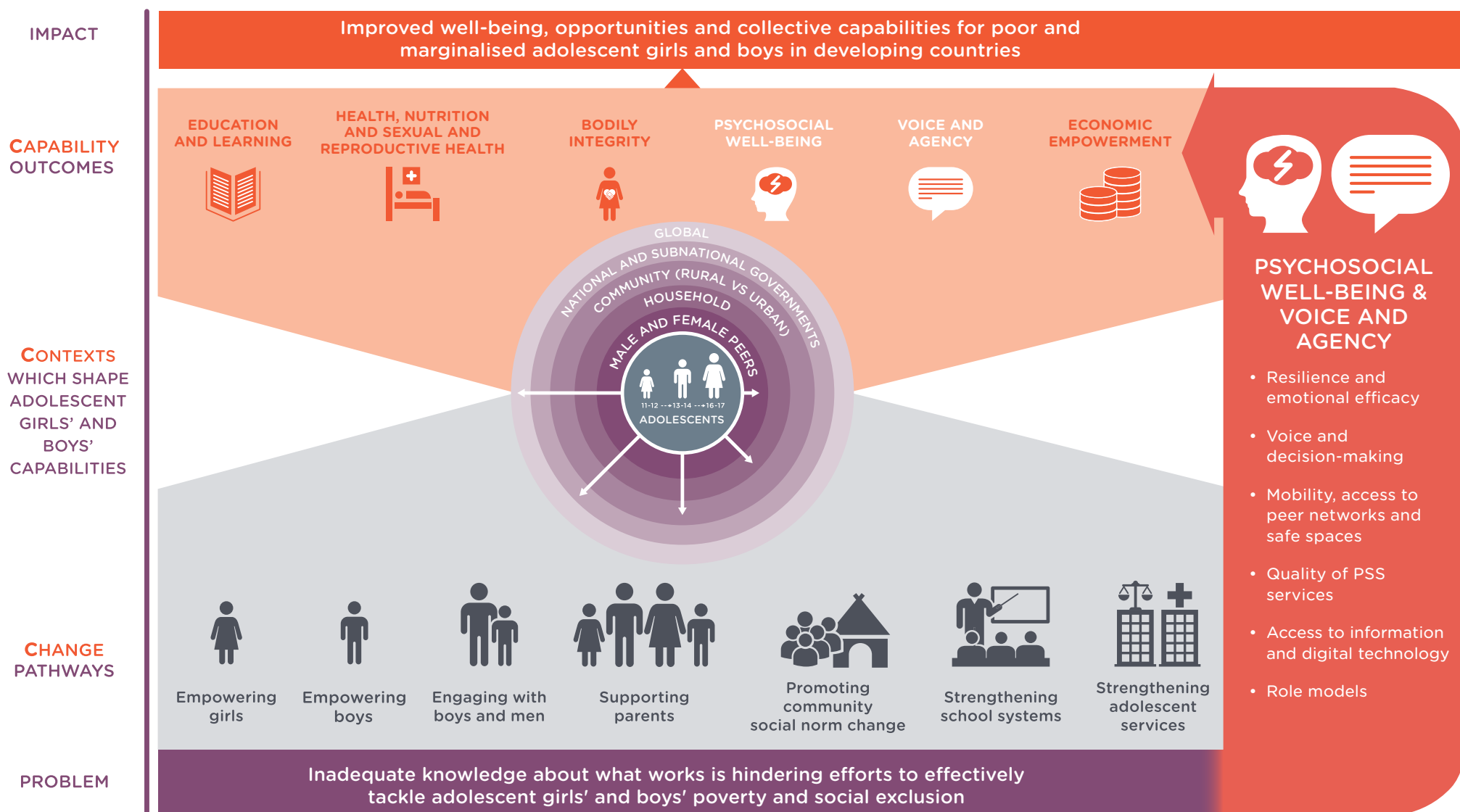
GAGE's starting point is that adolescent transitions shape both girls' and boys' lives, but often in highly gendered ways, due to the norms prevalent in their socio-cultural environments. These norms – especially around sexuality – start to become more rigidly enforced and more consequential in early adolescence, which forces girls' and boys' trajectories to diverge as they approach adulthood. In order to fast-track social change, understanding this divergence is key.

This report is one of a series of short baseline reports focused on emerging mixed methods findings from the GAGE baseline. Based on our conceptual framework (see Figure 1), six reports will present our baseline findings about adolescent boys' and girls' capabilities in six key domains: (1) education and learning; (2) health, nutrition and sexual and reproductive health; (3) bodily integrity and freedom from violence; (4) psychosocial well-being; (5) voice and agency; and (6) economic empowerment.

The third and final building block of our conceptual framework acknowledges that girls' and boys' contextual realities can be mediated by a range of change strategies including: empowering individual adolescents, supporting

parents, engaging with men and boys, sensitising community leader, enhancing adolescent-responsive services and addressing system level deficits.

Figure 1: GAGE conceptual framework



Source: GAGE Consortium, 2019 forthcoming



# Research methodology

## Research questions

Stemming from our conceptual framework there are three core sets of questions at the heart of research, focusing on (1) adolescent experiences and the ways in which these are gendered and also differ by adolescents' economic, social and geographical positioning, (2) the ways in which programmes and services address adolescent vulnerabilities and support the development of their full capabilities, and (3) strengths and weaknesses of programme design and implementation in terms of ensuring programme efficacy, scale and sustainability. At baseline we are focusing on the first two questions and will explore the third question in more detail at mid-line and end-line.

## Mixed-methods approach

In order to explore these research questions GAGE is employing a longitudinal mixed-methods research approach. This baseline involved data collection in rural and urban sites in Ethiopia – totalling over 6,700 adolescent girls and boys, with a sub-sample of more in-depth qualitative research involving 220 adolescents, their families and communities. Our sample included two cohorts, the younger aged 10–12 years and the older aged 15–17 years (see more details in Tables 1–4) in Annex 2.

Our baseline quantitative and qualitative data was collected between late 2017 and early 2018. Going forward, the quantitative survey will entail two follow up rounds when the adolescents are 12–14 years and 14–16 years, and 17–19 years and 19–21 years, respectively. The main qualitative research will happen at the same junctures, but we are also undertaking annual peer-to-peer and participatory research annually (from late 2018/early 2019 onwards). See Annex 4 for more details on the research methodology.

## Research sites

Our research sample in Ethiopia involves adolescents from rural, urban and pastoralist communities from three regions: Afar, Amhara and Oromia. The sample also includes adolescents from Dire Dawa City Administration (see Annex 3 on research sites). Rural sites were selected to reflect economic and social vulnerability, as well as being informed by programme implementer capacities

(see more details in Annex 1). Urban sites were selected to capture emerging economic opportunities, variation in urban size and history, as well as to provide a point of comparison to rural sites on the basis of geographical and cultural proximity (see more details in Annex 2).

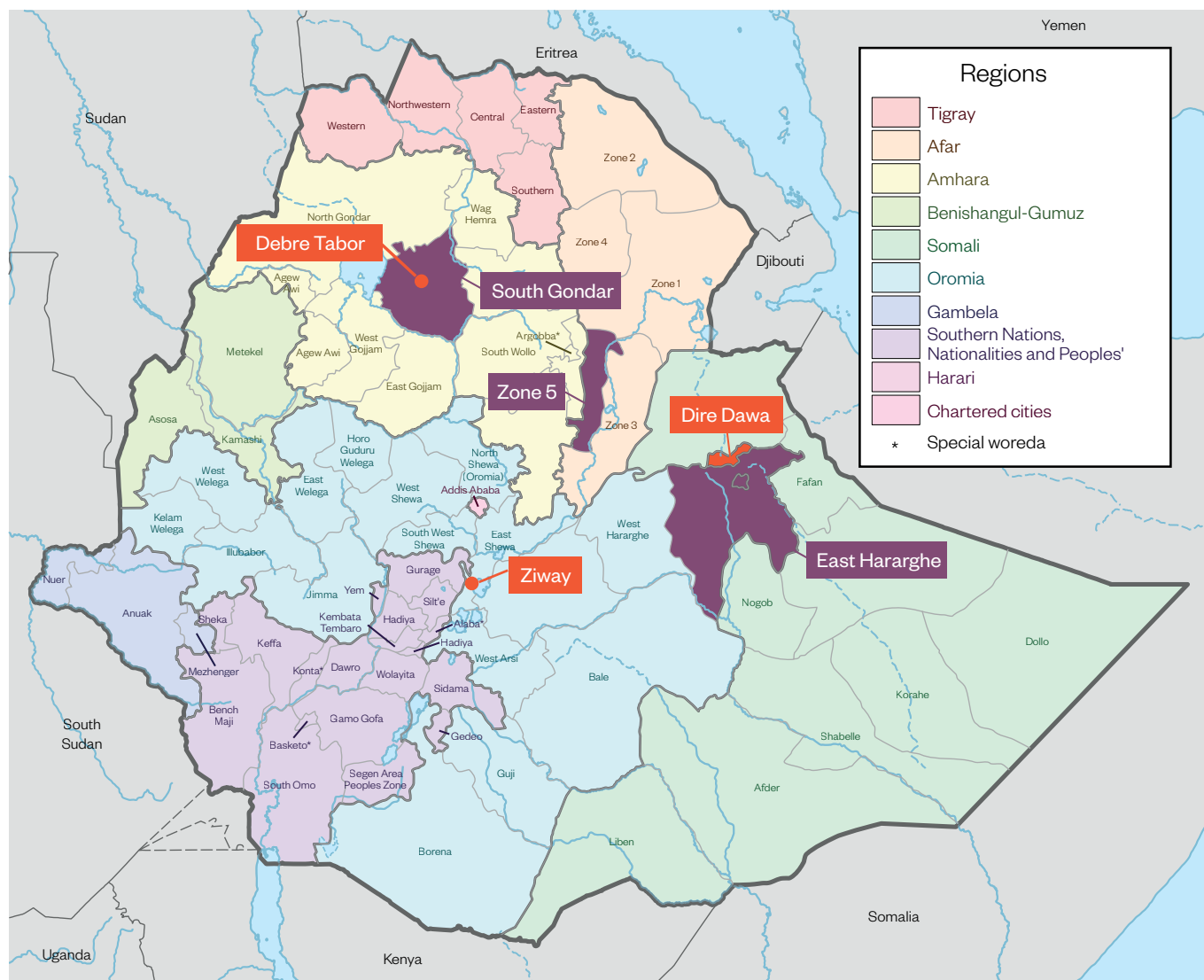
Given GAGE's strong focus on vulnerable cohorts of adolescents, in line with the 'leave no one behind' agenda, our sample includes adolescents who are especially disadvantaged, such as adolescents with disabilities, married, separated and divorced adolescent girls, adolescent mothers, and those from internally displaced communities. We included these adolescents in two ways: through a community listing process involving a random sample of adolescents of the requisite age, and through purposive sampling in an effort to overcome the stigma, discrimination and invisibility that such young people often face in their communities.

## Mixed-methods analysis

We employed an iterative analysis process, with the qualitative team attempting to make sense of the quantitative findings based on the narratives generated in the field and from the transcripts, and then the quantitative team delving further into disaggregating data to explore emerging patterns within and across sites. This was particularly important in the case of discussions on violence and harmful traditional practices, which are often highly sensitive issues to discuss and probe about. We recognise that for any of the six capability domains there are multiple areas we will be able to explore in further depth going forward; what we present here are key emerging findings, which we hope will lead to fruitful discussions with key policy and practice stakeholders, and provide motivation for additional mixed-methods exploration.

For the purpose of this series of reports, and given the large volume of qualitative data generated, we have focused primarily on interviews with the nodal adolescents to ensure that young people's voices are profiled, but also turn to key informant interviews to contextualise these findings. Future articles will draw on the additional data to complement the findings presented in this report and the other reports in the series.

Figure 2: Map of Ethiopia with research sites highlighted



Source: Originally created from File:Ethiopia adm location map.svg by User:NordNordWest and modified to show GAGE research sites.

# Baseline findings on adolescent psychosocial well-being and voice and agency

We now discuss our mixed-methods baseline research findings from 2017 and 2018 on adolescent psychosocial well-being and voice and agency within their families and communities.

## Resilience and emotional efficacy

Using the General Health Questionnaire (GHQ-12), an internationally validated measure of common mental disorders (Tait et al., 2003),<sup>1</sup> GAGE survey findings suggest that overall, adolescents in our sample have generally low levels of mental distress (with a mean score of 0.95 for the younger cohort and 1.63 for the older cohort). Our qualitative findings confirm that many adolescents demonstrate strong emotional resilience and independence. For example, a 10-year-old girl from Debre Tabor (South Gondar, Amhara) shared a number of positive affirmations that she had picked up at school and used to guide her daily behaviour, including: *'If you have the desire, you can accomplish anything'*, while a boy of the same age from Community A (Zone 5, Afar), noted that, *'If I get injured while playing and I'm wounded, I don't tell my parents. I try to cure the wound by myself and stay strong'*. Another adolescent from Community G (South Gondar) explained that, *'I feel happy when I play football with my friends ... there is no time that I feel sad'*. Adolescents in otherwise hierarchical social structures also highlighted that traditional dances, which they attend without adult supervision, offer a source of release and enjoyment: *'Shegoye [traditional dance in East Hararghe] gives me happiness ... it makes you comfortable and you become conscious and more alive'* (15-year-old adolescent boy, Community I, East Hararghe, Oromia).

Nevertheless, in line with the literature (e.g. Gage, 2013; Presler-Marshall and Stavropoulou, 2017), which highlights that Ethiopian young people are vulnerable to mental ill-health, our qualitative findings also suggested

that a considerable number of adolescents are stressed and anxious for various reasons, including poverty and violence at home and in the community. Boys involved in a community mapping exercise in Community G noted that economic pressures can be a source of considerable stress: *'There is a financial problem for those from poor households to buy exercise books. We are asked to buy sportswear and shoes for sports class. We have financial problems. If we do not buy it, we get stressed.'* Similarly, a 12-year-old girl in Community I, East Hararghe, noted that: *'I have never been happy ... There is nothing that makes me happy ... It is because we are poor.'* Younger boys also highlighted fears about being physically punished by community members when they struggle to control the livestock, as this 11-year-old boy from Community D explained: *'For the first year, I was in charge of herding cattle and then I began to herd goats as I gained more experience. I was beaten by people when the cattle damaged others' crops ... the punishment was a horrific one that also sometimes gives me nightmares'*.

For boys and girls alike, and especially among the older cohort, mental distress was often linked to educational pressures and stress around national exams. As the mother of a 16-year-old girl in Debre Tabor explained: *'She stresses too much and sometimes she disappears in her own thoughts ... It can be about exams or school. I tell her not to worry about it but she always fears failing at school. She fears that if she fails, she will have no future and that I will not be able to pay for her school. I told her that she should put her future in God's hand and that there is no need to worry...'* Likewise, an 11-year-old boy from Debre Tabor explained that he is already anxious about his future and the limited employment opportunities available to adolescents after graduation: *'I worry about the scarcity of job opportunity after I graduate because there are a number of adolescents who sit idle after graduation'*. In

<sup>1</sup> Note that while GHQ-12 has not been used before with adolescents in Ethiopia, it has been validated in other low- and middle-income countries (LMICs) (e.g. Abubakar et al., 2011; Gelaye et al., 2015). It is usually used with adults, but has been used with adolescents by Tait et al. (2003), with young adolescents (11–15 years) in the Australian context, with adolescents and young adults (13–22 years) in Malawi (Baird et al., 2012) and by Gelaye et al. (2015) among adolescents and young adults aged 18–35 in Chile, Ethiopia, Peru and Thailand.

some cases, the stress young people experience related to disillusionment with education and high unemployment manifests itself in drug addiction and suicidal ideation, as a father in a focus group discussion in Batu explained: *'They just spend their time sitting in the house. They then get into addiction. Parents around here are not rich or well-off. So children feel bad that they are becoming additional burden. They become hopeless. Some might try to commit suicide... The suicide is because they lose hope. They finish school and they do not get a job. Their parents suffered to get them through school by doing menial jobs. My child graduated in engineering. It has been three years and he is still looking for a job! This makes them frustrated. They regret spending all those years in school. Now, kids think there is no use in getting educated. They see that the ones who finished school are unemployed.'*

Older adolescents also articulated considerable mental stress related to the political tensions and civic uprisings, which were taking place during the 2017–2018 data

» I worry about the political situation of my country in the future. Because there is an experience of conflict...

(A 15-year-old adolescent boy, Debre Tabor, Ethiopia)

collection. A 15-year-old adolescent boy from Debre Tabor noted: *'I worry about the political situation of my country in the future. Because there is an experience of conflict... Three individuals died here because of the political situation and every business organisation was closed for three days because of the conflict.'* Similarly, as a 16-year-old boy from Batu explained, youth are particularly at risk during such conflicts: *'I am scared of the unrest in our country, some group says Oromia belongs to us and they take improper actions and the youth are being harmed. I am worried about that.'*

Adolescent girls in Community A (Zone 5, Afar) also expressed fear about political unrest but noted that in their

## Box 2: Regional differences in drivers of adolescent mental distress

There are important differences in self-reported mental distress by location: according to our survey findings, urban adolescents generally fare worse than their rural counterparts (16% difference). Our qualitative findings suggest that adolescents experience considerable stress related to exam pressures and unemployment as discussed earlier, but also about general under-development, poverty and the negative effects of disinformation spread by digital technology. For example, a 11-year-old boy from Debre Tabor detailed what he had picked up from mass media about the conflict between the neighbouring regions of Amhara and Tigray: *'They are killing their own brothers and sisters ... We heard the information from mass media when there was a mass rally in the town ... There are people who do not love Ethiopia and want to fight each other so they disseminate false information using Facebook. The people should also know the bad behaviour of these people ... The government can't stop Facebook in a short time...'* Another 16 year old urban boy from Dire Dawa discussed his concerns about macro-level under-development and poverty: *'I have seen that all the things are decreasing from time to time. There is no improvement when you see the life of the people. There is more poverty, more social crisis'.*

In rural areas, adolescents in Afar constituted an important exception. Their mean GHQ-12 score was almost twice as high as in other regions, indicating a significantly higher level of mental distress. As we discuss below in more detail, this may be linked to lower levels of emotional support from caregivers and more limited social connectivity with peers, as well as anxiety around mandatory cousin marriages. It also resonates with findings of a positive correlation between poorer mental health and exposure to poverty and food insecurity (Jebena et al., 2016), which our qualitative findings underscored as dominating adolescent experiences in Afar communities. As a 10-year-old girl in Community A, Semurobi, noted: *'We are 6 [children]. We children used to eat but we stopped eating since there is not enough. The teacher urges us to eat food before we go to school but I do not eat breakfast. My mother doesn't cook food in the morning – she only boils coffee.'* A number of adolescents also reported being exposed to bloodshed among neighbouring ethnic groups, which makes them stressed about their future prospects. As an 18-year-old young man from Community A (Zone 5, Afar) explained: *'Yes, there are a lot of things that worry me in the future. For instance, I want to kill those people [referring to the Agopa, another ethnic group with whom there have been longstanding tensions in the area] that kill the people of Afar and I also want to revenge the person that beat me when I was kid ... Because they are killing the Afar people so I also want to avenge them. Moreover, they killed my uncle with a bullet so I want to revenge his blood ... It is my decision.'*





Adolescent girl in East Hararghe, Oromia © Nathalie Benjamins / GACE 2019

community, the conflict was between clans. A 16-year-old girl explained the situation as follows: *'Recently there has been conflict between males outside the school. They fight over the land. So we fear when we are going to the school and return home... Both of these groups of people are from the Afar ethnic group... So, recently it has been common to observe when people are whipping each other. In between, the women and girls have also been victims... Due to the conflict, three people from our kebele have died... Yes, we missed our classes because of the conflict. It was a terrible. One man was also killed in the school in front of the students... So, since then, we also fear when we are going to and to from school.'*

### Gender differences

Gender differences in GHQ-12 scores were minor and only marginally significant among our younger cohort, but significantly worse (28% higher) for older adolescent girls compared to their male counterparts. This gender differential was also present in the self-efficacy index, with older girls scoring 5% lower than older boys, which is, in line with other research in Ethiopia. For example, Dercon and Singh (2013), using Young Lives data, reported that Ethiopian girls have lower self-efficacy than boys in terms of feeling in charge of their own lives and destinies. Similarly, Jones et al. (2014a; 2014b; 2016b; 2016c; 2017) found that this gender difference is most probably because adolescent girls have less input into the important decisions that affect their lives – especially age at marriage, schooling beyond primary school level, and mobility in their

community, due to fears of sexual violence and threats to family honour, especially among older adolescent girls.

Our qualitative findings confirmed these drivers of stress for adolescent girls. For urban girls in particular, sexual harassment and the risk of sexual violence were ever present: as a 17-year-old girl from Debre Tabor emphasised: *'I am not going to other places. Our school is here so I do not go out of home to the town or any other places far from home most of the time. If I had encountered something when I was walking on the road, I always expect similar things [insults] occur. Hence I have no interest to go outside of home fearing the youths.'* A 15-year-old girl from Dire Dawa was particularly emphatic in her account of the risk of sexual violence facing girls and fears about jeopardising family honour: *'After rape, you will not have an option. Rather, you may want to commit suicide because you care for your family, for yourself and your friends. It is really shameful for a girl to live after getting raped. You may assume that your family, neighbour and community may not want to see your eyes again. Especially, if the offender is HIV positive or has other sexually transmitted diseases, the impact will be more and more... In our community, commercial sex work is a respected type of work but in the case of rape, both educated and uneducated people and all community members spit his/her saliva whenever you move around.'*

In rural areas in Afar and South Gondar, girls were more likely to be anxious and stressed about the risk of child marriage and also FGM. Girls aged 10–12 years in a body mapping exercise in Community A noted that they

are afraid of the physical markers of puberty because they know it heralds pressures to marry. As one 11-year-old girl explained: *'We feel fear, when our body changes. We feel fear since we are afraid of getting married.'* Our findings repeatedly showed that in all of our main research sites, girls can be so stressed about forced marriage that they contemplate or even attempt suicide. A female prosecutor in Zone 5 (Afar), for example, noted: *'We have gone to Community B three times with the Women's Affairs office to observe when the kebele administrator called us since girls died there ... It is due to coercion to get her married to her 'absuma' [cousin]<sup>2</sup> and refusing this, she drank a poison chemical and died.'* In East Hararghe, since most child marriages are adolescent-initiated marriages, such fears are not present, but after marriage many girls expressed feelings of mental distress as they are often unprepared for the responsibilities of married life and in our research communities there were high rates of early divorce.

**DD** I am psychologically depressed because I think I am inferior from my colleagues... Even if people around me support me, the feeling is there. Begging every time for help is very painful.

(A 17-year-old girl with a physical disability, Debre Tabor, Ethiopia)

Girls in Afar also spoke of their fears of FGM/C, especially as the practice is carried out in a group, and entails considerable pain given that a more invasive form of FGM is practiced in the locality. A 12-year-old girl from Community B explained her experience as follows: *'The circumcision was painful, it was too much. They told me it would be painful and there would be bleeding. I was afraid, but I didn't say [no]. It wouldn't have changed anything; they [family and clan members] will catch you. I didn't say no but if you say no, it is with force that you are going to be circumcised.'*

### Box 3: Adolescents with disabilities experience significantly higher levels of mental distress

Among our sample, adolescents with disabilities had the highest GHQ-12 scores – 50% higher than that of adolescents without disabilities, for both age cohorts, and triple the overall mean score (3.17 compared to 0.95) significantly worse for older urban adolescents with disabilities. Adolescents with disabilities also had poorer scores on the self-efficacy index among older adolescents (those with a disability scored 9% lower). As our qualitative research findings underscore, this is probably due to the high levels of stigma, discrimination and social isolation that adolescents with disabilities experience. As one out-of-school 15-year-old girl, who is blind, explained, *'I do not have friends. I do not tell anyone when I feel sad and have worries. I just keep quiet and sit.'*

A 17-year-old girl from Debre Tabor (South Gondar, Amhara) with a physical disability emphasised that her anxiety stems from limited independence and finding asking for help humiliating: *'I am psychologically depressed because I think I am inferior from my colleagues and I lack something... This is not because of the discrimination that I face from the community. But, by myself, there are things that I can't do. For example, I need to get flour and carry the flour home and I can't do that. At that time I feel inferior to my friends... The only option I have is to pay for others to carry it. And that will create a problem for my psychological well-being... Even if people around me support me, the feeling is there. Begging every time for help is very painful.'*

By contrast, other adolescents with disabilities commented on the positive effects of support from peers and mentors, especially those in urban areas where there is more likely to be educational services and other sources of support. A 16-year-old girl who lost her sight in early adolescence explained that, *'I was so scared. Everything was blank. I used to cry all the time. But when I see that people in the town live freely, I chased away my fear and stress. I no longer live in fear. I know that I can be just like other people... people who work in the justice bureau, town administration and in a college... They come to the church and tell us that we can succeed just like them. They motivate us to work hard and think of the future.'*

An 18-year-old also with a physical impairment explained that before, when she lived in the rural village and was out of school, she suffered from social isolation, but that going to school and mixing with peers had improved her connectivity to peers. *'No one was accompanying me to play and entertain me. I suffered a lot when I was in the rural area. After I joined this class, I can play with children and friends that are similar to me. Here, I enjoy life and I feel good because I joined this school... Now my mind is free from anxiety and I am enjoying life here...'*

2 In Zone 5 of Afar, there is mandatory marriage to maternal cousins, called the 'absuma' marriage system. See also the GAGE Ethiopia report on Adolescent Bodily Integrity and Freedom from Violence for further discussion.

Even after marrying, girls also expressed considerable feelings of isolation and depression, due to restrictions on their mobility and agency, and often marrying into a family they do not know. As a 12-year-old married girl from Community D (South Gondar) recounted: *'I have no one to talk to so I usually cry... I have some friends but if I told them anything they would tell my mother-in-law... I am scared of him hitting me... I think my grandparents will allow me to divorce... but I am just scared to tell them... I'm also scared that I might get pregnant with such a bad man who can't be a good husband...'* Girls married to religious leaders appeared to be particularly at risk because not only do they marry early (in order to ensure

virginity before marriage) but also because there is no exit option as priests are unable to divorce. As a 12-year-old married girl from Community D explained: *'Yes, it is true, he will not have an affair but if you plan to divorce a priest you will be imprisoned for the rest of your life... It will close all opportunities for you. I am scared to end up alone by myself... I want to get a divorce because I am not comfortable now.'*

» The circumcision was painful, it was too much... I was afraid, but I didn't say [no]. It wouldn't have changed anything.

(An 12-year-old girl, Community B, Afar, Ethiopia)

#### Box 4: Lelise: the importance of parental emotional support

Lelise is a 17-year-old girl living in Dire Dawa with her parents and her 7-month-old son. Two years ago, she had only one wish: *'I wanted to be a famous doctor ... An outstanding doctor ... An excellent doctor. In our family, my father was sick. After that, when I see a doctor, I feel happy.'* Unfortunately, around that time, a serious sexual assault (she was drugged and raped by a young man whose attentions she had been avoiding) changed everything. While she is no longer suicidal, she feels that life is almost *'not possible now'*.

When Lelise was in 7th grade, an older student in 12th grade started paying her too much attention and claimed that he loved her and wanted to marry her. Her parents, whose older children are at university, *'told me that you must grow a bit and when you go to university like your brother you will get married'*.

The boy in question, however, would not listen. *'One day he came to me and said he wanted to have tea with me. We were drinking Coca-Cola. I don't know when the headache started. He said it was nothing.'* However, Lelise had been drugged. When she regained consciousness, the young man told her, *'It's ok, I did this because I love you'*. Not knowing what to do, Lelise recalled, *'I cried and kept quiet. I was afraid of telling my family.'* Finally, a couple of months after she was raped, fearing she might be pregnant, she told a friend, who went with her to another town to visit a clinic to have a medical exam. Lelise did not tell her parents why she was leaving. *'I told them I went there because my friend was sick.'*

At the hospital, Lelise was told she was two months' pregnant. She planned on having an abortion, but her *'friend'* called the young man who had raped her and he came and threatened her into changing her mind. *'He threatened me by saying "If you kill one life you will be charged with a crime". Then I left it. After that, he left me.'* Afraid to go home, because she did not know how her parents would react, Lelise went from the hospital to her relatives' home.

When Lelise did return home, several months later, her parents were nothing but supportive – partly because they thought she had run away *'to find another job'* because of household poverty. *'My mother said "It's ok, you have to go back to school and start learning"'*. So Lelise went back to school. *'I finished grade 7. I sat the exam and passed with a good result. I was good at school and passed to grade 8. I started learning at grade 8 for two months'* – and then the baby was born.

Lelise loves her son dearly and ultimately wants him to pursue her dream of a medical career. For herself, however, she says her dreams are over: *'When I was learning, I was happy. I wasn't absent from school for a single day even when I was sick.'* Now, she never leaves the house. *'When I see the students going to school wearing uniform, I cry.'* Given there is no provision of childcare in the community, her parents and older siblings would be willing for Lelise to leave the baby at home and return to her own education. Indeed, after Lelise *'attempted to commit suicide'* a few months ago, *'my mother is saying if you start your learning, I will do everything for you'*. Lelise is too ashamed though about having had a baby out of wedlock – something which is highly stigmatised. *'Just sitting with the students makes me ashamed... It disgusts me.'*



## Voice and decision-making in the family and community

Research suggests that adolescents' access to meaningful participation and decision-making is generally increasing over time in Ethiopia, especially for boys, older adolescents, and those living in urban areas (Jones et al., 2014a; 2016b; 2017; Girl Hub Ethiopia, 2105; CSA and ICF, 2017; Pankhurst et al., 2018). Our survey found that in terms of decision-making within the family, the mean for young adolescents on a 0–6 index was 2.78, suggesting that adolescents feel that they have a medium degree of voice within their household. Our qualitative work also confirms this, and, in line with the literature, also points to an increase in adolescent decision-making over time. As a father from Batu (East Shewa, Oromia) explained, *'most children these days decide and think for themselves. They are not even willing to listen to what we are saying to them.'* The increase in decision-making ability is particularly notable for older urban adolescents, who have significantly more ability to make household decisions than younger urban adolescents (16%). As a 17-year-old adolescent boy from Dire Dawa highlighted: *'Previously I didn't have any position in my household, but now they communicate with me about issues.'*

Family support is also an important factor in adolescents' ability to participate in decision-making. It can allow for open communication between adolescents and adults, providing a safe space in which adolescents can voice their opinions and concerns (Camfield and Tafere, 2009; 2011; Bireda and Pillay, 2017; Jones et al., 2017). Based on an index of issues that adolescents feel able to discuss with their caregivers (including education, work, bullying and religion), the mean score among the younger cohort was 2.00 for fathers and 2.04 for mothers (out of a maximum score of 4.0); among the older (urban only) cohort, the mean was 2.25 and 2.58 respectively. This suggests that older adolescents are more comfortable in talking to their parents, and their mothers in particular.

Our qualitative findings show that some parents are rethinking their parenting style, due to the negative consequences that ensue when adolescents are not emotionally supported and/or given some autonomy over their lives. One of a group of 15–17-year-old girls from Community A (Zone 5, Afar) participating in a focus group discussion explained that parents' behaviour in her community had changed positively following a case of suicide within her friendship circle following harsh parental discipline: *'Before, our family would have made us herd*

Without us knowing her problems, my daughter passed away. Following her death, I gathered all my other daughters... I warned them not to hide anything from me and since then they started telling me everything.

(A mother participating in a focus group discussion in Batu, East Shewa, Oromia, Ethiopia)

*goats without thinking about our interests... Nowadays, if we don't like it, we don't have to. Our parents read our facial expressions and understand. They became more attentive to our feelings and emotions... Our friend just committed suicide by drinking poison after her father severely beat her as she refused to herd the goats and wanted to go school.'*

Mothers participating in a focus group discussion in Batu (East Shewa, Oromia) agreed that parenting attitudes were changing, and also in part due to an adolescent death that could potentially have been prevented had there been closer parent-adolescent communication patterns. As one mother from the group explained: *'As ethnic Oromos, we hide things from each other because we consider it as a taboo... My girl got a boyfriend and then fell pregnant accidentally... She tried to undergo an abortion... Without us knowing her problems, my daughter passed away. Following her death, I gathered all my other daughters... I warned them not to hide anything from me and since then they started telling me everything.'*

In many families, however, parental support for adolescents' emotional well-being remains limited and, according to adolescent respondents, especially so in rural areas. Box 5 provides more detail of these regional/location differences.

## Gender differences in parental support

In line with the broader literature, which indicates that girls are socialised to follow their parents' demands until marriage and, thereafter, those of their husband (Camfield and Tafere, 2011; CRS, 2013; Tefera et al., 2013; Jones et al., 2014a; 2014b; 2016b; 2016c; 2017; Pankhurst et al., 2018), the gender gap among the younger adolescents in our sample in terms of voice and decision-making in the family and community was small but significant. Younger girls scored 7% lower than boys the same age on an index measuring adolescents' perceptions of how much say they have in household decisions. As a 12-year-old girl from Community F (South Gondar) noted: *'Girls are widely*



### Box 5: Regional differences in adolescents' involvement in family decision-making

Of the three regions in our study, South Gondar (a zone in Amhara) has the highest levels of adolescent decision-making in the family (mean of 3.19 on an index scored from 0-6). Our qualitative research highlighted that some adolescents are beginning to have more say in decision-making that affects their lives, especially in relation to marriage. For example, a key informant from Community D, South Gondar, commented that: *'Now the children are refusing to get married. In the past, it was the parents who decided on their children's marriage and life in general. But now, the children don't care what the parents say.'* A 12-year-old girl from Community F (South Gondar) explained her sister's decision to refuse marriage: *'She is now in grade 7. She was asked to get engaged to be married, but she refused for the sake of her education.'* However, some girls in the community still have very limited decision-making power. As one of a group of 15–16-year-old girls from Community C, South Gondar, stated: *'There is nothing I decide at home by myself.'* Although the quantitative score was lower (2.54), in terms of decision-making around marriage, our qualitative research emphasised that adolescents' decision-making in Hararghe was the highest, as adolescents are able to choose their own marriage partner without parental input.

Adolescents in Afar reported much lower levels of decision-making (mean of 2.04 compared to 2.54 in East Hararghe and 3.19 in Gondar) – perhaps reflecting the strong role that clan rules play in shaping adolescent behaviour in Afar communities. As a 12-year-old married girl from Community A (Zone 5, Afar) described: *'My family told me to herd goats and with that I dropped out [of school].'* An older boy from Community B (Zone 5) explained: *'I will accept what my family say because I can't do anything without them.'* Zone 5 also had the lowest percentage of adolescents who were willing to share their views with elders (13% compared with 25% in South Gondar and 36% in East Hararghe), indicating less open adolescent–parent communication patterns.

It is also important to point out, however, that in both Zone 5 (Afar) and East Hararghe, there are important 'safety valves' within the respective local cultures to enable adolescents to spend time with peers away from parental control. These take the form of traditional dances – *sadah* (Zone 5) and *shegoye* (East Hararghe). These all-night dances afford a surprisingly high degree of freedom for adolescents of both sexes to socialise; it is often a place where they meet romantic partners – and, in the case of East Hararghe, marriage partners. As a girls' club coordinator from Community L (East Hararghe) explained: *'Girls practice... shegoye during night time and come home... early in the morning while the family do not see her. This is done without consulting anyone. The father and mother do not oppose because the girl has already decided to practice it. Once the girl has started practising the culture of shegoye, it is difficult to make her stop.'*

Overall, urban adolescents appear to have stronger decision-making abilities within the family than rural adolescents, although we don't see a significant difference in the quantitative survey results. As one 17-year-old girl from Batu stated: *'If I am interested in something, my parents cannot hinder me from doing it because I will learn how I should lead myself in the future.'* Furthermore, a mother from Dire Dawa described the open discussions that occur in her family, even consulting her children about business decisions: *'Sometimes my children advise me in my business especially when I do business that does not give me good profit... We discuss issues and I tell them the reason behind it. They also try to convince me [to take a particular decision], we discuss and learn from each other.'*

This finding is in line with a study by Kassa et al. (2016), which suggests that urban parents are increasingly invested in the emotional satisfaction of their children and provide them with the emotional support they need in order to pursue their own goals in life rather than the family's collective ambitions. Indeed, our qualitative research findings highlighted that urban adolescents tend to enjoy more open communication with their parents. One 16-year-old girl from Batu (East Shewa) noted that: *'I am very open with my mother and my father. There are times when I do not ask their permission because they have trust in me... For example, I ask my father to give me money for buying menstrual pads.'*

By contrast, in rural communities – and especially among the poorest households – economic necessity means that many parents are less able to meet their adolescent children's emotional needs. As a key informant from Dire Dawa highlighted, poorer families *'don't have enough time to give proper support to their children'*. This communication gap appeared to be especially stark in our research sample in Afar communities, where adolescents were significantly less likely to discuss issues with parents (mean of 1.36 with fathers and 1.37 with mothers) compared to the overall index mean of 2.00 and 2. respectively .04). Our findings suggest that this was particularly the case with girls and on issues related to family honour. As a 12-year-old girl from Community A (Zone 5, Afar) explained: *'When a girl who is raped informs her family [about what] ... happened, instead of trying to support the girl, the family may go to attack or kill the rapist.'*

*perceived as more obedient than boys, and have little say in their families. I do everything my mother tells me to.* Girls also have very little scope for voice and agency when it comes to traditional cultural practices such as FGM/C and child marriage, as a key informant from Community I (East Hararghe) highlighted: *'She can [say no] but her mother will never accept it because she considers it as a big shame culturally ... to get married without undergoing FGM. So they will not be willing to spare their girls from undergoing FGM.'*

Once girls are married they have even less decision-making power. As one 14-year-old girl from Community H, East Hararghe, explained: *'When you are with your family, you can either take their order or ignore it ... but ... it is impossible to refuse husband's orders'*. This lack of autonomy is particularly evident in decision-making on sexual and reproductive health. For example, a 14-year-old girl from Community D, South Gondar, noted that her husband *'... asked me to remove the contraceptive but I said no. After that he beat me a lot.'* As a result of problems of disclosure of contraceptive use with husbands, some adolescent girls are seeking contraception in secret, as a health extension worker from Community O (South Gondar) described: *'Girls mostly took the contraceptive in a secret manner and they often showed up in our office by disguising themselves. This is because their husband would not allow them to do so.'*

» Sometimes my children advise me in my business especially when I do business that does not give me good profit... We discuss issues and I tell them the reason behind it. They also try to convince me [to take a particular decision], we discuss and learn from each other.

(A mother from Dire Dawa, Ethiopia)

» When you are with your family, you can either take their order or ignore it... but... it is impossible to refuse husband's orders.

(A 14-year-old girl from Community H, East Hararghe, Ethiopia)

However, some girls are beginning to push back against societal expectations to marry early and drop out of school. A 14-year-old girl from Community H, East Hararghe, described how her *'husband did not allow me to return to school'* and so she *'left him and continued with my education'*. Another girl from Community D, South Gondar, who participated in a community mapping exercise with 16–18-year-olds, explained that she had solicited the help of a teacher to voice her opposition to her family's plan to marry her at the cost of her schooling: *'[I] wrote the note and gave it to my teacher ... [who] ... called my father and told him to stop the whole marriage'*.

Based on an index of issues that adolescents feel able to discuss with their caregivers (described above), younger girls talk to male caregivers about 8% fewer issues compared to boys. Yet, older girls discuss 8% more issues with female caregivers compared to boys (this difference is particularly pronounced on topics such as romantic relationships and bullying). Conversely, adolescents appear to be slightly more comfortable talking with caregivers of the same sex, especially boys with fathers (see also Box 6). However, our qualitative work highlights that girls are often unable to discuss topics that are considered *'taboo'* by their family, especially those related to relationships with the opposite sex and menstruation, as a 16-year-old married girl from Community I highlighted: *'I discuss with my mother about certain issues, but I do not talk about him with her. I do not discuss with her about divorce.'*

#### Box 6: Younger adolescents with disabilities have fewer opportunities to exercise voice and agency at home

Adolescents with disabilities in our younger cohort reported 16% less say in household decision-making, compared with their peers without disabilities, and discussed 18–20% fewer issues with their male and female caregivers, respectively, than their peers without disabilities. As an 11-year-old girl with a physical disability from Debre Tabor (South Gondar) explained, *'They didn't support me ... in fact, it is not the money that matters most but it is ... the advice that I expect from them. They do not care very much about me.'* Among the older cohort in urban areas the household decision-making score was higher for adolescents with disabilities than their peers without a disability, but likely because many adolescents in our sample were living away from their natal family in order to attend special needs education classes which are generally located in urban centres only.



Family group in Afar © Nathalie Bertrams / GAGE 2019

Moreover, girls highlighted that rather than being offered emotional support by family members, girls who are survivors of sexual violence tend to be blamed for what happened. As a 17-year-old adolescent girl from Debre Tabor (South Gondar) explained: *'There is too much family pressure on you. They consider it as if you purposely do it. They will tell you to leave the house and you feel so lonely.'*

## Mobility, access to safe spaces and peer networks

Ethiopian adolescents, particularly those living in rural areas, face substantial mobility constraints (Stavropoulou and Gupta-Archer, 2017). Our findings show that an overwhelming majority of young adolescents (92%) have to seek permission to go to at least one place. There are a variety of reasons for adolescents' restricted mobility. These include fear of wild animals, as one 10-year-old boy from Community K (East Hararghe), explained: *'If I intend to go to the river to wash my clothes, my mother says "you do not go there; wash your clothes here ..." She says "wild animals would attack you there."* Other reasons are linked to children's livestock herding responsibilities, as a 10-year-old boy from Community C (South Gondar) explained: *'I am not allowed to go to the field where many children are gathered. My father needs me to keep cattle in Shinkuha [a different pasture area].'* In urban areas, there

are other reasons still, with one 13-year-old girl from Batu (East Shewa) explaining that she was not allowed out of the house due to *'road accidents. There are lots of cycles and carts. And we always hear about accidents in the town.'*

Even so, a large majority of the younger cohort (92%) reported that they feel safe in their communities during the day and 96% say they felt safe travelling to school. The figure was much lower at night (44%) and, unsurprisingly, feelings of safety were significantly lower among girls than boys, with the gender gap widening significantly as they got older: 53% of younger boys felt safe at night compared to 34 vs. 35% of younger girls, the figures rising to 68% for older boys compared with 38% for older girls.

Mobility and access to safe spaces can increase young people's social connectedness to their peers and the community, which in turn has also been found to be important for adolescent psychosocial well-being (Erulkar et al., 2010; Edmeades et al., 2014; Jones et al., 2014a; 2016b; 2017; Sewasew et al., 2017). Our survey found that over three-quarters (76%) of young adolescents and 84% of older adolescents have a friend they trust (see also Box 7). Adolescent girls and boys spoke of spending time with their friends, doing chores such as collecting water, playing, studying, and helping them to resist negative peer pressure. As a participant in a community mapping exercise with 10–12-year-old girls in Debre Tabor (South



**Box 7: Regional and rural/urban differences in adolescent mobility and access to peer networks**

In contrast to the literature, there is a small but significant difference between urban and rural adolescents' mobility, with urban children being more restricted (61%).

This divergence is also seen in our qualitative work, as a 12-year-old girl from Dire Dawa explained: *'I play with my sisters since most of the children in our neighbourhood do not go out of the house'*. Similarly, an 11-year-old boy from the same area stated: *'I won't go anywhere until I get my [father's] permission'*. This may be due to adolescents in urban areas having greater access to spaces in which risky behaviours are more prevalent. One father from Debre Tabor explained: *'I don't want them to go out of the house at all [because] in the centre of the city there are nightclubs ... I don't want them to go to such places. I want them to only go from school to home.'* One of a group of 15–16-year-old boys from Batu added that concerns around adolescent risk of addiction is also a reason for parental restrictions on mobility: *'Parents may prevent their adolescent boys and girls from going to khat [a common recreational drug in parts of Ethiopia] houses, because of fear of addiction'*.

Our findings also indicate a significant difference across rural research sites, with adolescents from Afar being less likely to need permission to leave the home (75%) than their counterparts in South Gondar (95%) or East Hararghe (91%). Our qualitative work suggests that this may be due to greater freedom and mobility while undertaking chores and herding. One mother from Community B (Zone 5, Afar) explained: *'I let them go to town if they want to. They can go to town to sell goats.'*

As mentioned previously, in the context of traditional cultural dances (*shegoye* and *sadah*), adolescents in East Hararghe and Zone 5 (Afar) have a surprising degree of mobility and access to peer networks in an unsupervised setting. Most adolescents are allowed to attend, or if not may still attend anyway in secret. *Sadah* and *shegoye* offer a venue in which adolescents can discuss their problems with their peers, as one of a group of 15–19-year-old girls in a focus group discussion in Community A (Zone 5) explained: *'We discuss together... about our love experiences with males, our culture that undermines girls and our family situation... Then, we devise solutions for our problems.'* Nonetheless, adolescents from devout households and married girls are restricted from going.

In urban areas, our qualitative research findings indicated that safe spaces for adolescents were restricted by the limited presence of youth clubs or centres, which, even where they do exist, tend to be poorly resourced. In practice, they also tend to exclude girls as the activities and equipment are generally oriented towards boys (e.g. pool tables, table football, basketball – all of which are culturally perceived to be *'boys' games'*).

There is also a stark difference in adolescents' social connectedness with their peers between rural regions: only 21% of younger adolescents in Afar have a friend they can trust compared to 82% in both South Gondar and East Hararghe. Furthermore, only 5% of adolescents in Afar are active members of a group compared with 24% in South Gondar and 23% in East Hararghe; in Afar, 19% of adolescents participate in a physical sport, compared to, for group participation, 57% in Gondar and 39% in East Hararghe for sports participation. This was reflected in our qualitative findings, with boys and girls in Afar much more likely to state that they do not have any friends, perhaps due to the solitude experienced from a pastoralist lifestyle. As one 12-year-old boy from Community A (Zone 5) stated: *'I don't have friends... I mostly herd goats alone.'*

Also, within Zone 5 (Afar), girls and boys are both part of a *fiema* – a group of age mates whom they grow up with – which can provide a strong sense of community. However, culturally there is a much more structured role given to the boys' *fiema*, as it is a process whereby adolescent boys become inducted into the rules of the clan. While this can provide them with a strong sense of belonging, it can also have a negative impact in that non-compliance with *fiema* rules can result in violent group punishment, even to the point of death. As the participants of a group discussion with older adolescent boys highlighted, using the example of not attending an elder's funeral ceremony, the *fiema* collective will *'hurt him until he becomes very injured... If he dies he will be buried there... If he is very injured we will take him in the traditional ambulance [stretcher] to the health facility and we will not ask his family to cover the medical treatment – the fiema will pay for the costs... It is to make him better than before we beat him.'*



Gondar) explained, ‘Sometimes there are good friends; and there are bad influencing friends too. For instance, I have a friend that is like a sister to me who pushes me to study, do homework together and help me with house chores. To the contrary, there are girls who lead you to a wrong path of life... There are girls who push their friends to go to the wrong place like where boys are found.’

## Gender differences

While there is a small gender gap among the younger cohort with regard to needing permission to move around the community (girls are 7% more likely to need permission than their male peers), this climbs markedly to 38% among the older (urban) cohort. This is in line with the broader literature, which finds that restrictions on girls’ mobility tend to increase as they get older, while restrictions on boys tend to decrease (Tefera et al., 2013; Jones et al., 2014a; 2014b; 2016b; 2016c; 2017; Chuta, 2017; Pankhurst et al., 2018). As a 12-year-old girl from Community C (South Gondar) noted: ‘Boys can go anywhere they want ... but there are girls who stay home the whole time’.

Girls are restricted from community spaces mainly due to perceived risks of sexual violence, as one of a group of 10–12-year-old boys from Dire Dawa explained: ‘They are not allowed because they could be raped in Ashewa

» Gossipers will say “if a married woman goes out and about, then the intention is something else”.

(A married 12-year-old girl from Community D, South Gondar, Ethiopia)

field (sandy field or river) or she could disappear with a boy’. In the case of married girls, they are often under tight surveillance by their husbands, as the pressures are stronger still; an 11-year-old married girl from Community A (Zone 5, Afar) explained: ‘When you get married you do not have freedom to go to places. Even when we go to a place... we are not comfortable to stay long there, we are afraid of the husband’. A married 12-year-old girl from Community D added that this was because: ‘Gossipers will say “if a married woman goes out and about, then the intention is something else”’. This finding also echoes the most recent Ethiopia Demographic and Health Survey (EDHS), which reports that approximately 40% of married girls aged 15–19 say that their husbands must know where they are at all times (CSA and ICF, 2017).

In contrast to the broader literature – which highlights that girls are more likely to suffer from social isolation (Edmeades et al., 2014; Jones et al., 2014a; 2016b; 2016c; 2017) and have fewer friends (Camfield, 2011) – our survey



Adolescent boys in Afar © Nathalie Bertrams / GAGE 2019

DD I used to cry, I imagined I was the only person that a hearing problem. Now, after I got a friend, I started to communicate with her, I also started to go to school..

(A 17-year-old with a disability from Batu, East Shewa, Ethiopia)

findings paint a more nuanced picture. We found that younger girls are 7% more likely to have a friend they trust and that there was no gender gap among the older cohort. Our qualitative work also reflects this, and generally shows that girls feel more able to confide in their friends than boys. As one of a group of 17–18-year-old girls from Debre Tabor (South Gondar) explained: *'I share with my friend when there is conflict with the family ... Hence, we share our secret information with our intimate friends then they build our problem-solving capacity internally. They also advise us how to cope when a bad situation happens to us. We also talk about different ways to resolve conflicts.'*

However, girls are significantly less likely to be part of broader peer networks, especially as they enter mid- and older adolescence: we found that younger girls are 19% less likely than boys of the same age to be an active member of a group, a figure that increases to 35% less likely once they reach 15 years or older. Girls in the younger and older urban

cohort are also less likely to participate in physical sporting activities with peers (22% and 46%, respectively). As a key informant from Community I (East Hararghe) commented: *'In this woreda it is not cultural and not common to send female children to sport ... For the time being, all the club members are boys.'*

## Access to age-appropriate information and technology

Adolescents' access to information and digital technology varies by gender, age, location and disability (see Box 9), with younger girls living in rural areas tending to have the worst access and older boys in urban areas tending to have the best (Jones et al., 2017). Unsurprisingly for a low-income, still overwhelmingly rural country, overall access to connectivity remains quite limited. According to the latest EDHS, only 29% of girls aged 15–19 and 42% of their male counterparts own a mobile phone, while only 7% of girls and 15% of boys have ever used the internet (CSA and ICF, 2017). Our survey data corroborates the literature, confirming limited access to information and digital technology: we found that only 3% of the younger cohort have a phone and extremely few young adolescents (less than 0.%) have 3% reliable internet access. We found that while access does tend to increase with age, only about one-quarter of older adolescents in urban areas have

### Box 8: Adolescents with disabilities feel less safe in their community and have less access to peer networks

Although our survey did not find a significant difference in restrictions placed on adolescents with and without disabilities, younger adolescents with disabilities were 8% less likely to feel safe walking in the community, increasing to 21% the older (urban) cohort. This fear may impact the mobility of adolescents with disabilities in the community: as one 15 year old boy with a hearing disability from Community I (East Hararghe) explained: *'I do not go to the dance place.... He [father] told me not to go with "dardaraa" [older adolescents], since they may beat me.'* Furthermore, adolescents with disabilities are 39% less likely to be a member of a group. Due to this, as a 17-year-old boy from Dire Dawa stated, some adolescents *'have nowhere to go, except to stay at home'*. In some cases, it is the disability itself that makes young people less able to participate in community groups, as an 11-year-old girl from Debre Tabor (South Gondar) with a physical impairment explained: *'I feel exhausted if I travel a short distance, and moreover it's really painful to go far'*.

Our qualitative work suggests that some adolescents with disabilities are socially isolated. A 15-year-old girl from Community C (South Gondar), talking about her friend of the same age with a hearing impairment, commented that: *'She does not go outside the house... They don't allow her to go to market. They don't allow her to go to school. School is opened for people with hearing problems but they don't take her to school.'* This is in line with the literature, which found that 45% of children with disabilities in Ethiopia reported being always or sometimes excluded from family events, while 40% reported being excluded from religious events (ACPF, 2011). A 17-year-old girl with a disability from Batu (East Shewa) also highlighted the impact of having access to peer networks for psychosocial well-being: *'Now I do not stress myself like before, I had no friend... I used to cry, I imagined I was the only person that a hearing problem. Now, after I got a friend, I started to communicate with her, I also started to go to school.'*

regular internet access when they want or need it, and less than half (43%) have a phone for their own personal use.

Access to technology brings benefits as well as costs, and our qualitative findings suggest that attitudes towards adolescent access to connectivity are mixed. For example, a key informant in Community B (Afar) noted how mobile phones are broadening adolescents' horizons in unimagined ways: *'When I was an adolescent I knew nothing about government, development, rights, education ... But now adolescents know about many things. They talk about what is happening in our region and in our country, they hear different news from the mobile phone ... and they know about towns and also they record songs using mobile phones.'* Both key informants and adolescents described how technology can be used in education to positive effect, be it through *'radio stations that transmit educational*

» When I was an adolescent I knew nothing about government, development, rights, education... But now adolescents know about many things. They talk about what is happening in our region and in our country, they hear different news from the mobile phone... and they know about towns and also they record songs using mobile phones.

(A key informant in Community B, Afar, Ethiopia)

### Box 9: Regional differences in adolescents' access to digital and information technology

Adolescents' access to digital and information technology differs significantly by location, both between and among urban and rural regions in Ethiopia. Among younger adolescents, those from urban areas are twice as likely to have a phone as those from rural areas (5.2% compared to 2.7%). They are also more likely to have access to the internet: even though only 2.1% of young urban adolescents can use the internet whenever they want or need to, none of the younger rural adolescents we surveyed have consistent or reliable internet access.

Our qualitative research showed that in urban areas, adolescents are more likely to have a phone at a younger age, and often as a result of peer influence. For example, a 12-year-old girl in Debre Tabor (South Gondar) noted that: *'In our class, most of the students have a mobile phone, and when there is a ceremony in the school they bring their mobile phone to class. Then I asked my family to buy me a mobile phone too.'* The factors that drive access in urban areas tend to be economic, with poorer adolescents less likely to have a phone. As a 17-year-old girl in Batu, East Shewa, pointed out: *'Children here can get a mobile phone at any age they want, but what matters most is the economic condition of the family.'*

While adolescents in urban areas have greater connectivity than their rural counterparts, there were marked differences between urban areas. Older adolescents in Dire Dawa, for instance, have greater access to both mobile phones and internet than those in Debre Tabor or Batu, with 52% reporting having a phone for their own personal use (compared to 44% in Debre Tabor and 36% in Batu), and 37% reporting access to the internet whenever they want or need it (29% in Debre Tabor and 17% in Batu). Our qualitative research highlights that adolescents in Dire Dawa in particular have access to public internet resources like internet cafes and libraries. As one 16-year-old boy from Dire Dawa explained: *'I go to the public library and I download information using the WiFi ... I download books like the dictionary, reference books and religious books, then I come back home to read them ... There are ipads and computers ... I have been using the internet there for three years.'*

Of the young adolescents in rural areas who do have a mobile phone, those living in Afar had surprisingly greater access than those in other regions (5%, compared to 1% in South Gondar and 4% in East Hararghe). Our qualitative research suggests this could be due to the long distances that families travel to find grazing areas for livestock, especially when families are forced to split up in search of safe pastures. Some young adolescents use their phones to stay in touch when separated from their families, *'calling relatives to share information about conflict or peace in areas'* (12-year-old married girl, Community A, Afar) or *'informing them either by telephone or sending a message'* (12-year-old boy, Community A). Even those adolescents without a phone in Afar cite being able to contact family members as a key reason for aspiring to own a phone, *'so we can talk to each other when [my parents] travel far away'* (12-year-old girl from Community B).





Adolescent boy in Batu-Ziway © Nathalie Bertrams / GAGE 2019

programs' (10-year-old boy, Community K, East Hararghe) or 'teachers advising students to download from relevant websites' (local government key informant, Debre Tabor).

However, parents and key informants in education also voiced concerns about the impact of technology, especially about Kana TV [a channel with dubbed Turkish and Indian soap opera series], which is viewed as corrupting young people and distracting them from their work and studies. One of a group of community elders in Debre Tabor said that *'they are only watching Kana TV when people are beating one another. They are learning how to bribe people, how people kill each other. Kana TV shows and teaches our children bad behaviour... It causes people to overlook their religion and the messages are different from our culture and society.'* Many of the adolescents in our study also expressed negative views about the effects of viewing Kana TV. For instance, a 12-year-old boy from Debre Tabor noted that *'it makes us not study during exam time, and there are things not compatible with children's minds. It does affect academic performance.'* Key informants also expressed concern about the fact that access to digital technology is facilitating adolescent boys' access to pornography as this quote from an education specialist in Batu highlighted: *'Due to easy access to technology and internet, some adolescents are now downloading porn videos that are shared to other. They watch the porn videos using mobile phone. This is shared to many people, which in turn, inspire teenage children's desire to have sexual intercourse.'*

Our quantitative results broadly align with the literature (Erulkar et al., 2010; CSA and ICF, 2017; Jones et al., 2017; Presler-Marshall and Stavropoulou, 2017) and confirm the gender gap in access to digital and information technology. While almost half of the older adolescents surveyed in urban areas have a phone for their own personal use (43%), girls are 16% less likely to have a phone (47% of males versus 39% of females). Among the younger cohort, whereas access in urban area is low, at 3%, boys are nearly twice as likely as girls to have a phone for their own use.

Though urban areas have higher rates of internet access for adolescents overall, gender divides persist, with girls 50% less likely than boys to have internet access when they want or need it (for both older and younger adolescents). Our qualitative research indicates that a good deal of internet access in urban areas is outside the home, in libraries or internet cafes, as a 17-year-old boy from Debre Tabor (South Gondar) explained: *'There are so many internet houses in town. For instance, I know and use three.'* Availability of internet access in public spaces – though contributing to an increase in overall access – is partially responsible for the gender gap, since older females in our survey were more restricted in their mobility than older males (91% of older females in urban

» There are so many internet houses in town. For instance, I know and use three.

(An 17-year-old boy from Debre Tabor, Ethiopia)

### Box 10: Barriers to accessing information and digital technology for adolescents with disabilities

In general, adolescents with disabilities are less likely to have access to digital or information technology than their non-disabled peers, although the degree of difference varies based on context. Among the younger cohort, our survey found no significant difference in access to mobile phones based on disability, and very few young adolescents reported reliable access to the internet, irrespective of disability. Consistent with the patterning in our quantitative analysis, though, differences among older adolescents were more pronounced: only 31% of older adolescents with disabilities reported having a phone for their own personal use, compared to 43% of their non-disabled counterparts. One explanation suggested by our qualitative research is that the stigma attached to disability in Ethiopia has a negative impact on parental investment in adolescents with disabilities (Jones et al., 2018).

Adolescents with disabilities who did have access to their own phone emphasised the degree to which technology can make a positive difference in their lives, overcoming barriers in their community and providing access to a broader support system not only within Ethiopia but in a small number of cases internationally. As one 17-year-old boy from Dire Dawa with a hearing disability noted: *'As people don't know sign language, [my phone] helps me to easily communicate through text messages. Even when I am ill, it helps me to easily communicate with my parents through text... I communicate with other hearing-disabled people living abroad who have better awareness than me, who help me when I face problems.'*

areas reported needing permission to go to at least one place, compared to 66% of older males). A group of older girls (15–17 years) in Dire Dawa confirmed that *'very few use internet in internet cafes. Most use their phones.'* However, our qualitative research indicates that parents in urban areas are also less likely to buy smartphones for girls than boys, as a government key informant in Dire Dawa indicated: *'Boys have greater access to smartphones and their ability to use technology is much greater compared to girls ... Most parents are not willing to buy smartphones for their daughters.'* This finding is supported by our quantitative results, which showed that younger girls are 47% less likely to have a phone than boys, though this gap does shrink with age (16% among the older cohort).

The gender gap in access to technology is informed by conservative gender norms. Key informants and parents expressed concerns that girls are at particular risk of being led astray by various forms of media and technology, including popular television stations like Kana TV (discussed earlier). One teacher in Batu (East Shewa) worried that *'girls who use technology in improper ways do not focus on their education, they do not regularly come to school, since they want to spend their time with boys.'* Parents also tended to express more concern about girls' access to mobile phones than boys. For example, one of a group of mothers in Community C (South Gondar) noted that: *'For girls, it is distracting ... All they think about is love, all they do is call and meet up. Unlike boys, I don't think mobile phones are good for girls.'*

## Role models

Role models can be key to helping young people, particularly girls, envision new futures for themselves, especially in the Ethiopian context where most adolescents are first-generation learners (Jones et al., 2014a; 2014b; 2016b; 2016c; 2017, Woldehanna et al., 2017). Research highlights that health extension workers, teachers and government officials can demonstrate to young people – and their families – the value of investing in education and delaying marriage until adulthood (ibid.). Our qualitative research findings support the positive impact that educated role models can have on adolescents, though our quantitative results show that still only relatively few (35%) younger adolescents are able to identify a role model. This figure is almost twice as high among the older (urban) cohort (66%), though there are still many young people who struggle to find somebody to look up to. For example, when asked if there was anyone he wanted to emulate, a 16-year-old boy in Community C (South Gondar) responded: *'There is no one. Here, you only see people who fight and are involved with violence.'*

In urban areas especially, where access to media is more widespread, examples of role models ranged from

» For girls, it is distracting... All they think about is love, all they do is call and meet up. Unlike boys, I don't think mobile phones are good for girls.

(A mother in Community C, South Gondar, Ethiopia)



local community leaders to international celebrities to political figures (see also Box 11). International role models included football stars such as 'Romelu Lukaku' (18-year-old boy, Batu) and 'Cristiano Ronaldo' (15-year-old girl, Debre Tabor); activist singers like 'Teddy Afro' (15-year-old boy, Debre Tabor); and political figures like former 'Prime Minister Meles Zenawi' (15-year-old girl, Dire Dawa) and 'Nelson Mandela' (18-year-old girl, Batu). Locally, adolescents also looked up to community leaders; one 12-year-old boy from Community B (Afar) wanted to be like 'Alhamdu ... I want to be just like him because he is a clan leader, can administer people, he is educated, he can speak Amharic and communicate with different people'.

Our qualitative findings also showed that most adolescents view education as the path to achieving the same success as the individuals they admire. For example,

a 16-year-old girl from Batu (East Shewa) noted that: 'My role model is the former Prime Minister, Meles Zenawi ... He has brought many changes to our country ... We should have interest in our education. We have to study hard and dream good things for the future.' Interestingly, both boys and girls identified few female role models, although given the recent appointment of a female president and 50% female cabinet ministers it will be important to monitor change in this over the life of the research study.

It is important to note that our findings also indicated that role models can have a negative influence. In some of our research communities, adolescents reported becoming demotivated in their educational and employment aspirations, having seen older adolescents who had invested in their schooling fail to translate that education into a secure livelihood. As a key informant

### Box 11: Regional differences in exposure to role models

Adolescents' likelihood of having a positive role model varies depending on geographical context, although the difference between urban and rural adolescents was considerably more marked than differences among the rural sites. (Of the three rural regions, South Gondar has the highest level of adolescents with role models, at 36%, compared to 30% in Afar and East Hararghe.)

Among the younger adolescents we surveyed, those in urban areas are almost twice as likely to have a role model as their counterparts in rural areas (57% compared to 33%). Urban adolescents often had access through media to novel and quite specific role models, like clothing designers working to adapt traditional materials, or research scientists. For example, one 17-year-old girl in Batu (East Shewa) talked about a scientist, Aklilu Lemma, whom she hoped to imitate: 'There: 'There is a doctor I look up to ... He got medicine for bilharzia (schistosomiasis) from the fruit of a plant ... I would ask him how he did his studies, how he chose that specific fruit, and the things that initiated his research. This way I will also be initiated to do my own research.'

By contrast, adolescents in remote rural areas were more likely to look to their elders and see a more traditional path. For example, a 10-year-old boy in Community B (Zone 5, Afar) did not want a different life from his parents' generation: 'I wish to be just like my elders. I want to be just like my father, I want to be a father, to have many cattle, to have knife and gun and also to have money.' A girl of the same age (11) in Community A explained: 'I want to be like females that are strong in their religion and teach others. They are different in their clothing style; those females are faithful for marriage and pray and learn the Qur'an. My husband is a religious person. There are females who are my relatives who are strong in their religion. Since they cover themselves, they inherit heaven.'

In rural areas, one effect of adolescents' desire to emulate people they know personally is an interest in migration based on their older peers who return with money or other status symbols such as smartphones or more expensive clothes. This phenomenon is particularly evident in South Gondar, as one key informant in Community C described: 'Both males and females drop out of school ... The majority are motivated by looking at earlier migrants who dressed well and had a mobile phone.'

East Hararghe, on the other hand, had the fewest adolescents with role models outside their household (30%), though their responses were still more varied than their counterparts in Afar (also 30%). In both areas, adolescents largely looked up to individuals in their own communities. However, in East Hararghe, adolescents more frequently looked up to community members who had completed their education, saying: 'I want to be like my teacher' (11-year-old girl, Community J, East Hararghe), '[I want to be] a veterinary doctor in our neighbourhood' (11-year-old boy, Community H, East Hararghe), or 'I want to be like my school director' (12-year-old boy, Community I, East Hararghe).

from Community I (East Hararghe) commented: *'Most of them are dropping out of school by saying "If a university graduate is unemployed, why should we waste our time learning?" In our locality, if an educated man becomes a farmer it is considered a shame ... All students are learning to become government employees so when they see youths who don't have a job, they are demoralised.'*

Young people may also be duped into migration by other adolescents who have migrated and had some success, but do not provide accurate information on the risks, especially the risks involved in migration to other countries. One 15-year-old girl in Batu (East Shewa) explained how she was duped into migration, but that none of her hopes were realised: *'My friend told me there is a job in Batu and I can get 1,000 birr per month... I left school to come with her... I didn't make the right decision, I was wrong and I regret it... My friends are still learning but now I am not working or learning either.'*

## Gender differences

Our quantitative research found that fewer young girls have role models than their male counterparts, (% compared with 32% 38%). The gender gap persisted among the older cohort, with 69% of older males in urban areas reporting having a role model compared with 63% of females. Our qualitative research reinforced these results, showing that in rural areas in particular, girls were likely to report having no role model at all. For example, a 10-year-old girl in Community L, East Hararghe, explained: *'I have no one whom I see as a model or want to be like'*. Those girls who did have role models often looked up to other women who had completed their education. One 12-year-old girl in Dire Dawa looked up to her aunt, explaining that: *'She tells me*

**» [My aunt] tells me to study very hard and become a doctor like her.**

(A 12-year-old girl in Dire Dawa, Ethiopia)

*to study very hard and become a doctor like her'*. Boys, on the other hand, tended to admire people they knew who had achieved financial success, often by migrating. For instance, an 18-year-old boy in Community C (South Gondar) emphasised that: *'The role model I admire the most is my cousin, a businessman. He went to Addis Ababa when he was a child and saved money. Now he bought a car and is selling crops.'*

Boys and girls also had different responses regarding people whom they did not want to emulate, with girls describing negative attitudes towards older females who do not conform to local social norms, such as this 11-year-old girl, who said: *'I avoid people who have multiple sexual partners ... I do not like these individuals ... I do not do such things and do not want to be with people who do.'* Boys were more wary of people in their communities who used drugs or alcohol, understanding such behaviour to be dangerous. One 15-year-old boy in Batu, for example, who saw the way that drugs impacted his brothers, was determined not to follow in their footsteps: *'Two of my brothers faced serious trauma, and one of them even faced mental illness, due to chain smoking and heavy addiction to drugs like "ganja" [marijuana]. I realised my situation could also lead me to addictive behaviour and possibly face the fate of my brothers. Thus, I completely avoided those bad behaviours and started to attend my education properly.'*

## Box 12: Role models for adolescents with disabilities

Our quantitative data did not indicate any significant differences in adolescents' propensity to have role models based on their disability status, with 33% of young adolescents with disabilities responding positively, comparable to the index mean for our sample of 35%. Likewise, among older adolescents in urban areas, about two-thirds of those with disabilities said they had a role model outside of their household (59%), not significantly different from the 66% of adolescents without disabilities who reported the same.

Our qualitative research supports the finding that adolescents with disabilities are just as likely to have role models, and that those role models tend to be just as diverse as among non-disabled young people. For example, a 16-year-old boy with a hearing disability from Debre Tabor looks up to his teacher *'who is friendly and plays together with us often'*. Another 16-year-old girl from Batu with a hearing disability admires *'Solomon Bogale... he is a very good and successful actor, and he also supports the needy.'* One group of older adolescents in Debre Tabor described a student with a visual impairment in their school who was *'interviewed by Amhara TV... he is a role model for others because he showed that children with disabilities can be like any other children. He is a clever student in the class'*.

### Box 13: Derartu: The importance of using one's voice and harnessing the 'hidden gold'

Derartu is the youngest child in a large family living in Batu. Her household is economically vulnerable: her father is a fisherman, her mother sells fish, and two of her siblings have severe hearing impairments and require considerable care and support. Notwithstanding these challenges, Derartu is *'among students that rank 1 to 3'* in her 9th grade class, what is most striking about her is her confidence in her own voice: *'I do not have a person as a role model. There is no one that I copy completely.'*

While she loves to *'read about new things that I have never come across before'*, she also likes to *'spend time with elderly relatives... and visit traditional areas'*. These days, she emphasised, people *'are focusing on modern things... and we are forgetting our culture....I would be happy if I had a masinko and kirar [musical instruments] at home. Nowadays people never think to play music without a guitar or piano, but if electric power is cut off... kirar will never stop making music.'*

While Derartu says that her parents *'do not listen to what I say, not because I am female, but since I am the last-born child'*, she says that this does not *'stop me from expressing my ideas'* because she *'avoids unreasonable fears'* and stays true to herself.

One of the things that Derartu enjoys using her voice for is speaking up for girls who do not feel they can speak up for themselves: *'I like to defend females, since they are forced to do things that are not in their interests'*. She told a story about a very young mother she sees regularly in the market. *'She does not have choices, she leads her life insulted. Individuals in her neighbourhood and the community blame the girl after she got pregnant, no one is concerned about the man. They insult her. No one knows how she got pregnant, whether in her interests or not, but she gets blamed.'*

Derartu has realised, from talking to her own parents, that it can be *'difficult to convince parents on certain issues'*. So she knows that when she sets out to change minds about gender equality, she needs to situate her argument in tradition. *'Sometimes knowing history helps you [because if you] know about something from its origin, you can talk to people from a religious viewpoint or from science [and explain how things are] simply cultural practice.'*

She concluded, it is as if *'there is hidden gold in your house'*. No one outside of Ethiopia understands, and *'unless we use our culture, no one comes from the outside and uses it to help us to use it'*.

# Change strategies

We now discuss the extent to which key policy actors and practitioners to enhance adolescents' access to voice and agency and provide them with informal and formal sources of psychosocial support. We follow the disaggregation of change pathways from the micro through the meso to the macro level (see Figure 1), distinguishing where possible between strategies aimed at girls boys.



## Empowering girls

Our research highlights that girls' growing access to formal education is foundational for their psychosocial well-being as well as their access to voice and agency. Girls who are in school have daily contact with peers, regular opportunities to engage with caring adults, and some have exposure to school lessons and clubs that promote the idea of gender equality and actively discourage child marriage generally precludes girls' longer-term and broader empowerment. *'Because they are literate, they start to decide for themselves'*. A teacher in Community I (East Hararghe) reported that her school has *'around 13 clubs'*, some of which such as sports and environmental protection require active participation and allow girls to contribute to both their school and local communities. Indeed, girls club participants in Community D observed that girls often have more opportunities to speak up and contribute than boys. One explained that: *'Even if girls and boys raise their hand at the same time, they will say ladies first and respect women's opportunities.'* School parliaments, which appear to be confined to urban areas, also foster social networks and give girls an opportunity to lead. Older girl parliamentarians in Dire Dawa observed that they partner with teachers and NGOs to *'support vulnerable children including provision of food, clothes, uniform and initial capital for children to start their own business'*. They added that being young themselves reach those children, because *'they tell us everything because we are in the same age level'*. Ethiopia's 1:5 groups –

▶▶ [My friend] reported her parents to her teachers for wanting to marry her off to someone. The teachers warned her parents, and now she is learning.

(An 11-year-old girl, Community D, South Gondar, Ethiopia)

government structures mobilising community members in groups of five which are in turn federated into groups of 30 – although top-down and primarily used to disseminate government messages, also appear to provide some school girls with leadership opportunities. A 12-year-old girl in Community E (South Gondar) explained that she and her group members help each other study: *'He'll help me with what I didn't understand and I'll help him with what he didn't understand.'*

Girls' clubs, which are available at most in the upper-primary level (5th grade) but are especially active in our research sites in Amhara, are perhaps the most direct route to providing girls with psychosocial support and opportunities to develop voice and agency. Although a few girls' club leaders reported that clubs are just *'a symbol'* (Community G, South Gondar) and that girls *'do not feel easy to share their problem in a group or in a club'* (Community F), the majority of leaders—and girls themselves believe that clubs are creating change. Clubs provide girls with *'a counselling service'* (leader, Community E, South Gondar), opportunities to engage in *'peer teaching'* (leader, Community G, South Gondar) a venue to *'report any challenges'* (leader, Community C, South Gondar), and lessons on their rights and how to avoid child marriage, early motherhood, and FGM (for themselves as well as their younger sisters). *'Students learn about women's rights and equality of men and women'*. An 11-year-old girl in Community D (South Gondar) explained that the girls' club at her school was critical to helping girls stay unmarried and in school. *'[My friend] reported her parents to her teachers for wanting to marry her off to someone. The teachers warned her parents, and now she is learning.'* A 17-year-old girl in Batu added that the club at her school not only provides girls with emotional and instrumental support is also fun: *'They teach us how to design clothes.'*

Outside of school, the only at-scale venue for girls to socialise with their friends in most communities is at church (not mosques as few girls reported attending mosque or Koranic classes). The importance of church as a safe space for Christian girls is partly because their mothers *'do not allow them to go to other places'* (mother, Batu). This introduces a tension. On the one hand, churches provide opportunities for girls to spend time with one



another, and many invite health professionals to come to Sunday services to ‘teach the adolescents about the consequence of early marriage’ (husband of a child bride, Debre Tabor) – often has devastating longer-term impacts on girls’ psychosocial well-being and voice and agency. On the other hand, messaging is very top-down and provides girls with little opportunity to practice speaking and leading. A female preparatory student in Batu explained, ‘*t is church where we usually spend our time. For children above 15, the church provides training, life skills training. They give us advice on choices we need to make at this age.*’ A 10-year-old girl in Community F (East Hararghe) added, ‘*They (church school) give us advice not to talk back at our parents and to obey them. They tell us that we will be taken to the devil if we insult other people and that we shouldn’t hit other children that are younger than us.*’

In some urban neighbourhoods, youth centres provide girls with safe spaces and opportunities to learn new skills. An older girl in Dire Dawa explained, ‘*There is a youth academy. There is a library inside. There are sports like tennis. Meetings take place here. They show movies and*

*we watch spend our time in inappropriate place ... In other youth academies there are dramas, literature competition.*’ However, more frequently girls complained that government-run youth centres tended to be frequented largely by boys and that the activities were more suited to boys, including football and billiards.

In other urban communities, some NGOs are empowering girls by supporting their psychosocial well-being and access to voice and agency, although on a small scale, and a number of respondents noted that while there had been more NGOs working with young people in the past, many programmes were no longer operational. GAGE study participants reported that NGOs that active often targeted subsets of girls such as survivors of sexual abuse and those who are street-connected. A female college student in Dire Dawa explained, ‘*There is a shelter house in Adama for such kind of girls and they serve them until they get rehabilitated. They make her free not to hide the information because of the intimidation.*’ An employee at the NGO Wabi,<sup>3</sup> in Batu, added, ‘*There is a Retrak (INGO) programme focuses on hard-to-reach children such as*



Girls group in Afar © Nathalie Bertrams / GAGE 2019

<sup>3</sup> This is not an acronym, rather Wabi translates as ‘Guarantee’ or ‘Security’

*commercial sex workers and street children.* an 11-year-old girl from Dire Dawa who is living at a shelter, not only 'provide psychological support for children who are sexually abused', but also help girls 'avoid peer pressure' and refrain from sex work.

Noting that 'Boys have more access to technology' (key informant, Dire Dawa), only a few urban girls reported that online spaces are providing them with opportunities to develop friendships and expand their horizons in ways that will ultimately e and agency. A 19-year-old girl in Batu explained that Facebook has advantages: 'You will have many friends, and release pictures. In so doing you will come across many people which is good. You may also spend longer hours to chat with people there, and then can become friend.' An 18-year-old from the same city added that 'In the past, their role models were only their parents. They only wanted to be like their fathers or mothers. Now there is technology. You know about lots of people.'

In Afar, where school enrolment remains low and girls' clubs are especially under-developed, most girls appear to have very few opportunities to spend time with their friends or speak for themselves outside of their *fiema*. Girls in Community B (Zone 5) noted that their *fiemas* (which translates as 'equal people' or 'peers') 'do everything together' as 'we all are the same age', including participating in the *sadah* traditional dance.



## Engaging with boys and men

Efforts to engage with adolescent boys and provide them with opportunities to socialise with peers, connect with caring adults, develop their own voice and agency, and support girls empowerment use many of the same strategies highlighted above. For example, boys also have access to formal education and all that it entails, including lessons on gender equality and school clubs and parliaments. Indeed, we found that in some communities, girls' clubs have been rebranded as gender clubs and are deliberately including boys. In Community K (East Hararghe), a club leader reported that she 'encourages boys to bring their sisters to school' In Community G (South Gondar), a leader noted that when boys write love notes to girls in chalk on the stones around the school which makes the girls anxious because of the gossip that often ensues, she issues warnings 'not to repeat such acts in the future'. Boys, girls, also hear messages that support gender equality on the radio. 'I get information from radio. I that females and males have equal rights regarding gender

» In the past, their role models were only their parents. They only wanted to be like their fathers or mothers. Now there is technology. You know about lots of people.

(An 18-year-old girl in Batu, Ethiopia)

issues,' explained a 20-year-old man from Community C (South Gondar).

In other ways, however, boys' opportunities to socialise and participate are markedly different from those of girls. At church, for example, even younger adolescent boys are allowed to be more active rather than simply listen. An 11-year-old boy from Debre Tabor reported that he and his friends established a prayer association: 'We have a prayer programme where we pray together and we also pray for ourselves. We save money and we buy bread and juice and give to our friends after we pray. We give the extra money to the church on an annual basis.' Similarly, while boys in some communities are subjected to top-down interventions aimed at reducing community violence and 'changing their mentality ... emphasising how to develop their work ethic and other personality development aspects' (kebele leader, Community C, South Gondar), in other communities in East Hararghe adolescent boys and young men have organised themselves into qeerroo groups that build schools and coordinate aid for displaced Oromos (from violent ethnic conflict in late 2017, early 2018). A kebele leader in Community K (East Hararghe) explained, 'They want to participate in development and security of the people. They want to work with us in a peaceful manner. The situation is not like what people talk on different medias. They focus on strengthening the unity of our people. They want youths who terminated school, to go back to school and attend. They also want those in school to continue attending school and not to terminate. They have a stance and they support us in educating the community to that end. They have this firm stance when we discussed together.'

Boys, who have fewer limits on their physical mobility, also have more access than girls to recreational spaces that facilitate the peer interactions that are critical to healthy adolescent development. An 11-year-old boy in Debre Tabor noted that he and his friends love to go to the park. 'We play trapeze. We also run on the open field area.' Older boys have access to youth centres, which – when they are resourced as intended – 'provide different





Qeerroo group in Oromia © Nathalie Bertrams / GAGE 2019

services such as cafeteria, shower service, table tennis, international taekwondo, and other youth entertainment sport activities' (Bureau of Youth and Sport KI, Debre Tabor). While in most areas of Ethiopia it is 'not cultural and not common to send female children to sport' (youth and sport KI, Community I, East Hararghe), boys in all study locations reported getting together with their friends to play football—sometimes under the auspices of NGOs such as the 'Mercy Children Help Organisation' (HEW, Batu) and other times by themselves.

We found no evidence of change strategies directly aimed at the husbands of adolescent girls. We also found little evidence of work towards change in Afar.



## Supporting parents

We found multiple actors providing support to parents to improve how they support their adolescent children, although initiatives were largely small scale and ad hoc, rather than structured and systematic. Moreover, parents noted that the generational gap between themselves and their adolescents was very wide given rapid development, especially in urban areas, and that they often had little support in terms of how best to engage with and monitor their children in this new environment, especially in the case of new technologies. As one father from Dire Dawa explained: 'My children ... do not accept

me when I order them to study. They focused on the things in the mobile because of the technology. Children focus on watching things transmitted through the internet. We could not control them because parents like me are not educated and we do not have the know-how in using the internet and social media.'

As with adolescents, schools and school clubs are playing a role in reaching out to parents – especially in urban areas, where mandates are broader. Some girls' club leaders reported that they work with mothers to help them understand the risks of child marriage and other harmful traditional practices. As a leader in Batu explained, 'We also invite mothers to attend girls club and teach them about harmful traditions'. In Debre Tabor, a 16-year-old girl noted that her school's parent-teacher-student association also works with parents: 'It's a club that communicates with parents regarding their children'. In Dire Dawa, older

» Children focus on watching things transmitted through the internet. We could not control them because parents like me are not educated and we do not have the know-how in using the internet and social media.

(A father from Dire Dawa, Ethiopia)

girls who are members of a school parliament detailed their careful work with parents to ensure that parents are treating their children appropriately: *'A few parents abuse their children, do not allow [them] to move freely. If not using corporal punishment, then they emotionally abuse their children. Our role is to raise parents' awareness about how to treat and follow up their children.'*

Churches and community groups, including 1:5 structures, also work with parents on better parenting practices – albeit primarily on the importance of education and avoiding child marriage. A Youth League key informant in Community G (South Gondar), for example, reported teaching parents about *'the value of education and its role in shaping children's personality'*. A health extension worker in Community I (East Hararghe) added: *'The Women's Development Army is making changes about getting kids in school'*. Religious leaders also help to engage parents around the importance of guiding adolescents to make wise choices. *'We teach parents to cultivate their children in the right way and we give them advice to keep them back from those bad places,'* explained a club leader from Community E (South Gondar).

Some NGOs are also implementing activities to support parents of adolescents. In Batu, Wabi runs a programme called Community-Based Coalition (CBC), which includes parent education and psychosocial support. CARE appears to be particularly active in this field, working in communities across South Gondar and East Hararghe to tackle gender norms and help parents (especially mothers) understand the risks of child marriage. A kebele manager in Community G (South Gondar) noted, *'The contribution of CARE Ethiopia in this regard has been immense. It supports the mother-to-mother discussion on HTPs [harmful traditional practices] in the kebele through the Women Development Armies.'*

We found no evidence of efforts by any stakeholders, government or non-government, to support parents in Afar.



## Engaging community

Efforts to engage the community in ways that support adolescents' psychosocial well-being and access to voice and agency primarily echo strategies that target adolescents and parents. Government messaging about the importance of education, gender equality, and the risks of child marriage is delivered in a range of community venues (including religious institutions) by a range of actors (including health extension workers and NGOs). A grandmother in Community I (East Hararghe)

explained, *'The government brings that change by teaching the community about equality. Since girls [have begun to] understand about equality, they start to claim their interests.'* A kebele administrator in Community G (South Gondar) added, *'The government promotes equality between males and females'*. In a number of communities, respondents also specifically identified the role of the NGO CARE in promoting change at community level. As a kebele manager in Community G explained, *'CARE increased the awareness of the community about the impacts of early marriage on girls'*.



## Strengthening systems and services

Our research found little evidence that systems and services (outside of the more informal strategies delivered through schools, as already discussed) are working to support young people's psychosocial well-being and access to voice and agency. Only a few schools appear to have guidance and counselling services, and even where they are available, adolescents tend to be reluctant to avail themselves of such services for various reasons, but, as one 17-year-old girl from Debre Tabor explained: *'Because I am shy I have not used those services'*. Formal community-based psychosocial support services appear even more rare. In rural areas, key informants reported *'there is no service that we deliver here'* (PHCU director, Community L, East Hararghe) while in urban areas, key informants in the health sector observed that *'there is no psychiatric service'* outside of hospitals and that adolescents who have mental health needs often instead rely on traditional and spiritual healing approaches. As a key informant in maternal and child health services in Debre Tabor noted: *'They prefer to go to the holy water with their family members'*.

The new cadre of social workers being rolled out by the Ethiopian government, with support from the United States Agency for International Development (USAID) and various NGOs will hopefully begin to alter the psychosocial support landscape in the near future. Using 8<sup>th</sup> and 10<sup>th</sup> grade graduates (depending on locality) to act as case workers following *'the cases of 20 vulnerable children'*, social workers will be *'supervising and coordinating the activities of 20 case workers'* and ultimately ensuring that 400 children receive the care they need (key informant, Wabi, Batu). It is important to point out however that efforts at this stage are still embryonic and considerable financial and capacity building investments will be required to take a social work cadre to scale.



# Policy and programming implications

Our mixed-methods research findings point to a number of priorities for policy, programming and practice so as to strengthen adolescent psychosocial well-being and voice and agency. They also point to an urgent need to tailor interventions so that they are responsive to the specific age- and gender-related vulnerabilities that adolescents face. In particular, our findings underscore that interventions need to be informed by an understanding that older adolescent girls face different and potentially more severe risks to their psychosocial well-being and voice and agency resulting from the widening gender gap and more entrenched gender roles over the course of adolescence.

- Develop and maintain spaces where adolescents can safely spend time with peers and contribute to their communities, including attention to age- and gender-related barriers. **This should include investing in youth centres that are well-resourced and friendly and welcoming, for younger adolescents and especially for girls (including with appropriate sanitary facilities);** and expanding clubs and extra-curricular activities, including child parliaments, girls' and/or gender clubs and sports activities (with specific efforts to also involve girls) in schools to encourage opportunities for participation. Efforts to provide opportunities for adolescents to volunteer in their communities could also be considered by local governments.
- **Use school lessons and clubs to map out with adolescents which locations they feel are safe and which are not safe,** and support them to think through ways to avoid unsafe spaces and how to mitigate risks related to new technologies and also to substance abuse and addiction.
- **Provide guidance to parents,** including through parenting classes for parents of adolescents to support them to guide young people in the transition through puberty into adulthood, promoting non-violent disciplinary approaches and awareness of potential mental health risks. These classes could be potentially offered through local Parent Teacher Associations with support of social workers.
- **Provide outreach to the most disadvantaged adolescents,** with programming designed to reach the

most isolated groups, such as married girls, herding boys, child workers, domestic workers, migrant workers, street-connected children and young people involved in the commercial sex industry. Each of these groups of young people have specific vulnerabilities and programming thus requires a tailored approach for which working groups could be set up under the Ministries of Women, Children and Youth, together with Labour and Social Affairs.

- **Continue to develop and expand a cadre of social workers trained to support young people's mental health needs,** with attention to improved resourcing and scaled up training and financing, and simultaneously provide training to health extension workers and teachers on how to identify young people in need of support and counselling. Particular attention is needed to raising awareness among social workers about the specific vulnerabilities of adolescent girls and adolescents with disabilities who are often at heightened risk of mental distress.
- **Invest in telephone hotlines for young people with psychosocial ill-being/ mental ill health,** given young people's increasing access to mobile phones especially in urban areas, and drawing on international good practice.
- **Expose young people to aspirational yet actionable ideas for their future pathways by engaging with role models** from the community and developing school- and district-level alumni associations with linkages to local schools to provide regular access to role models and mentors, paying particular attention to promoting female role models.
- **Support adolescents to gain safe access to information, including through education for adolescents and their parents on how to use the internet safely.** Begin in urban areas, through civics classes to deliver lessons on safe online access (e.g. privacy, cyber-bullying and pornography) and adolescent-friendly sites. Over time, work with donors and NGOs to develop libraries and computer labs in all government schools.

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# Annex 1: Policy implications

Voice and Agency capability outcomes	VOICE AND AGENCY		
	SDG goals and targets	GoE policy goals	GAGE policy recommendations
Enhance adolescent mobility and access to safe spaces	<p><b>Goal 5: Gender Equality</b></p> <p><b>Target 5.1:</b> End all forms of discrimination against all women and girls everywhere</p> <p><b>Target 5.2:</b> Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation</p> <p><b>Target 5C:</b> Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels</p>	<ul style="list-style-type: none"> <li>Construct training centres where children can develop their talents and learn new skills in the fields of art, sport, science and technology. (NCP, pp.18)</li> <li>Expand child-friendly recreational spots, playgrounds and sport fields in residential and other areas. (NCP, pp.18)</li> <li>Establish child-friendly theatres, cinemas, libraries and cultural centres and strengthening existing ones. (NCP, pp.18)</li> <li>Ensure orphanages, schools and other facilities that provide different social services to children have child-friendly playgrounds and recreational facilities. (NCP, pp.18)</li> </ul>	<ol style="list-style-type: none"> <li>Develop and maintain spaces and opportunities—including school- and community-based clubs, sports fields and sports clubs – where adolescents can spend time with one another.</li> <li>Using school lessons, and school- and community-based clubs, map out with young people what locations are safe and not safe and help them think through ways to avoid those spaces or make them “safer”.</li> </ol>
	<p><b>Goal 11: Sustainable Cities and Communities</b></p> <p><b>Target 11.2:</b> By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons</p> <p><b>Target 11.7:</b> By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.</p>	<ul style="list-style-type: none"> <li>Mobilize the public to give due attention to children’s issues through the celebration of different child-related events and through child-focused programmes. (NCP, pp.22)</li> <li>Ensure and encourage print and electronic media to incorporate issues that help children achieve full personal, social and cultural development. (NCP, pp.18)</li> <li>Assist adolescents to recognize their capabilities and potentials that could shape their aspirations and their future (ADaP, pp. 34)</li> <li>Establish youth and sport centers that can serve as a recreational and personality growth centers—esp for girls and youth with disabilities. (Youth Development Package, section 3.3)</li> </ul>	



Voice and Agency capability outcomes	VOICE AND AGENCY		
	SDG goals and targets	GoE policy goals	GAGE policy recommendations
Improve adolescent access to information	<p><b>Goal 9: Industrialisation, Innovation and Infrastructure</b></p> <p><b>Target 9c:</b> Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020</p>	<ul style="list-style-type: none"> <li>• Prepare information sharing programmes. (Youth Strategy, Section 5)</li> <li>• Enhance youth's practical skills through providing the required equipment and material support to furnish libraries, ICT, and laboratory that in turn enable the youth to have access to modern technology. (Youth Development Package, section 3.3)</li> </ul>	<ol style="list-style-type: none"> <li>1. Over time, working with NGOs and donors, develop libraries and computer labs in all public schools.</li> <li>2. Continue working to connect schools to the electrical grid – and then the internet.</li> <li>3. Beginning in urban areas, use civics classes to deliver lessons on safe-online access (e.g. privacy, cyber bullying and hate speech, pornography, etc.) and include guidance on adolescent-friendly sites.</li> </ol>
	<p><b>Goal 5: Gender Equality</b></p> <p><b>Target 5b:</b> Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women and girls</p>	<ul style="list-style-type: none"> <li>• Ensure children's right to information (NCP, pp.15)</li> <li>• Increase the role of media in creating public awareness on children's affairs. (NCP, pp.22)</li> <li>• Ensure and encourage print and electronic media to incorporate issues that help children achieve full personal, social and cultural development. (NCP, pp.18)</li> <li>• Enhance children's access to up-to-date publications and information that are child friendly and can increase their participation and encourage them to disseminate useful information. (NCP, pp.24)</li> <li>• Increase the use of ICT in education by expanding and improving ICT infrastructure at all levels, producing and widely distributing digital education resources and building the ICT skills and capacity of teachers and leaders to support curriculum delivery. (ESDP V pp.55)</li> <li>• Construct training centres where children can develop their talents and learn new skills in the fields of art, sport, science and technology. (NCP, pp.18)</li> <li>• Broadcast local digital contents focusing particularly on cross-cutting issues and related topics such as environmental protection. (ESDP V pp.114)</li> <li>• Create awareness on restrictions of entertainment and media outputs that are prohibited for children under the age of 18. (NCP, pp.18)</li> <li>• Ensure that contents of media programmes give due attention to children's well-being and take precautions not to involve children in films, advertisements and other art-related engagements that have negative impact on their overall development. (NCP, pp.23)</li> </ul>	

Voice and Agency capability outcomes	VOICE AND AGENCY		
	SDG goals and targets	GoE policy goals	GAGE policy recommendations
Strengthen opportunities for adolescent participation in decision-making	<p><b>Goal 5: Gender Equality</b></p> <p><b>Target 5.1:</b> End all forms of discrimination against all women and girls everywhere</p> <p><b>Target 5.5:</b> Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life</p> <p><b>Goal 10: Reduced Inequality</b></p> <p><b>Target 10.3:</b> Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard</p>	<ul style="list-style-type: none"> <li>• Recognise that adolescents should be provided with a nurturing, protective and caring framework within which they can develop their talents and become responsible, self-conscious and caring citizens. (ADaP, pp.26)</li> <li>• Assist adolescents to recognize their capabilities and potentials that could shape their aspirations and their future. (ADaP, pp. 34)</li> <li>• Strengthen leadership skill and base to exercise leadership skills for adolescents. (ADaP, pp. 34)</li> <li>• Facilitate effective participation of adolescents in adolescent development programming. (ADaP, pp. 34)</li> <li>• Build the capacity of parents, faith leaders, school community, peers and the youth to enhance health development and participation of adolescents in issues of their concerns (ADaP, pp.36)</li> <li>• At household and community levels; the family, siblings and the youth groups, FBOs and community leaders have responsibilities to open up opportunities for adolescents to responsibly participate in family and community affairs. Furthermore, these stakeholders are expected to take responsibility to coach and nurture children and adolescents by example. (ADaP, pp.29).</li> <li>• Introduce forums for adolescents within existing youth structures, religious forums and schools to exercise communication, management and leadership skills (ADaP, pp. 36)</li> <li>• Involve youth in any youth-oriented community and government development activities in which any development plans and projects need to be prepared through targeting the youth groups and ensuring their active participation and benefits. (Youth Development Package, section 2.4)</li> <li>• Give special attention and emphasis and create an enabling environment towards youth girls. (Youth Development Package, section 2.4)</li> <li>• Give special attention and emphasis and create an enabling environment towards youth with disabilities. (Youth Development Package, section 2.4)</li> <li>• Enhance the socio-economic and political engagement of youth from the pastoral and agro-pastoral community by involving them in water, livestock, and natural resource management activities and raising their awareness of a settled way of life. (Youth Development Package, section 3.5)</li> <li>• Ensure youth participation at each level and create youths who have democratic attitude and thinking. (Youth Strategy, Section 2.4)</li> </ul>	<p><b>Home</b></p> <ol style="list-style-type: none"> <li>1. Provide parenting classes for parents of children of all ages–focusing on developmental transitions (including adolescence) and how to support children to move through them. Lessons should include adolescent cognitive and emotional development, authoritative versus authoritarian parenting, smart limit setting and parent-child communication.</li> </ol> <p><b>School</b></p> <ol style="list-style-type: none"> <li>1. Move towards more child-friendly pedagogies that encourage classroom participation.</li> <li>2. Expand clubs and extra-curricular activities that allow hands-on action and decision-making.</li> <li>3. Expand school parliaments and build district and regional level structures that allow young people to elect representatives and make their needs known to more local –and then higher up–adults.</li> </ol> <p><b>Community</b></p> <ol style="list-style-type: none"> <li>1. Expand access to community-based clubs and youth centres where out of school adolescents might engage in hands-on action and decision-making, and ensure that these clubs and centres are accessible to younger adolescents and girls (including through selection of same sex facilitators and mentors, type of activities offered, dedicated hours for different young people, etc.).</li> </ol>

Voice and Agency capability outcomes	VOICE AND AGENCY		
	SDG goals and targets	GoE policy goals	GAGE policy recommendations
Strengthen opportunities for adolescent participation in decision-making		<ul style="list-style-type: none"> <li>• Ensure youths get organized based on their own will and take the decision making role by themselves on their own issues, community issues and national issues through creating communal understanding and stance. (Youth Strategy, Section 2.5)</li> <li>• Ensure that young women are included in all government packages—and that they are participating economically, socially, and politically. (Ethiopian Women's Development and Transformation package, pp.63)</li> <li>• Open up opportunities for children to actively participate in matters affecting them at family, community, school and government levels in accordance with their age and level of maturity. (NCP, pp. 15)</li> <li>• Create space within the family and the community for children to discuss and negotiate with family members on various issues of the family (ADaP, pp.31).</li> <li>• Create and coordinate efforts to improve women, youth's and children's participation (Ethiopian Women's Development and Transformation package, pp. 60)</li> <li>• Improve young women's and adolescents' participation. (Ethiopian Women's Development and Transformation package, pp. 62)</li> <li>• Devise and implement a strategy that enhance children's participation. (NCP, pp.23)</li> <li>• Help parents or guardians to have the necessary awareness on child rights and better parenting skills as well as family planning in order that they give the utmost care to children. (NCP, pp.16)</li> <li>• Enable parents and guardians to play their roles in educating children in the community's good values, customs and norms. (NCP, pp.16).</li> <li>• Create an enabling environment for parents or guardians, especially in rural areas, to have access to adult education as education has a direct bearing on child upbringing. (NCP, pp.16)</li> <li>• Ensure that schools achieve minimum standards which define the requirements to support effective teaching and learning in a healthy and safe environment; and by supporting community-based school management and decision making. (ESDP V pp.55)</li> <li>• Mobilize the public to give due attention to children's issues through the celebration of different child-related events and through child-focused programmes. (NCP, pp.22)</li> </ul>	

Voice and Agency capability outcomes	VOICE AND AGENCY		
	SDG goals and targets	GoE policy goals	GAGE policy recommendations
Enhance knowledge and opportunities for adolescent civic participation		<ul style="list-style-type: none"> <li>• Encourage the establishment and expansion of children's rights and well-being in community-based structures through community members' own initiative (NCP, pp.24)</li> <li>• Establish and consolidate national, regional, zonal and Woreda level child rights and protection networks and forums and establish children's structures at all levels and strengthen the existing ones. (NCP, pp.23)</li> </ul>	
	<p><b>Goal 4: Quality Education</b></p> <p><b>Target 4.7:</b> By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development</p> <p><b>Goal 5: Gender Equality</b></p> <p><b>Target 5c:</b> Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels</p> <p><b>Goal 16: Peace, Justice and Strong Institutions</b></p> <p><b>Target 16.3:</b> Promote the rule of law at the national and international levels and ensure equal access to justice for all</p> <p><b>Target 16.7:</b> Ensure responsive, inclusive, participatory and representative decision-making at all levels</p>	<ul style="list-style-type: none"> <li>• Build the capacity of adolescents so that they are competent and confident to take part in their own development and that of their country. (ADaP, p. 30)</li> <li>• Assist adolescents to recognize their capabilities and potentials that could shape their aspirations and their future. (ADaP, pp. 34)</li> <li>• Strengthen leadership skill and base to exercise leadership skills for adolescents. (ADaP, pp. 34)</li> <li>• Facilitate effective participation of adolescents in adolescent development programming. (ADaP, pp. 34)</li> <li>• Enhance youth's participation and benefits in social and cultural development activities and creating a healthy, knowledgeable, and skillful younger society who are proud of their own culture having with greater self-confidence and a patriot sentiment towards their country's sovereignty. (Youth Development Package, section 2.3)</li> <li>• Create a youth who disdain corruption, bad governance, and rent-seeking mentality through enhancing their capacity and awareness and enabling them to actively participate in various decision making process and entrust them as the socio-economic development pillars of the country. (Youth Development Package, section 2.3)</li> <li>• Involve youth in any youth-oriented community and government development activities in which any development plans and projects need to be prepared through targeting the youth groups and ensuring their active participation and benefits. (Youth Development Package, section 2.4)</li> <li>• Enhance youth's—including those from pastoralist regions— political participation by preparing platforms, creating an enabling environment, growing youth's role in decision-making, building national consensus among youth, including youth in the peace building process, and addressing bad governance with youth (Youth Development Package, sections 3.4, 3.6)</li> </ul>	<ol style="list-style-type: none"> <li>1. Ensure that school curricula provide access to current events education, and to classes on critical consumption of media and social media (for urban adolescents).</li> <li>2. Invest in civic education classes that are UpToDate in terms of Ethiopia's evolving political landscape and in terms of global human rights frameworks.</li> <li>3. Develop opportunities for adolescents to volunteer in their community and to receive certification for such participation that can support future career trajectories.</li> </ol>



Voice and Agency capability outcomes	VOICE AND AGENCY		
	SDG goals and targets	GoE policy goals	GAGE policy recommendations
Enhance knowledge and opportunities for adolescent civic participation		<ul style="list-style-type: none"> <li>• Give special attention and emphasis and create an enabling environment towards youth girls. (Youth Development Package, section 2.4)</li> <li>• Create a single political-economic society on the basis of respecting the principle of tolerance among youth members. (Youth Development Package, section 2.4)</li> <li>• Develop youth leaders who struggle against unjust and bad governance. (Youth Development Package, section 2.5)</li> <li>• Ensure youth participation at each level and create youths who have democratic attitude and thinking. (Youth Strategy, Section 2.4)</li> <li>• Create youths who are abide by the constitution and have democratic thinking. (Youth Strategy, Section 5)</li> <li>• Support youth to understand justice and democratic bodies and good governance by identifying the problems they are experiencing and organising around them to participate in democratic system building. (Youth Strategy, Section 5)</li> <li>• Open up opportunities for children to actively participate in matters affecting them at family, community, school and government levels in accordance with their age and level of maturity. (NCP, pp. 15 )</li> <li>• Encourage the establishment and expansion of children's rights and well-being in community-based structures through community members' own initiative. (NCP, pp.24)</li> <li>• Create and coordinate efforts to improve women, youth's and children's participation (Ethiopian Women's Development and Transformation package, pp. 60)</li> <li>• Devise and implement a strategy that enhance children's participation. (NCP, pp.23)</li> <li>• Critically examine whether all students graduating from each level of education acquires the necessary civic and ethical behaviours set to be required at that level. (GTP II, pp.186)</li> <li>• Build the capacity of adolescents so that they are competent and confident to take part in their own development and that of their country. (ADaP, p. 30)</li> <li>• Establish and consolidate national, regional, zonal and Woreda level child rights and protection networks and forums and establish children's structures at all levels and strengthen the existing ones. (NCP, pp.23)</li> </ul>	

Voice and Agency capability outcomes	VOICE AND AGENCY		
	SDG goals and targets	GoE policy goals	GAGE policy recommendations
Support adolescent access to positive role models		<ul style="list-style-type: none"> <li>• Develop tools on role modeling for siblings, peers and the youth groups and associations. (ADaP, pp. 36)</li> <li>• Create and expand services that support the well-rounded personality of youths. (Youth Strategy, Section 5)</li> </ul>	<ol style="list-style-type: none"> <li>1. Expose young people to aspirational yet actionable ideas for future adult pathways, engaging with role models from the community paired with video-linking to “introduce” especially captivating adults.</li> <li>2. Develop school and district level alumni associations with linkages to local schools so as to provide practical access to role models and mentors.</li> </ol>

PSS capability outcomes	PSYCHOSOCIAL WELLBEING		
	SDG goals and targets	GoE policy goals	GAGE policy recommendations
Enhance adolescent Motivation and resilience		<ul style="list-style-type: none"> <li>• Recognise that adolescents should be provided with a nurturing, protective and caring framework within which they can develop their talents and become responsible, self-conscious and caring citizens. (ADaP, pp.26)</li> <li>• Construct training centres where children can develop their talents and learn new skills in the fields of art, sport, science and technology. (NCP, pp.18)</li> <li>• Enable youths to be all rounded behaviorally, psychologically and in terms of personality, have love for their country and proud of their culture, dislikes harmful traditional practices, have work and development culture and enable them to be self-confident citizens. (Youth Strategy, Section 2.4)</li> <li>• Establish youth and sport centers that can serve as a recreational and personality growth centers–esp for girls and youth with disabilities. (Youth Development Package, section 3.3)</li> <li>• Create and expand services that support the well rounded personality of youths. (Youth Strategy, Section 5)</li> <li>• Ensure youths living in rural areas benefit. (Youth Strategy, Section 5)</li> <li>• Facilitate conditions for children to participate and exchange experiences on art at national and international forums (NCP, pp.18)</li> <li>• Build the capacity of adolescents so that they are competent and confident to take part in their own development and that of their country. (ADaP, p. 30)</li> <li>• Create opportunities for adolescents to build their communication and negotiation skills. (AdaP, pp.30)</li> </ul>	<ol style="list-style-type: none"> <li>1. Create opportunities, in the classroom and in school-and community-based clubs, for adolescents to feel competent– and to safely experience failure.</li> <li>2. Expose young people to diverse pathways—including the practical and the aspirational—so that they feel able to aim ambitiously and yet still have an actionable alternative plan to fall back on (especially following Grade 8, Grade 10 and university entrance exams).</li> <li>3. Invest in school counsellors who can support adolescents with envisioning and practically mapping out future pathways.</li> </ol>

PSS capability outcomes	PSYCHOSOCIAL WELLBEING		
	SDG goals and targets	GoE policy goals	GAGE policy recommendations
Enhance adolescent support networks		<ul style="list-style-type: none"> <li>Establish institutional programmes and services that empower families to effectively execute their roles and duties in ensuring the overall personality development of children. (NCP, pp.24)</li> <li>Strengthen counselling services for parents or guardians in order to solve their differences and protect children from vulnerability to social problems caused by conflict, separation or divorce. (NCP, pp.15)</li> <li>Help parents or guardians to have the necessary awareness on child rights and better parenting skills as well as family planning in order that they give the utmost care to children. (NCP, pp.16)</li> <li>Create space within the family and the community for children to discuss and negotiate with family members on various issues of the family (ADaP, pp.31).</li> <li>Develop tools on role modeling for siblings, peers and the youth groups and associations. (ADaP, pp. 36)</li> <li>Recognise that adolescence is a multifaceted developmental transition with numerous challenges including need for independence, evolving sexuality, transitioning through education and commencing employment, consolidating cognitive abilities and negotiating changing relationships with different groups (ADaP, pp.4).</li> <li>Stakeholders are expected to take responsibility to coach and nurture children and adolescents by example. (ADaP, pp.29).</li> <li>Mobilize the public to give due attention to children's issues through the celebration of different child-related events and through child-focused programmes. (NCP, pp.22)</li> <li>Ensure and encourage print and electronic media to incorporate issues that help children achieve full personal, social and cultural development. (NCP, pp.18)</li> </ul>	<ol style="list-style-type: none"> <li>1. Provide parenting classes for parents of children of all ages—focusing on developmental transitions, including adolescence, and how to support children to move through them. Lessons should include non-violent discipline, limit setting, communication styles, the importance of peer socialisation, (and in urban areas safe online access for children), etc.</li> <li>2. Provide parent-support groups, led by experienced parents, trained counsellors, or social workers, aimed solely at parents of adolescents to help them help each other given that adolescence today is markedly different than adolescence a generation ago.</li> <li>3. Provide adolescents access to role models, mentors, and adults who have time to listen—via school- and community-based clubs and religious institutions.</li> </ol>



PSS capability outcomes	PSYCHOSOCIAL WELLBEING		
	SDG goals and targets	GoE policy goals	GAGE policy recommendations
Enhance adolescent social connectedness with peers		<ul style="list-style-type: none"> <li>• Create a single political-economic society on the basis of respecting the principle of tolerance among youth members. (Youth Development Package, section 2.4)</li> <li>• Establish youth and sport centers that can serve as a recreational and personality growth centers–esp for girls and youth with disabilities. (Youth Development Package, section 3.3)</li> <li>• Encourage and coordinate youths to engage in voluntary services. (Youth Strategy, Section 5)</li> <li>• Ensure all youths are reached and they fairly benefit. Create one economic society through accepting and respecting diversity. (Youth Strategy, Section 2.5)</li> <li>• Construct training centres where children can develop their talents and learn new skills in the fields of art, sport, science and technology. (NCP, pp.18)</li> <li>• Ensure orphanages, schools and other facilities that provide different social services to children have child-friendly playgrounds and recreational facilities. (NCP, pp.18)</li> <li>• Facilitate conditions for children to participate and exchange experiences on art at national and international forums (NCP, pp.18)</li> <li>• Expand child-friendly recreational spots, playgrounds and sport fields in residential and other areas. (NCP, pp.18)</li> <li>• Establish child-friendly theatres, cinemas, libraries and cultural centres and strengthening existing ones. (NCP, pp.18)</li> </ul>	<ol style="list-style-type: none"> <li>1. Provide structured and unstructured opportunities and spaces for adolescents to safely interact with one another– having fun and developing their own social networks (e.g. school- and community- based clubs, youth centres, sports fields and sports clubs, non-formal education centres).</li> <li>2. Develop outreach programming aimed at including the most isolated groups of adolescents, such as married girls, herding boys, domestic workers, migrant workers, street-connected children, etc.</li> </ol>

PSS capability outcomes	PSYCHOSOCIAL WELLBEING		
	SDG goals and targets	GoE policy goals	GAGE policy recommendations
Strengthen psychosocial and mental health services	<p><b>Goal 3: Good Health and Well-Being</b></p> <p><b>Target 3.4:</b> By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</p>	<ul style="list-style-type: none"> <li>• Increase the number of citizens who benefit from psycho-social counselling and support services from 167,880 in 2014/15 to 795,293 by 2019/20. (GTP II, pp.217)</li> <li>• Make mental health services available in every Woreda. (HSTP, pp.101)</li> <li>• Expand counselling centres that provide essential services for children in difficult circumstances and ensuring their accessibility. (NCP, pp.19)</li> <li>• Creating an enabling environment for prevention and controlling of involvement of children in activities harmful to their physical and psychological development, such as armed conflict, drug production, trafficking and other similar illegal activities. (NCP, pp.19)</li> <li>• Ensure children living with HIV/AIDS have access to Anti-Retroviral Treatment (ART) and the necessary care and support to protect them from being exposed to health problems and psychological trauma (NCP, pp.17)</li> <li>• Create an enabling environment for the protection of children from inadvertent exposure to harmful drugs, khat, alcohol, inhaling benzene and all sorts of addictions, as well as providing psycho-social support for those who have become victims. (NCP, pp.16)</li> <li>• Create favourable conditions for children who have become victims of natural and man-made disasters and children affected by recurrent droughts to get the necessary care, support and protection. (NCP, pp.19)</li> <li>• Develop programmes and services that benefit child-headed households to mitigate their social and economic problems (NCP, pp.24)</li> </ul>	<ol style="list-style-type: none"> <li>1. Continue to develop and expand a cadre of social workers trained to support young people's mental health needs.</li> <li>2. Provide training to HEWs on how to identify (young) people in need of referral and how to link them to appropriate services (e.g. school counsellors, social workers, hotlines (where available), psychiatrists (where available).</li> <li>3. Provide training to teachers on how to identify adolescents in need of referral.</li> <li>4. Ensure that all schools have either a dedicated counsellor or a teacher who has been trained to provide counselling services.</li> <li>5. Invest in phone-based hotlines.</li> <li>6. Develop online information services about symptoms and coping strategies for common mental ill-health concerns (e.g. depression, anxiety, suicidal ideation, etc.).</li> </ol>

# Annex 2: Quantitative data baseline results

Annex Table 1: Mobility, Voice, and Agency (Young Cohort), Gender and Disability

	Overall				Gender				Disability Status			
	Sample Size	Mean	Min	Max	Male	Female	% Diff		No Disability	Disability	% Diff	
					Mean		(F-M)	Mean		(D-NoD)		
=1 if Leaves Village At Least Once Per Week	5594	8%	0	1	7%	8%	10%		8%	7%	-4%	
=1 if Needs Permission To Go At Least Once Place	5549	92%	0	1	89%	95%	7%	X	92%	95%	3%	X
=1 if Feels Safe Walking in the Community During the Day	5569	92%	0	1	93%	91%	-1%		92%	85%	-8%	X
=1 if Feels Safe Walking in the Community At Night	5515	44%	0	1	53%	35%	-35%	X	44%	43%	-3%	
=1 if Feels Safe at School Most of the Time (among enrolled)	4643	96%	0	1	97%	96%	-2%	X	96%	96%	-1%	
=1 if Feels Safe Traveling to School (among enrolled)	4630	96%	0	1	97%	95%	-2%	X	96%	94%	-2%	
=1 if Has Phone for Own Personal Use	5607	3%	0	1	4%	2%	-47%	X	3%	2%	-41%	
=1 if Can Access the Internet When Wants/Needs To	5595	0%	0	1	0%	0%	-52%		0%	0%	-100%	X
=1 if Has Ever Been Upset By Something Online (among internet users)	31	7%	0	1	7%	9%	41%		7%	0%	-100%	
Index of Say in Household Decisions (0-6, higher is more say)	5219	2.78	0	6	2.88	2.67	-7%	X	2.80	2.21	-21%	X
=1 if Feels Comfortable Expressing an Opinion to Elders	5611	29%	0	1	29%	28%	-6%		29%	24%	-15%	
=1 if Feels Comfortable Expressing an Opinion to Peers	5611	66%	0	1	65%	67%	3%		66%	58%	-13%	O
=1 if Has a Role Model (inside or outside the household)	5591	35%	0	1	38%	32%	-15%	X	35%	33%	-8%	
Time Use Attitudes and Norms	5509	5.40	0	7	5.43	5.35	-1%		5.39	5.49	2%	

Notes: This table summarizes information from GAGE baseline data collection in Ethiopia (2017-2018). Means are weighted to make results representative of the study areas. Differences between subgroups that are statistically significant at  $p < 0.05$  are denoted with an X, while those that are statistically significant at  $p < 0.10$  are denoted with an O. Disability is defined using questions from the Washington Group and includes difficulty in six core functional domains (seeing, hearing, walking, self-care, cognition, and communication). The attitudes and norms index is a sum across several attitudes and norms statements, where for each statement respondents were assigned a '1' if they agreed or partially agreed and a '0' if they disagreed (in cases where agreement suggested a gendered response), and the reverse if agreement suggested a non-gendered response. Thus, higher values of the index indicator more gendered attitudes and norms.

Annex Table 2: Mobility, Voice, and Agency (Young Cohort), Location

	Overall		Urban/Rural				Rural Location				Urban Location		
	Sample Size	Mean	Urban Mean	Rural Mean	% Diff (R-U)		South Gondar	East Hararghe	Afar	Sig Dif?	Debre Tabor	Dire Dawa	% Diff (DD-DT)
							Mean				Mean		
=1 if Leaves Village At Least Once Per Week	5379	8%	17%	6%	-61%	X	4%	9%	5%	X	18%	15%	-18%
=1 if Needs Permission To Go At Least Once Place	5346	92%	94%	91%	-3%	X	95%	91%	75%	X	94%	94%	0%
=1 if Feels Safe Walking in the Community During the Day	5366	92%	89%	92%	3%		91%	94%	89%	X	87%	91%	4%
=1 if Feels Safe Walking in the Community At Night	5313	44%	46%	44%	-4%		33%	51%	60%	X	29%	61%	111% X
=1 if Feels Safe at School Most of the Time (among enrolled)	4527	96%	94%	97%	2%	O	97%	96%	99%	X	92%	96%	4% O
=1 if Feels Safe Traveling to School (among enrolled)	4515	96%	94%	96%	3%	X	96%	96%	99%	X	91%	96%	5% X
=1 if Has Phone for Own Personal Use	5395	3%	5%	3%	-49%	X	1%	4%	5%	X	4%	6%	60%
=1 if Can Access the Internet When Wants/Needs To	5383	0%	2%	0%	-100%	X	0%	0%	0%		1%	3%	163%
=1 if Has Ever Been Upset By Something Online (among internet users)	31	7%	3%	12%	279%		0%	13%	--	--	0%	4%	--
Index of Say in Household Decisions (0-6, higher is more say)	5026	2.78	2.75	2.78	1%		3.19	2.54	2.04	X	3.24	2.35	-28% X
=1 if Feels Comfortable Expressing an Opinion to Elders	5399	29%	26%	29%	13%		25%	36%	13%	X	22%	29%	29%
=1 if Feels Comfortable Expressing an Opinion to Peers	5399	66%	65%	66%	1%		67%	73%	22%	X	69%	63%	-9%
=1 if Has a Role Model (inside or outside the household)	5390	35%	57%	33%	-42%	X	36%	30%	30%		62%	52%	-17% O
Time Use Attitudes and Norms	5320	5.40	4.48	5.50	23%	X	5.13	5.74	5.99	X	4.31	4.62	7%

See note in table 1



Annex Table 3: Mobility, Voice, and Agency (Old Cohort), Urban Only

	Overall				Gender				Disability Status				Urban Location			
	Sample Size	Mean	Min	Max	Male	Female	% Diff (F-M)		No Disability	Disability	% Diff (D-NoD)		Debre Tabor	Dire Dawa	Adami Tulu/Batu	Sig Dif?
					Mean				Mean				Mean			
=1 if Leaves Village At Least Once Per Week	1328	34%	0	1	42%	27%	-35%	X	34%	29%	-14%		36%	30%	34%	
=1 if Needs Permission To Go At Least Once Place	1329	80%	0	1	66%	91%	38%	X	81%	62%	-23%	X	82%	76%	81%	
=1 if Feels Safe Walking in the Community During the Day	1314	85%	0	1	88%	83%	-5%	X	86%	68%	-21%	X	86%	92%	81%	X
=1 if Feels Safe Walking in the Community At Night	1320	51%	0	1	68%	38%	-44%	X	51%	51%	0%		35%	69%	49%	X
=1 if Feels Safe at School Most of the Time (among enrolled)	1185	93%	0	1	94%	92%	-2%		93%	89%	-5%		93%	94%	92%	
=1 if Feels Safe Traveling to School (among enrolled)	1185	91%	0	1	94%	89%	-5%	X	91%	86%	-6%		89%	94%	91%	
=1 if Has Phone for Own Personal Use	1332	43%	0	1	47%	39%	-16%	X	43%	31%	-29%	O	44%	52%	36%	X
=1 if Can Access the Internet When Wants/Needs To	1332	26%	0	1	36%	18%	-49%	X	26%	16%	-38%		29%	37%	17%	X
=1 if Has Ever Been Upset By Something Online (among internet users)	408	27%	0	1	27%	28%	2%		28%	22%	-19%		26%	21%	36%	X
Index of Say in Household Decisions (0-6, higher is more say)	1263	3.24	0	6	3.40	3.13	-8%	X	3.22	3.77	17%	X	3.58	3.03	3.17	O
=1 if Feels Comfortable Expressing an Opinion to Elders	1333	32%	0	1	32%	32%	2%		32%	43%	37%	X	32%	41%	27%	X
=1 if Feels Comfortable Expressing an Opinion to Peers	1333	75%	0	1	77%	73%	-6%		75%	67%	-12%		65%	68%	85%	X
=1 if Ever Talked with People About a Serious Problem Affecting the Community	1330	16%	0	1	23%	10%	-55%	X	16%	18%	16%		13%	8%	22%	X
=1 if Ever Taken Joint Action For a Serious Problem Affecting the Community	1331	6%	0	1	9%	4%	-49%	X	6%	7%	15%		6%	6%	6%	
=1 if Has a Role Model (inside or outside the household)	1333	66%	0	1	69%	63%	-9%	X	66%	59%	-11%		70%	62%	65%	
Time Use Attitudes and Norms	1320	4.11	0	7	4.10	4.12	0%		4.10	4.25	3%		3.93	4.05	4.25	

See note in table 1

**Annex Table 4: Mobility, Voice, and Agency (Old Cohort vs. Young Cohort), Urban Only (Debre Tabor and Dire Dawa Only)**

	Overall				Age				Gender							
	Sample Size	Mean	Min	Max	Old	Young	% Diff (Y-O)		Old Males	Old Females	% Diff (OF-OM)		Young Males	Young Females	% Diff (YF-YM)	
=1 if Leaves Village At Least Once Per Week	1712	25%	0	1	33%	17%	-50%	X	43%	26%	-39%	X	21%	12%	-43%	X
=1 if Needs Permission To Go At Least Once Place	1712	87%	0	1	79%	94%	20%	X	65%	89%	36%	X	93%	96%	4%	X
=1 if Feels Safe Walking in the Community During the Day	1689	89%	0	1	89%	89%	0%		94%	86%	-9%	X	89%	90%	0%	
=1 if Feels Safe Walking in the Community At Night	1678	49%	0	1	52%	46%	-13%	X	70%	39%	-44%	X	59%	32%	-46%	X
=1 if Feels Safe at School Most of the Time (among enrolled)	1599	94%	0	1	93%	94%	1%		93%	94%	1%		95%	93%	-2%	
=1 if Feels Safe Traveling to School (among enrolled)	1599	92%	0	1	91%	94%	2%	O	92%	91%	-2%		93%	94%	2%	
=1 if Has Phone for Own Personal Use	1720	26%	0	1	48%	5%	-89%	X	53%	44%	-16%	X	7%	4%	-46%	X
=1 if Can Access the Internet When Wants/Needs To	1719	17%	0	1	33%	2%	-94%	X	45%	25%	-45%	X	3%	1%	-55%	
=1 if Has Ever Been Upset By Something Online (among internet users)	335	22%	0	1	24%	3%	-87%	X	18%	30%	64%	X	0%	12%	--	
Index of Say in Household Decisions (0-6, higher is more say)	1657	3.02	0	6	3.30	2.75	-17%	X	3.30	3.30	0%		2.82	2.67	-5%	
=1 if Feels Comfortable Expressing an Opinion to Elders	1721	31%	0	1	36%	26%	-30%	X	35%	37%	6%		21%	30%	41%	
=1 if Feels Comfortable Expressing an Opinion to Peers	1721	66%	0	1	67%	65%	-2%		64%	68%	7%		61%	70%	15%	
=1 if Has a Role Model (inside or outside the household)	1720	61%	0	1	66%	57%	-14%	X	67%	65%	-3%		59%	55%	-6%	
Time Use Attitudes and Norms	1696	4.24	0	7	3.99	4.48	12%	X	4.14	3.88	-6%		4.43	4.53	2%	

See note in table 1

Annex Table 5: Psychosocial (Young Cohort), Gender and Disability

	Overall				Gender				Disability Status			
	Sample Size	Mean	Min	Max	Male	Female	% Diff		No Disability	Disability	% Diff	
					Mean		(F-M)		Mean		(D-NoD)	
Score on GHQ-12 (0-12, higher is more mental distress)	5553	0.95	0	12	0.98	0.91	-7%		0.93	1.44	54%	X
Index of things talked to father/ male guardian about (0-4)	5163	2.00	0	4	2.08	1.92	-8%	X	2.01	1.65	-18%	X
=1 if talked to father/ male guardian about education	5172	75%	0	1	76%	74%	-3%	O	75%	62%	-18%	X
=1 if talked to father/ male guardian about future work	5168	45%	0	1	48%	41%	-14%	X	45%	34%	-24%	X
=1 if talked to father/ male guardian about marriage (females only)	2879	6%	0	1	--	6%	--		6%	3%	-38%	
=1 if talked to father/ male guardian about bullying/ harrasment at school	5168	16%	0	1	18%	15%	-17%	X	16%	18%	9%	
=1 if talked to father/ male guardian about religion	5170	64%	0	1	66%	62%	-6%	X	65%	51%	-20%	X
Index of things talked to mother/ female guardian about (0-4)	5548	2.04	0	4	2.06	2.03	-1%		2.05	1.64	-20%	X
=1 if talked to mother/ female guardian about education	5561	75%	0	1	74%	76%	2%		75%	63%	-17%	X
=1 if talked to mother/ female guardian about future work	5557	46%	0	1	48%	45%	-6%	O	47%	33%	-29%	X
=1 if talked to mother/ female guardian about menstruation (females only)	3094	7%	0	1	--	7%	--		7%	9%	40%	
=1 if talked to mother/ female guardian about marriage (females only)	3119	7%	0	1	--	7%	--		7%	4%	-43%	
=1 if talked to mother/ female guardian about bullying/ harrasment at school	5556	17%	0	1	17%	17%	-3%		17%	19%	9%	
=1 if talked to mother/ female guardian about religion	5560	66%	0	1	66%	66%	0%		66%	51%	-24%	X
=1 if Has Friends (S)he Trusts	5608	76%	0	1	73%	79%	7%	X	76%	72%	-5%	
=1 if Member of a Group and Participates at least Once per Month	5606	23%	0	1	26%	21%	-19%	X	24%	14%	-39%	X
=1 if Participates in a Physical Sport	5607	46%	0	1	51%	40%	-22%	X	46%	31%	-33%	X

Notes: This table summarizes information from GAGE baseline data collection in Ethiopia (2017-2018). Means are weighted to make results representative of the study areas. Differences between subgroups that are statistically significant at  $p < 0.05$  are denoted with an X, while those that are statistically significant at  $p < 0.10$  are denoted with an O. Disability is defined using questions from the Washington Group and includes difficulty in six core functional domains (seeing, hearing, walking, self-care, cognition, and communication). Index of things talked to male/female guardian about includes: education, future work, bullying/harrasment at school, and religion.

Annex Table 6: Psychosocial (Young Cohort), Location

	Overall		Urban/Rural				Rural Location				Urban Location		
	Sample Size	Mean	Urban Mean	Rural Mean	% Diff (R-U)		South Gondar	East Hararghe	Afar	Sig Dif?	Debre Tabor	Dire Dawa	% Diff (DD-DT)
							Mean				Mean		
Score on GHQ-12 (0-12, higher is more mental distress)	5553	0.95	1.10	0.93	-16%	O	0.86	0.87	1.57	X	0.99	1.20	22%
Index of things talked to father/ male guardian about (0-4)	5163	2.00	2.36	1.96	-17%	X	2.07	2.00	1.36	X	2.35	2.37	1%
=1 if talked to father/ male guardian about education	5172	75%	83%	74%	-11%	X	84%	71%	50%	X	85%	81%	-5%
=1 if talked to father/ male guardian about future work	5168	45%	63%	43%	-33%	X	50%	42%	17%	X	62%	65%	4%
=1 if talked to father/ male guardian about marriage (females only)	2879	6%	4%	6%	62%		5%	6%	4%		3%	4%	33%
=1 if talked to father/ male guardian about bullying/ harrasment at school	5168	16%	19%	16%	-14%		20%	16%	1%	X	22%	16%	-26%
=1 if talked to father/ male guardian about religion	5170	64%	71%	64%	-11%	X	53%	72%	67%	X	66%	75%	14% X
Index of things talked to mother/ female guardian about (0-4)	5548	2.04	2.62	1.98	-25%	X	2.13	1.96	1.37	X	2.59	2.65	2%
=1 if talked to mother/ female guardian about education	5561	75%	92%	73%	-20%	X	84%	68%	51%	X	92%	91%	-1%
=1 if talked to mother/ female guardian about future work	5557	46%	70%	43%	-38%	X	52%	41%	17%	X	69%	71%	4%
=1 if talked to mother/ female guardian about menstruation (females only)	3094	7%	17%	5%	-68%	X	5%	6%	3%	X	12%	23%	87% X
=1 if talked to mother/ female guardian about marriage (females only)	3119	7%	7%	7%	10%		8%	6%	6%		7%	6%	-21%
=1 if talked to mother/ female guardian about bullying/ harrasment at school	5556	17%	22%	17%	-25%	X	21%	16%	2%	X	25%	19%	-23%
=1 if talked to mother/ female guardian about religion	5560	66%	78%	65%	-17%	X	56%	72%	66%	X	73%	83%	13% X
=1 if Has Friends (S)he Trusts	5608	76%	72%	76%	6%		82%	82%	21%	X	75%	70%	-6%
=1 if Member of a Group and Participates at least Once per Month	5606	23%	36%	22%	-40%	X	24%	23%	5%	X	42%	32%	-24% X
=1 if Participates in a Physical Sport	5607	46%	54%	45%	-17%	X	57%	39%	18%	X	58%	51%	-12%

See note in table 1



Annex Table 7: Psychosocial (Old Cohort), Urban Only

	Overall				Gender				Disability Status				Urban Location			
	Sample Size	Mean	Min	Max	Male	Female	% Diff (F-M)		No Disability	Disability	% Diff (D-NoD)		Debre Tabor	Dire Dawa	Adami Tulu/Batu	Sig Dif?
					Mean	Mean			Mean							
Score on GHQ-12 (0-12, higher is more mental distress)	1323	1.63	0	12	1.40	1.80	28%	X	1.60	2.43	52%	X	1.55	1.43	1.80	
Self-Efficacy Index (10-40)	1328	29.70	11	40	30.52	29.09	-5%	X	29.80	26.99	-9%	X	30.10	29.42	29.63	
Index of things talked to father/ male guardian about (0-4)	1078	2.25	0	4	2.32	2.20	-5%		2.26	2.05	-9%		2.34	2.12	2.28	
=1 if talked to father/ male guardian about education	1079	78%	0	1	80%	76%	-5%		78%	68%	-14%		82%	73%	78%	X
=1 if talked to father/ male guardian about future work	1079	61%	0	1	65%	57%	-12%	X	61%	49%	-19%		63%	56%	62%	
=1 if talked to father/ male guardian about romantic relationships	1078	5%	0	1	5%	6%	32%		5%	12%	136%		5%	6%	6%	
=1 if talked to father/ male guardian about marriage (females only)	538	6%	0	1	--	6%	--		6%	6%	-8%		7%	6%	6%	
=1 if talked to father/ male guardian about bullying/ harrasment at school	1078	17%	0	1	17%	17%	0%		17%	15%	-15%		21%	12%	18%	X
=1 if talked to father/ male guardian about religion	1078	69%	0	1	69%	70%	1%		69%	73%	5%		68%	71%	69%	
Index of things talked to mother/ female guardian about (0-4)	1299	2.58	0	4	2.47	2.66	8%	X	2.59	2.33	-10%		2.63	2.46	2.62	
=1 if talked to mother/ female guardian about education	1301	85%	0	1	85%	85%	0%		85%	81%	-5%		87%	83%	86%	
=1 if talked to mother/ female guardian about future work	1300	70%	0	1	71%	70%	-1%		71%	59%	-16%		71%	67%	72%	
=1 if talked to mother/ female guardian about romantic relationships	1300	12%	0	1	8%	14%	83%	X	11%	15%	28%		11%	10%	13%	
=1 if talked to mother/ female guardian about menstruation (females only)	671	71%	0	1	--	71%	--		71%	59%	-17%		66%	71%	74%	
=1 if talked to mother/ female guardian about marriage (females only)	670	17%	0	1	--	17%	--		17%	15%	-13%		19%	14%	18%	
=1 if talked to mother/ female guardian about bullying/ harrasment at school	1300	25%	0	1	18%	31%	70%	X	26%	16%	-38%		31%	16%	27%	X

	Overall				Gender				Disability Status				Urban Location			
	Sample Size	Mean	Min	Max	Male	Female	% Diff (F-M)	X	No Disability	Disability	% Diff (D-NoD)	O	Debre Tabor	Dire Dawa	Adami Tulu/Batu	Sig Dif?
					Mean				Mean				Mean			
=1 if talked to mother/ female guardian about religion	1301	77%	0	1	73%	80%	10%	X	77%	76%	-1%		75%	80%	77%	
=1 if Has Friends (S)he Trusts	1333	84%	0	1	84%	84%	0%		84%	74%	-15%	O	81%	81%	87%	O
=1 if Member of a Group and Participates at least Once per Month	1333	45%	0	1	57%	37%	-35%	X	46%	42%	-9%		40%	41%	51%	X
=1 if Participates in a Physical Sport	1333	53%	0	1	72%	39%	-46%	X	54%	32%	-30%	X	51%	50%	57%	

See note in table 1

Annex Table 8: Psychosocial (Old Cohort vs. Young Cohort), Urban Only (Debre Tabor and Dire Dawa Only)

	Overall				Age				Gender							
	Sample Size	Mean	Min	Max	Old	Young	% Diff (Y-O)		Old Males	Old Females	% Diff (OF-OM)		Young Males	Young Females	% Diff (YF-YM)	
Score on GHQ-12 (0-12, higher is more mental distress)	1701	1.29	0	12	1.49	1.10	-26%	X	1.18	1.70	44%	X	1.00	1.20	20%	O
Index of things talked to father/ male guardian about (0-4)	1415	2.30	0	4	2.23	2.36	6%	X	2.28	2.19	-4%		2.44	2.28	-7%	X
=1 if talked to father/ male guardian about education	1417	80%	0	1	78%	83%	7%	X	80%	76%	-6%		85%	81%	-4%	
=1 if talked to father/ male guardian about future work	1417	61%	0	1	59%	63%	7%	O	64%	56%	-14%	X	66%	61%	-8%	
=1 if talked to father/ male guardian about marriage (females only)	701	5%	0	1	7%	4%	-47%		--	7%	--		--	4%	--	
=1 if talked to father/ male guardian about bullying/ harrasment at school	1415	17%	0	1	16%	19%	15%		14%	18%	27%		20%	17%	-19%	
=1 if talked to father/ male guardian about religion	1416	70%	0	1	70%	71%	2%		70%	70%	0%		73%	69%	-6%	
Index of things talked to mother/ female guardian about (0-4)	1688	2.58	0	4	2.55	2.62	3%		2.48	2.60	5%		2.66	2.58	-3%	
=1 if talked to mother/ female guardian about education	1690	88%	0	1	85%	92%	8%	X	85%	84%	-1%		92%	91%	0%	
=1 if talked to mother/ female guardian about future work	1689	70%	0	1	69%	70%	2%		72%	67%	-8%		70%	70%	-1%	
=1 if talked to mother/ female guardian about menstruation (females only)	859	45%	0	1	68%	17%	-75%	X	--	68%	--		--	17%	--	
=1 if talked to mother/ female guardian about marriage (females only)	861	12%	0	1	17%	7%	-62%	X	--	17%	--		--	7%	--	
=1 if talked to mother/ female guardian about bullying/ harrasment at school	1689	23%	0	1	23%	22%	-6%		16%	28%	73%	X	25%	19%	-23%	O
=1 if talked to mother/ female guardian about religion	1690	78%	0	1	78%	78%	1%		74%	80%	8%	O	79%	77%	-3%	
=1 if Has Friends (S)he Trusts	1721	77%	0	1	81%	72%	-11%	X	80%	82%	2%		68%	76%	12%	
=1 if Member of a Group and Participates at least Once per Month	1721	38%	0	1	41%	36%	-10%		52%	32%	-37%	X	43%	29%	-32%	X
=1 if Participates in a Physical Sport	1721	52%	0	1	50%	54%	7%	O	73%	35%	-52%	X	66%	42%	-36%	X

See note in table 1

# Annex 3: GAGE Ethiopia research sites

Annex Table 9: Urban and rural sites

Regional State	Zone	Urban sites	Rural districts (woredas)				
		10-12 year old cohort	10-12 year old cohort	Communities (kebeles) in-depth sites		Communities (kebeles) light-touch sites	
		15-17 year old cohort		Close to district town	Remote	Close to district town	Remote
Afar <sup>1</sup>	Zone 5		Dalifage Dewe Hadelela <b>Semurobi</b> Telalak	<b>A</b>	<b>B</b>		
Amhara <sup>2</sup>	South Gondar		<b>Ebenat</b>  Lay Gayint Libo Kemkem Simada Tach Gayint  <b>Debre Tabor (zonal town)</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b> <b>G</b>
Dire Dawa City Administration		<b>Dire Dawa (one of Ethiopia's largest cities)</b>					
Oromia <sup>3</sup>	East Hararghe		Babile <b>Fedis</b>  Gursum Haramaya Jarso Adami Tulu Jido Kombulcha	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b> <b>L</b>
	East Shewa	<b>Batu (district town)</b>					

<sup>1</sup> An 'emerging' region which is largely pastoralist (nomadic and agro pastoralist); Afar ethnic group represents estimated 1.7% population. Note the quality of the data for Afar on age of marriage is believed to be problematic, in part at least due to limited numeracy among respondents.

<sup>2</sup> Amhara ethnic group represents estimated 27% of population

<sup>3</sup> Oromo ethnic group represents estimated 34% of the population

**Bold** = sites where qualitative research was carried out.



Annex Table 10: Research sites

Regional State	Zone	Urban sites	Rural districts (woredas)	Food security hotspot ranking <sup>4</sup> (July 2016)	Child marriage for girls 10-14 <sup>5</sup>	CM for girls 15-17 <sup>6</sup>
		10-12 year old cohort 15-17 year old cohort	10-12 year old cohort			
Afar	Zone 5				4.3%	6.3%
			Dalifage	1	7.9%	7.7%
			Dewe	1	2.3%	4%
			Hadelela	1	3.6%	5.5%
			<b>Semurobi</b>		<b>6.7%</b>	<b>10.4%</b>
			Telalak	1	1.9%	5.2%
Amhara	South Gondar		<b>Ebenat</b>	<b>1</b>	9.8%	29.4%
			Lay Gayint	1	<b>12.7%</b>	<b>36.9%</b>
			Libo Kemkem	n/a	7.1%	25.4%
			Simada	n/a	10.3%	32%
			Tach Gayint	1	11.6%	33.8%
				1	7.1%	25.3%
		<b>Debre Tabor</b>		n/a	8.9%	8.7%
Dire Dawa City Administration		<b>Dire Dawa</b>		1	12.6%	14.8%
Oromia	East Hararghe				15.2%	32.3%
			Babile	1	18.7%	41.7%
			<b>Fedis</b>	1	21.9%	53.1%
			Gursum	1	15.1%	28.3%
			Haramaya	1	21.6%	38.3%
			Jarso	1	15.1%	23.3%
	East Shewa	<b>Batu</b>	Adami Tulu Jido Kombulcha	1	10.3%	14.7%

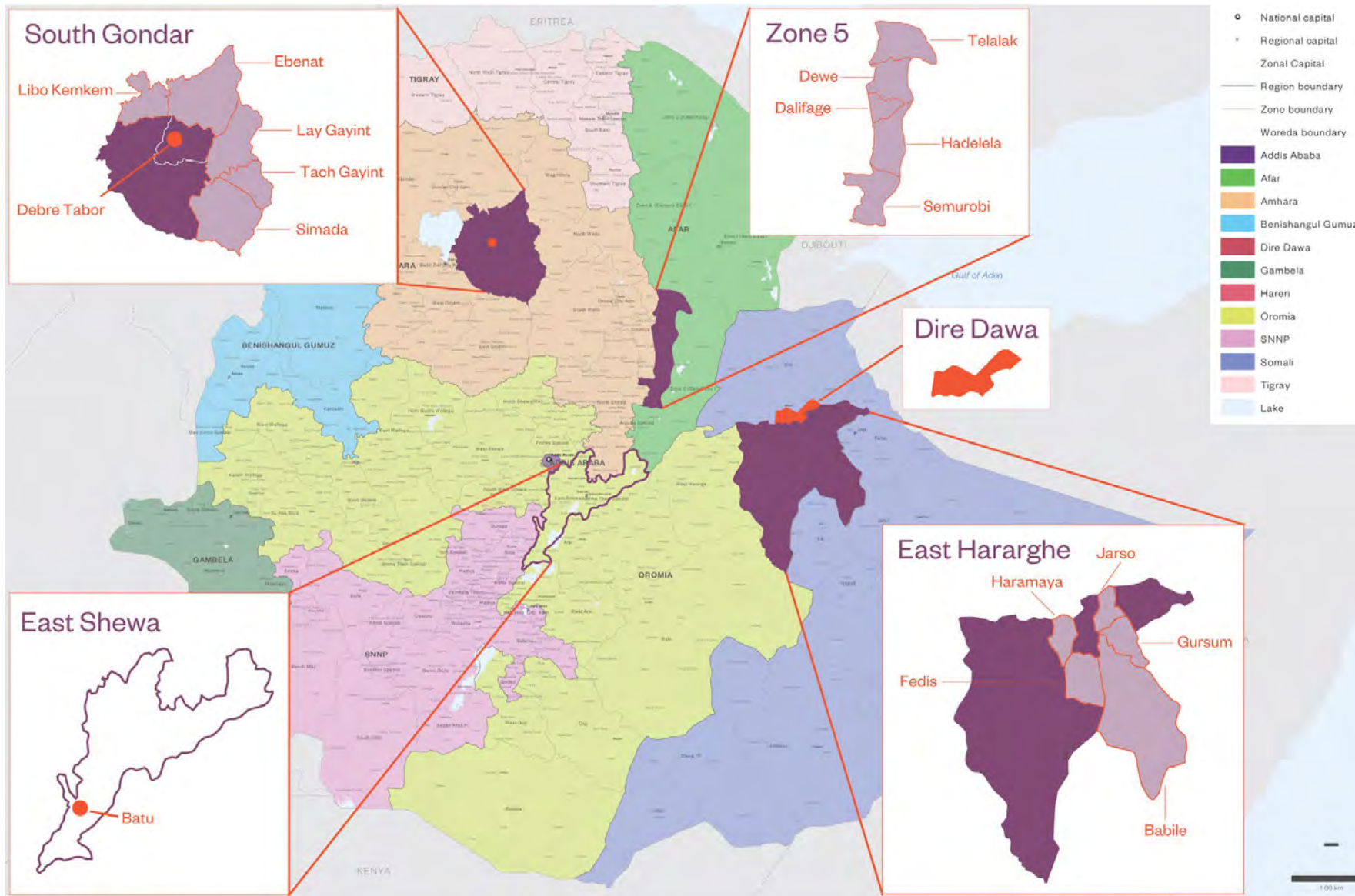
4 434 woredas graded across multiple domains and then collapsed into a ranking 1–3 in terms of food (in)security – 1 is highest level of food insecurity (<https://data.world/ocha-ethiopia/76029294-3cbc-4bd0-8786-adcdb6475886>).

5 As reported by the 2007 census

6 As reported by the 2007 census

**Bold** = sites where qualitative research was carried out.

Figure 3: GAGE Ethiopia research sites broken down by region and woreda



Source: Based on the United Nations Office for the Coordination of Humanitarian Affairs administrative map of Ethiopia and modified to show the GAGE research sites

# Annex 4: Research ethics, sample and methods

The information below supplements the methodology section in the main text.

## Research ethics

The key principles underpinning GAGE's approach to research ethics are as follows: (1) avoiding harm and protecting the rights of individuals and groups with whom we interact; (2) ensuring that participation in research and evaluation is voluntary and based on fully informed consent for adults and informed assent for adolescents 17 years ; (3) assuring the confidentiality of any information provided; and (4) having clear referral mechanisms in place for any adolescents identified by researchers as being at risk. Operationally, the Overseas Development Institute's Research Ethics Committee is the UK 'Institutional Review Board [IRB] of record' and George Washington University is the US 'IRB of record'. For Ethiopia, the study design was approved by the George Washington University Committee on Human Research, Institutional Review Board (071721), the ODI Research Ethics Committee (02438), the Ethiopian Development Research Institute (EDRI/DP/00689/10), and the Addis Ababa University College of Health Sciences Institutional Review Board (113/17/Ext). In addition, for the qualitative research we secured approval from regional government ethics committees in Afar, Amhara and Oromia Regional States.

## Community level sampling approach

In the case of the qualitative research, which involved a sub-sample of the quantitative research sites, we selected one rural district from each region, one remote and one proximate community for in-depth exploration, as well as three other sites where we undertook more light-touch data collection, (i.e. focus group discussions with community members and adolescents, and a limited number of individual interviews with adolescents), to gain some insights about communities that will, over time, see the implementation of distinct components of Act with Her's multi-arm programme design. Finally, although most of the qualitative research sample was selected from the randomised quantitative sample lists to achieve a balance of adolescents of different ages (10, 11, 12, etc.) and gender

of the household head (approximately 20% were from female-headed households, which is approximately in line with the national average, 74% were male, and 6% were child-headed households), we also purposely selected especially disadvantaged adolescents.

## Quantitative methodology

### Data collection and research instruments

The baseline quantitative data collection activity was conducted by experienced survey enumerators with local language skills hired by the Ethiopian Development Research Institute (EDRI). In addition to the sampling at regional, zonal and district level described above, to select communities or kebeles, we adopted a 'leave no one behind lens' in line with the Sustainable Development Goals 20130 agenda and categorised kebeles in all selected districts according to their level of geographic remoteness: (1) close to a town so having better access to infrastructure and services; (2) middling access; and (3) remote communities. In the absence of online data at the federal level, we determined this through key informant interviews during scoping visits prior to fieldwork.

To generate the GAGE quantitative research sample, a door-to-door listing activity was undertaken in all urban and rural research sites, following a specific protocol to ensure that the sample was consistently drawn across sites and to minimise the risk of overlooking particularly disadvantaged adolescents (e.g. those not enrolled in school, married adolescents and adolescents with disabilities). The listing activity identified adolescents aged 10–12 and 15–17 (urban sites only) living in the research sites, and the GAGE quantitative research sample was drawn randomly from this population. With assistance from and in collaboration with the qualitative research team, the EDRI survey enumerators also identified other marginalised adolescents in the community, and included them in the research sample as purposely selected respondents.

Once the GAGE quantitative research sample had been identified, EDRI survey enumerators administered face-to-face surveys covering all six GAGE to selected adolescents (the core respondent module) and their adult female caregivers (the adult female module), as well as adult male

caregivers (the adult male module) in a representative subset of households. Female researchers interviewed female adolescents, and male researchers interviewed male adolescents so that young people were able to talk more freely, especially about more sensitive issues such as relationships, puberty, sexual and reproductive health, attitudes, violence, and harmful traditional practices. Enumerators were trained extensively in the wording of the questions, as well as how to appropriately interact with adolescents. Additional interviews were conducted with key community respondents (such as kebele officials, school administrators, and health centre staff) in order to collect additional information on the research sites (the community questionnaire). This process resulted in 6,752 surveys in Ethiopia.

## Data analysis

Analysis of the quantitative survey data has focused on a set of indicators from each of the six capability areas identified by GAGE as pivotal for adolescents. Results are explored overall as well as across gender, age, geographic region, and disability status. The analysis uses sample weights that reflect the probability of being included in the study sample.

## Qualitative methodology

### Data collection and research instruments

The qualitative data collection was undertaken by a team of researchers with local language skills in each region; where local researchers were less experienced, more experienced researchers paired up with local language speakers. As with the quantitative data collection, female researchers interviewed female adolescents, male researchers interviewed male adolescents. We sampled a total of 240 nodal adolescents (approximately 15 per six main urban sites and 20 adolescents per six main rural sites, and the remainder in additional impact evaluation programming sites) with the aim of reaching saturation.<sup>1</sup>

The qualitative research team worked closely with local community facilitators to identify key informants and focus group respondents. This facilitated access as well as trust in the research process.

The nodal adolescent respondents were selected predominantly from the quantitative community lists described above, but purposive efforts were made to identify more adolescents with disabilities (approximately 15% of our sample), those who had been married as children (approximately 15% of our female sample) or out-of-school adolescents in communities where the random list did not yield adequate numbers of adolescents. Please see the GAGE Research Design, Sample And Methodology report for more information on the nodal sample (Jones et al. 2019).

In terms of research instruments, we drew on interactive tools aimed at starting our conversation with the nodal adolescents by focusing on things they prioritise or deem meaningful in their lives. We also explored the services they access in their communities, and their family and social networks. Table 1 provides an overview of the tools and their purpose.

## Data analysis

The data analysis process has followed multiple steps. Preliminary analysis took place during both daily and site-wide debriefings with the team where we explored emerging findings and probed any surprising findings or emerging patterns during the fieldwork process. This also helped to inform the development of the thematic code book.

Following data collection, all interviews were transcribed and translated by native speakers of the local language, and then coded using the qualitative software analysis package MAXQDA. The code book we developed was shaped around the GAGE 3 Cs conceptual framework (capabilities, contexts and change strategies) but given the breadth of the framework, still allowed for local specificities to be incorporated.

<sup>1</sup> Guest et al., 2006 suggests that six individuals of any one social group is typically enough to reach research saturation in a given community i.e. after which additional insights generated are increasingly limited. We used this heuristic in our sampling in each site, then added additional especially disadvantaged adolescents to make up our total sample size.



**Annex Table 11: GAGE Ethiopia baseline instruments disaggregated by individual and group-based activities**

Individual instruments		Girls	Boys	Parents	Community Leaders	Service providers
A few of my favourite things	To use objects that are meaningful in an individual adolescent's life as an entry point to explore his or her perceptions and experiences across the six GAGE capability domains	140	100			
Social support network quadrant	To systematically explore who adolescents are able to turn to within their families and social networks for support and advice and why, as well as who they tend to avoid spending time with and why					
Worries exercise	To understand what are the predominant concerns in adolescents' lives and how they cope/ the extent to which they are able to be resilient in the face of these concerns					
Parents' life histories	To understand the life trajectories of parents of nodal adolescents and the ways in which these have shaped their approach towards and experience of parenting an adolescent			200		
Key informant interviews	To explore regional/woreda/kebele government officials', community leaders' and service providers' understandings of adolescent vulnerabilities and needs, and the extent to which existent programming is addressing these					160
Group instruments	Objective	Girls	Boys	Parents	Community Leaders	Service providers
Social norm mapping discussions with parents	To explore norms and practices related to more culturally sensitive adolescent-related issues, including migration, sexual and reproductive health, and disability			16 groups (128)		
Community timelines	To establish a timeline of the village/town/city in order to situate the individual findings				14 groups (112)	
Body mapping	To explore with younger adolescents norms and attitudes that shape adolescent transitions	9 groups (72)	9 groups (72)			
Community mapping	To understand adolescents' access to mobility and safe spaces, in their communities and beyond, including following migration	15 groups (120)	15 groups (120)			
Vignettes exercises	To explore more culturally sensitive age- and gender-related norms, including migration, disability, SRH	10 groups (80)	10 groups (80)	15 groups (120)		
<b>Total</b>		<b>784 adolescents</b>			<b>720 adults</b>	





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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](http://www.gage.odi.org.uk) for more information.

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