

Young people's development and well-being in Dire Dawa City Administration:

GAGE endline evidence

Elizabeth Presler-Marshall, Prabha Raghavan, Kefyalew Endale,
Workneh Yadete, Nicola Jones, Joan Hamory, Sarah Baird,
Mishalle Kayani, Abreham Alemu, Mazengia Birra, Nardos Chuta,
Asham Assazineu, Fitsum Workneh, Kassahun Tilahun and Bilisa Abate

December 2025

Acknowledgements

The authors wish to thank Laterite Ethiopia for the survey data collection, especially Fitsum Dagmawi, Padmini Balaji, Melese Alemu, and field supervisors, field coordinators, and data collectors, and Quest Consulting, especially Rediet Daniels and Bilisa Abate, for coordinating the qualitative research. We also wish to thank officials and experts at MOWSA and BOWSA for their continued cooperation and collaboration throughout our data collection as well as the research dissemination process. Our sincere thanks also goes to the Act With Her Project team at Pathfinder and Care Ethiopia for their collaboration with the GAGE research team during the project evaluation period, in particular Dr. Abiy Hiruy (Pathfinder), and Serkadis Admasu (Care). The authors also wish to thank Jojoh Faal for layout, Kathryn O'Neill for editorial support and Christine Khuri for publication coordination. Finally and most importantly we extend our gratitude to the GAGE respondents and research participants for sharing their valuable insights and experiences with the GAGE researchers.

Suggested citation:

Presler-Marshall, E., Raghavan, P., Workneh, Y., Jones, N., Hamory, J., Baird, S. ... and Abate, B. (2025) *Young people's development and well-being in Dire Dawa City Administration: GAGE endline evidence*. Report. London: Gender and Adolescence: Global Evidence

Table of contents

Introduction	1
Context	2
Conceptual framework	3
Sample and methods	5
Findings	7
Education and learning	7
Physical health	11
Bodily integrity and freedom from violence	17
Psychosocial well-being	24
Voice and agency	27
Economic empowerment	32
Conclusions and implications for policy and programming	39
References	42

Figures

Figure 1: Location of Dire Dawa	2
Figure 2: GAGE conceptual framework	4
Figure 3: Timeline of GAGE research in Dire Dawa	5
Figure 4: Proportion of young people who aspire to complete secondary school at endline (by cohort and gender)	7
Figure 5: Proportion of young people who aspire to complete university at endline (by cohort)	7
Figure 6: Proportion of young people enrolled in school at endline (by cohort)	8
Figure 7: Young women's education indicators at endline (by marital status)	8
Figure 8: Attendance in gateway grades (by cohort and adolescents)	9
Figure 9: Proportion of young people living in severely food-insecure households at endline (by cohort)	11
Figure 10: Proportion of meals eaten the day prior to the endline survey that contained protein (by gender)	11
Figure 11: Proportion of adolescents who were overweight or obese at endline, using WHO definition (by gender)	12
Figure 12: Proportion of young people taking no sustained exercise in the week prior to the endline survey (by cohort and gender)	12
Figure 13: Proportion of young people with a serious accident or injury in the past year at endline (by gender)	12
Figure 14: Proportion of young people who use alcohol or <i>khat</i> weekly (by cohort and gender)	13
Figure 15: Proportion of young people aged 14+ who have had sex (by cohort and marital status)	14
Figure 16: Proportion of young people able to name a modern method of contraception at endline (by cohort)	15
Figure 17: Proportion of young people who experienced violence at the hands of a caregiver (or other adult in the home) in the year prior to the endline survey (by cohort)	17
Figure 18: Proportion of enrolled young people who experienced violence at the hands of a teacher in the year prior to the endline survey (by cohort)	17
Figure 19: Proportion of young people who experienced peer violence in the year prior to the endline survey (by gender)	18
Figure 20: Proportion of young people who have seen particular online content (by gender)	19
Figure 21: Proportion of young females who have undergone FGM (by ethnicity and religion)	20
Figure 22: Proportion of young people who believe that FGM is required by religion (by religion)	20
Figure 23: Proportion of young people who believe that FGM has risks (by religion)	20
Figure 24: Proportion of young people who believe that FGM has benefits, at endline (by religion)	21
Figure 25: Proportion of young males willing to marry a wife who has not undergone FGM (by religion)	21
Figure 26: Proportion of young people willing to perpetrate FGM on their own (future) daughters (by religion)	21
Figure 27: Proportion of young people able to identify at least age 18 as the legal minimum age for marriage for girls, at endline	22
Figure 28: Proportion of young people married prior to age 18, at endline (by cohort and gender)	22
Figure 29: Proportion of young people who believe that wives owe their husband obedience, at endline (by gender)	22
Figure 30: Proportion of young people who know where to seek support for violence/ have sought support for violence, at endline (by gender)	23
Figure 31: Proportion of young people with symptoms of emotional distress and mild depression, at endline (by gender)	24
Figure 32: Proportion of young people falling into the bottom and top quartiles for resilience (by cohort)	25
Figure 33: Proportion of young people with a trusted adult in their life, at endline	25
Figure 34: Proportion of young people who have left the kebele at least once in the past 3 months, at endline (by gender)	27
Figure 35: Proportion of young people who need permission to go to the market, at endline (by gender)	27
Figure 36: Proportion of young people with a mobile phone, at endline (by cohort and gender)	28
Figure 37: Proportion of young people reporting a great deal of say into various decisions, at endline (by gender)	29
Figure 38: Proportion of young people comfortable expressing an opinion to a peer or an older person (by gender)	29
Figure 39: Proportion of young people who have ever spoken with others about a serious community problem, at endline (by gender)	30
Figure 40: Proportion of young people who believe that politics are irrelevant, at endline (by gender)	30
Figure 41: Mean household assets at endline (by cohort)	32
Figure 42: Proportion of young women who live in a severely food-insecure household and who have savings (by marital status)	32
Figure 43: Young people's occupational aspirations at endline (by cohort)	33

Figure 44: Proportion of young people with paid work at endline (by cohort and gender)	34
Figure 45: Proportion of young people who have actively searched for work in the past year, at endline (by cohort and gender)	35
Figure 46: Proportion of young people who have taken part in a skills training programme, at endline (by cohort and gender)	35
Figure 47: Proportion of young people who have controlled spending in the past year, at endline (by cohort and gender)	36
Figure 48: Proportion of young people who have used mobile money, at endline (by cohort and gender)	37
Figure 49: Proportion of young people with savings, at endline (by cohort and gender)	37
Figure 50: Proportion of young people who can take out a loan, at endline (by cohort)	37
Figure 51: Proportion of young people who have ever taken out a loan, at endline (by cohort and gender)	37

Boxes

Box 1: Marriage shapes young women's educational aspirations and access to education	8
Box 2: Dire Dawa affords some young people with disabilities with opportunities to thrive	10
Box 3: Young couples struggle economically	32

Tables

Table 1: Quantitative sample for GAGE Round 5 (endline)	5
Table 2: Qualitative sample for GAGE Round 5 (endline)	6

Introduction

As laid out in the Ten Years Development Plan (Ministry of Planning and Development, 2020), as well as sectoral policies and commitments to international objectives (including the Sustainable Development Goals (SDGs) and the Pact for the Future), the Ethiopian government is intent on ensuring that its large and growing population of adolescents and youth have access to the services, rights and work that they need to secure their own futures – and transform the country into an economic and social ‘Beacon of Prosperity’ for Africa (ibid.). Recent events, however, have put these objectives at risk. Political and ethnic conflict have become intractable; climate change is accelerating; the government’s budget is stressed by high inflation and debt load; and the Organisation for Economic Co-operation and Development (OECD) is projecting that official development assistance (ODA) will decline by up to 17% in 2025, due to cuts by major donors (OECD, 2025; UNDP Ethiopia, 2025; World Bank, 2025a).

This report focuses on young people living in the city of Dire Dawa. It is designed to inform the government of the Federal Democratic Republic of Ethiopia and the Dire Dawa City Administration and their development partners, about the multiple and shifting threats facing adolescents and young adults in the city. It also makes recommendations about how to better tailor programming

and policies to mitigate those risks and expand opportunities for young people, now and as they make the crucial transition into young adulthood. The report is based on mixed-methods data collected in late 2024 and early 2025 by the Gender and Adolescence: Global Evidence (GAGE) research programme. Surveys were undertaken with 751 young people. In addition, individual and group interviews were conducted with 130 young people, 45 caregivers, and 8 key informants. The report also draws on data collected in Round 2 (2019–2020) to show changes over time in key dimensions of young people’s lives.

The report begins with an overview of the Dire Dawa context. We then describe the GAGE conceptual framework and methodology. We present our findings on young people’s capability outcomes, including education and learning, bodily integrity and freedom from violence, health and nutrition, psychosocial well-being, voice and agency, and economic empowerment. We focus on differences by gender, age, marital and disability status. We conclude by discussing the implications for policy and programming actions that are needed to accelerate progress and ensure that all young people in Dire Dawa have access to the services and supports they need to thrive as they move through adolescence and into young adulthood.



A young woman at a family planning clinic in Dire Dawa, Ethiopia © Nathalie Bertrams/GAGE 2025

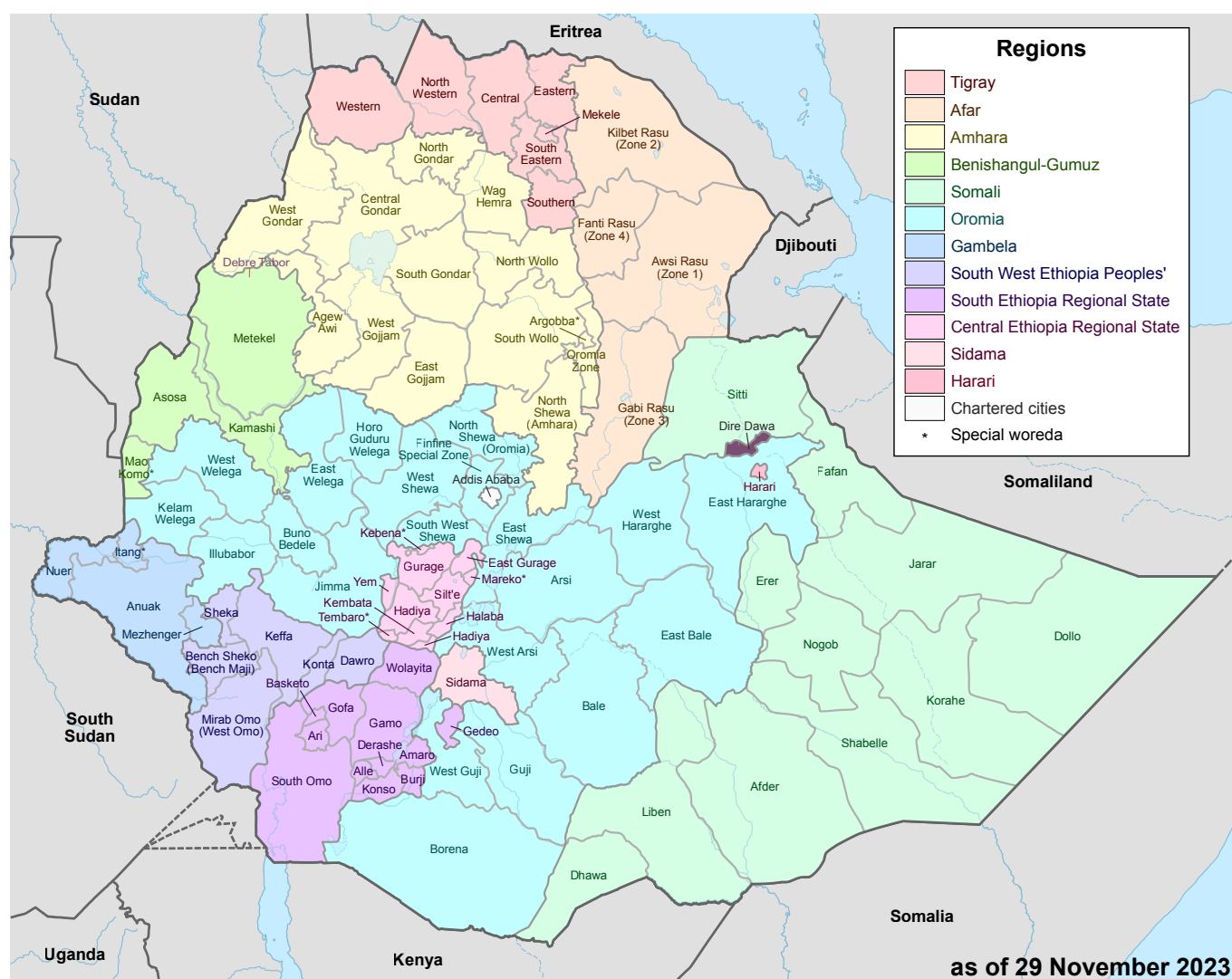
Context

Ethiopia remains a mostly rural and agrarian country, but in recent decades it has experienced rapid urbanisation. Between 2000 and 2024, according to World Bank data, the country's urban population rose from approximately 9.9 million to 31.2 million (from 15% to 24% of its total population) (World Bank, 2025b). Dire Dawa is the second-largest city in Ethiopia (after the capital Addis Ababa), with a current estimated population of approximately 520,000 (Dire Dawa City Administration, 2025). Located on the border of the Oromia and Somali regions (see Figure 1), Dire Dawa is a 'chartered city' (not assigned to any region), is ethnically mixed, and is primarily Muslim (ibid.).

Ethiopia's urban areas are markedly different from its rural areas in terms of opportunities for young people. The Oxford Poverty and Human Development Initiative

(2023) reports that 'only' 17% of Ethiopia's urban citizens are severely multidimensionally poor, compared with 51% of those in rural areas. Rural-urban inequalities are large across all domains, including access to assets, electricity, fuel, water and sanitation, housing, education, and nutrition (ibid.). Urban young people's access to paid work is also quite different from that of their rural peers. On the one hand, because the government has developed industrial parks in urban areas, they have more access to wage work than their rural peers (Jote and Worku, 2024). On the other hand, because there is a large and growing gap between the number of potential young workers and the number of available jobs, the urban youth unemployment rate is high (26%) and climbing, especially among those with secondary education (ILO, 2023).

Figure 1: Location of Dire Dawa



Conceptual framework

Informed by the emerging evidence base on adolescent well-being and development, GAGE's conceptual framework takes a holistic approach that pays careful attention to the interconnectedness of what we call the '3 Cs' – capabilities, change strategies and contexts – in order to understand what works to support adolescents' development and empowerment, both now and in the future (see Figure 2). This framing draws on the three components of Pawson and Tilley's (1997) approach to evaluation, which highlights the importance of outcomes, causal mechanisms and contexts, though we tailor it to the specific challenges of understanding what works in improving adolescents' capabilities.

The first building block of our conceptual framework is capability outcomes. Championed originally by Amartya Sen (1985, 2004) and nuanced by Martha Nussbaum (2011) and Naila Kabeer (2003) to better capture complex gender dynamics at intra-household and societal levels, the capabilities approach has evolved as a broad normative framework exploring the kinds of assets (economic, human, political, emotional and social) that expand the capacity of individuals to achieve valued ways of 'doing and being'. At its core is a sense of competence and purposive agency: it goes beyond a focus on a fixed bundle of external assets, instead emphasising investment in an individual's skills, knowledge and voice. Importantly, the approach can encompass relevant investments in children

and young people with diverse trajectories, including the most marginalised and 'hardest to reach', such as those with disabilities or those who married as children. The GAGE framework covers six core capabilities: education and learning; physical health; bodily integrity and freedom from violence; psychosocial well-being; voice and agency; and economic empowerment.

The second building block of our conceptual framework is context dependency. Our '3 Cs' framework situates young people socio-ecologically. It recognises that not only do girls and boys at different stages of the life course have different needs and constraints, but also that these are highly dependent on their context at the family/household, community, state and global levels.

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



A 17-year-old girl at a health centre in Dire Dawa © Nathalie Bertrams/GAGE 2025

Figure 2: GAGE conceptual framework



Sample and methods

This report draws on mixed-methods data collected in 20 menders (neighbourhoods) in 7 *kebeles* in Dire Dawa in 2024 and 2025. This research follows upon two earlier rounds – at baseline (2017–2018) and Round 2 (2019–2020) (see Figure 3). At baseline, the quantitative sample included 870 adolescents – 415 randomly selected individuals aged 10-12 years old, 412 randomly selected individuals aged 15-17 years old, and an additional 43 adolescents aged 10-22 who were purposefully selected in order to include a greater number of particularly marginalised adolescents (including those with disabilities). At Round 2, an additional 68 adolescents were purposefully added to the sample, bringing the total sample to 938. These newly recruited adolescents were aged 12-19, added to increase representation of particularly marginalised adolescents in the sample, including those with disabilities, out of school, or who had married as children.

The endline research (Round 5) focused again on the Round 2 sample, and surveyed 751 of these young people – 364 in the younger cohort (aged 18.3 on average at endline) and 387 in the older cohort (aged 22.6 on average) (see Table 1).¹ To keep these cohorts distinct, the younger cohort is referred to in this report as 'adolescents' and the older cohort is referred to as 'young adults'. When they are referred to as a single group, they are called 'young people'. When girls and young women are jointly discussed, they are called 'young females'. When boys and young men are jointly discussed, they are called 'young males'.

The endline sample reflects Dire Dawa's diverse population. It is ethnically varied: 40% Oromo, 32% Amhara, 14% Somali, 7% Gurage, and 7% other. It is equally split between Muslims (51%) and Christians (49%), mostly Ethiopian Orthodox. It also includes young people who grew up in Dire Dawa (87%) and those who are migrants to the city (13%) – as well as those who live with their caregivers (79%) and those who live independently of their caregivers (21%).

Qualitative research was conducted with 196 individuals. The majority of the 45 young people who took part in individual interviews were selected from the larger quantitative sample (see Table 2). Those young people have been followed since Round 2. The qualitative sample also included 84 young people who were interviewed in groups, 45 caregivers, 1 sibling and 8 key informants who were City Administration officials.

Quantitative survey data was collected through face-to-face interviews by enumerators who were trained to communicate with marginalised populations. With the exception of never-married adolescent boys, enumerators were typically the same sex as the respondent; all female respondents were interviewed by female enumerators, and the majority of young men/ever-married males were interviewed by male enumerators. Surveys were broad and included modules reflecting the GAGE conceptual framework (see Hamory et al., 2025). Statistical analysis was conducted using Stata 18.0. Importantly, where

Figure 3: Timeline of GAGE research in Dire Dawa

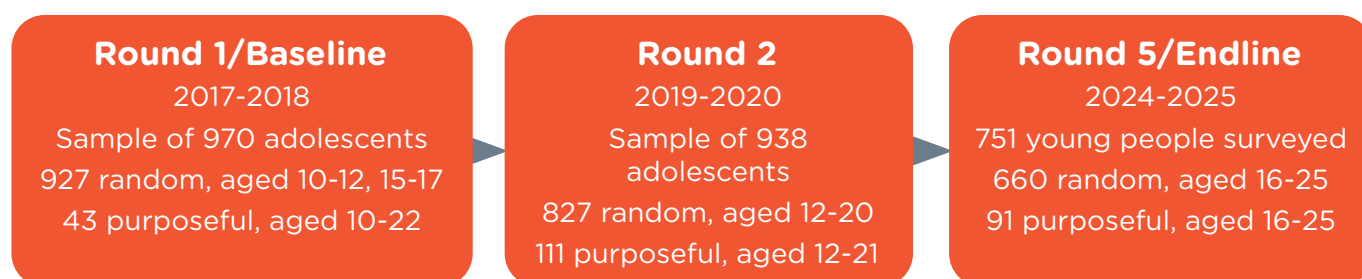


Table 1: Quantitative sample for GAGE Round 5 (endline)

	Adolescents	Young adults	Sub-sample married < 18	Sub-sample with disabilities at R2	Total
Female	174	208	54	19	382
Male	190	179	3	12	369
Total	364	387	57	31	751

¹ The endline sample is composed of a subset of individuals from the Round 2 sample, following commonly used methodology to lower bias due to survey attrition.

Table 2: Qualitative sample for GAGE Round 5 (endline)

	Interview type	Number of interviews (participants)
Individual interviews with young people	Girls and young women	24
	<i>Females with disabilities</i>	2
	<i>Married females</i>	5
	Boys and young men	21
	<i>Males with disabilities</i>	1
	<i>Married males</i>	2
Subtotal		45
Group interviews with young people	Girls and young women	9 groups (42)
	Boys and young men	7 groups (42)
Subtotal		16 groups (84)
Interviews with family and community members	Individual interviews with caregivers	21
	Group interviews with caregivers	4 groups (24)
	Individual interviews with siblings	1
	Group interviews with community influencers	3 groups (13)
Subtotal		29 (59)
Key informants	City Administration officials	8
Subtotal		8
Total		98 (196)



we present endline survey findings, we include the 751 young people who completed the endline survey. Where we present change since Round 2, however, we restrict our sample and include only the 630 young people who completed both the Round 2 and endline surveys. These young people are referred to as the panel sample. Note that these findings are preliminary and figures may shift slightly in the future as data is further cleaned.

Qualitative tools, also employed by researchers carefully trained to communicate sensitively with marginalised populations, consisted of interactive activities such as timelines, body mappings and vignettes, which were used in individual and group interviews (see Jones et al., 2025). Preliminary data analysis took place during daily and site-wide debriefings. Interviews were transcribed and translated by native speakers and then coded thematically using the qualitative software analysis package MAXQDA.

The GAGE research design and tools were approved by ethics committees at ODI Global and George Washington University, and the Ethiopian Society of Sociologists, Social Workers and Anthropologists. Verbal consent was obtained from caregivers and married adolescents; verbal assent was obtained for all unmarried adolescents under the age of 18. There was also a robust protocol for referral to services, tailored to the different realities of the diverse research sites.

Findings

The endline findings are organised in line with the six capability domains laid out in the GAGE conceptual framework (see page 4): education and learning; physical health; bodily integrity and freedom from violence; psychosocial well-being; voice and agency; and economic empowerment. When discussing findings in each domain, we first present endline survey findings and, where there are interesting patterns of change over time, we include longitudinal data using the panel sample. We then present qualitative findings.

Education and learning

Educational aspirations

The endline survey found that young people's educational aspirations are high. Nearly all (91%) aspired to complete secondary school (see Figure 4) and a large majority (83%) would like to complete university (see Figure 5). For both aspirations, cohort differences were significant. Adolescents, who were more likely to still be pursuing education, were more likely than young adults to aspire to both secondary school (96% versus 86%, not shown) and university (89% versus 77%). Gender differences were significant for adolescents' aspirations for secondary school. Adolescent boys were slightly more likely than adolescent girls to aspire to secondary school (98% versus 93%). Between Round 2 and endline, the educational aspirations of young people in the panel sample had declined slightly but significantly. The proportion of young

people aspiring to complete secondary school fell from 99% to 92%, with the largest declines for young women – from 98% to 84%. The proportion of young people aspiring to complete university fell from 89% to 84%.

During qualitative interviews, nearly all young people reported that they value education and would like to complete at least secondary school (grades 9–12). Indeed, many spoke of wanting to attend graduate school. A 17-year-old girl, attending 11th grade, believed that: *'An uneducated person is like a person living in darkness.'* What stands out in Dire Dawa is the creative solutions that young people are willing to deploy to keep moving towards their goals, even in the face of barriers. A 21-year-old young woman, studying at a technical and vocational education and training (TVET) institution because she did not pass the university entrance exam, explained that she has not given up:

My plan was to join the preparatory school, to pass the university entrance exam and to study accounting. Still now, this is my plan. I will take the Certificate of Competency III exam, and if I pass that, I will have the chance to study accounting in the evening programme of Dire Dawa University.

That said, adults and young people both agreed that educational aspirations have been tempered in recent years by two facts. First, few students who sit the university entrance exam achieve a passing score². One father reported that:

Figure 4: Proportion of young people who aspire to complete secondary school at endline (by cohort and gender)

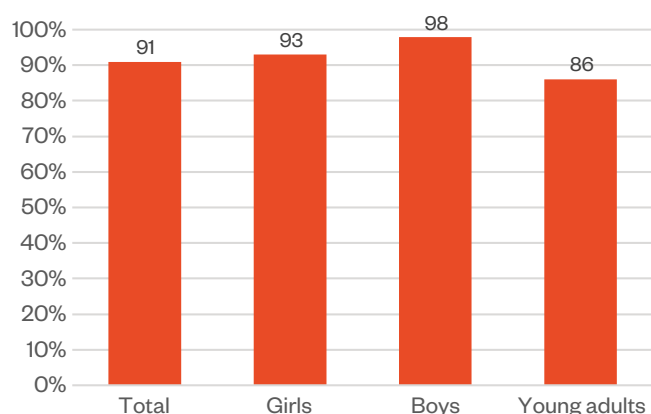
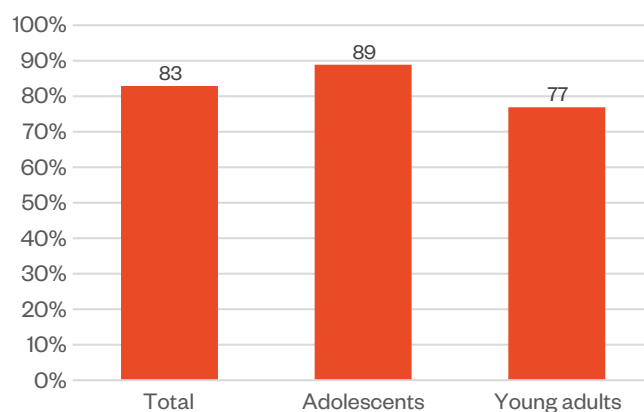


Figure 5: Proportion of young people who aspire to complete university at endline (by cohort)



² For the 2023–2024 school year, only 5.4% of students who sat the exam achieved a passing score of 50%, with males (6.5%) more likely to do so than females (4.2%) (Ministry of Education, 2024).

Nowadays, there are many young people who attended and completed their secondary school learning but still live with their parents because of failing to get the results that would enable them to join the university.

Second, even those who graduate from university often face years of unemployment and underemployment. A female community key informant asked a very pertinent question: 'If an individual learnt for five years at the university and came to be a Bajaj [taxi] driver, how are others motivated to learn?' Especially for young adults, educational aspirations are also tempered by having taken on adult roles. A 23-year-old father, who dropped out of TVET several years ago, explained:

I would like to return to the college and graduate in auto-mechanics... However, I don't think that these things would be achieved. Because nowadays my mind has become busy... I worry about my family, my own life, how to make money and the like.

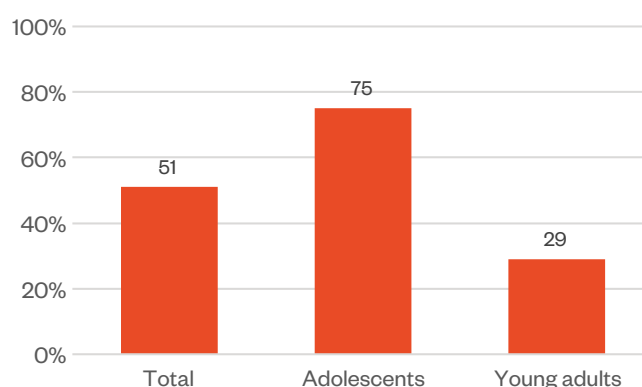
Access to education

At endline, 51% of young people were currently enrolled in school (see Figure 6). Unsurprisingly, cohort differences were significant, with adolescents more than twice as

Young people living in Dire Dawa were more than twice as likely to be enrolled at endline than their peers in rural East Hararghe, Oromia (51% versus 28%).

likely as young adults to be enrolled (75% versus 29%). Gender differences were not significant for either cohort, but there are important differences by marital status for young women (see Box 1). Of enrolled adolescents, 68% were in secondary school, 19% were attending primary school, and 13% were in post-secondary education. Of enrolled young adults, 63% were pursuing post-secondary education, 29% were in secondary education, and 5% were

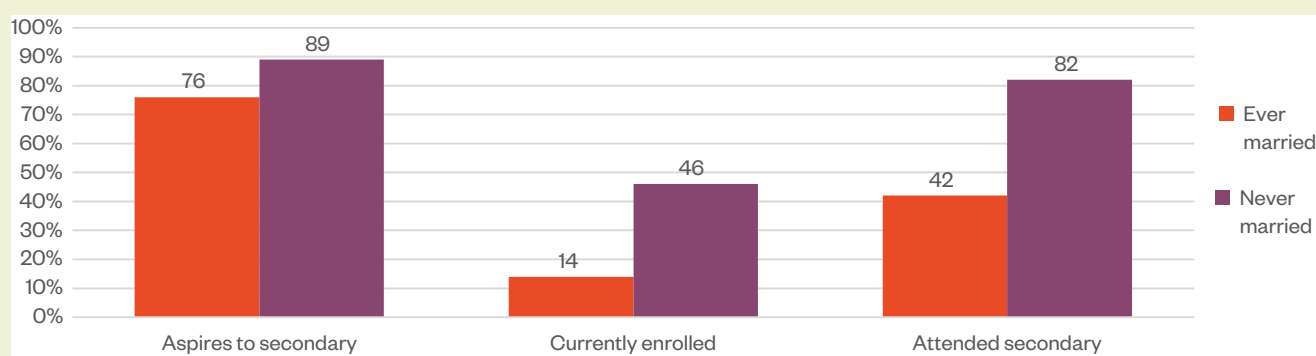
Figure 6: Proportion of young people enrolled in school at endline (by cohort)



Box 1: Marriage shapes young women's educational aspirations and access to education

For young women,* marriage significantly shapes educational aspirations and access to education. Compared to their peers who have never married, young women who have been married were less likely to aspire to secondary school (76% versus 89%) (and to university), to be currently enrolled (14% versus 46%), and to have attended secondary school (42% versus 82%) (see Figure 7).

Figure 7: Young women's education indicators at endline (by marital status)



During qualitative interviews, respondents reported that young brides face two barriers to education. First, the husband often does not allow them to attend school. A 19-year-old young woman explained, 'Since he is the leader of the family, I could not decide.' Second, young brides rarely have the time to go to school, especially once they become mothers. A 25-year-old young woman reported, 'After I married, I gave my time to my family and husband.'

* Too few adolescent girls have been married to look at the relationship between girls' education and marriage.

in primary school (in this case, night school for working adults). Between Round 2 and endline, the proportion of young people enrolled in school plummeted – from 86% to 53% of the panel sample. Unsurprisingly, declines were larger for young adults (75% to 30%) than for adolescents (97% to 77%).

Young people's access to education is made even more visible by tracking the proportion who ultimately attend, even years late, a given grade. In Dire Dawa, nearly all young people have completed primary school (grades 1-6) and middle school (7-8). Of all young people aged 13 and older, 97% had attended grade 3 (see Figure 8); of those aged 16 and older, 92% had attended grade 6. Access to secondary school remains more limited. Of those aged 19 and older, 76% had attended grade 9; of those aged 22 and older, 51% had attended grade 12. Cohort differences were significant. Adolescents, who were more likely than young adults to have been born in Dire Dawa, were more likely to have attended gateway grades. Gender differences were significant for the older cohort. Young men were more likely than young women to have attended grades 3, 6, and 9 – there were no differences for grade 12.

In stark contrast to GAGE's rural study sites, most young people in Dire Dawa – even those with disabilities (see Box 2) – reported few difficulties transitioning into secondary school. Indeed, a 22-year-old young man reported that most adolescents from Dire Dawa's urban *kebeles* not only attend, but complete secondary school: *'Nowadays, it is usual for most adolescents to have attended and completed secondary education.'*

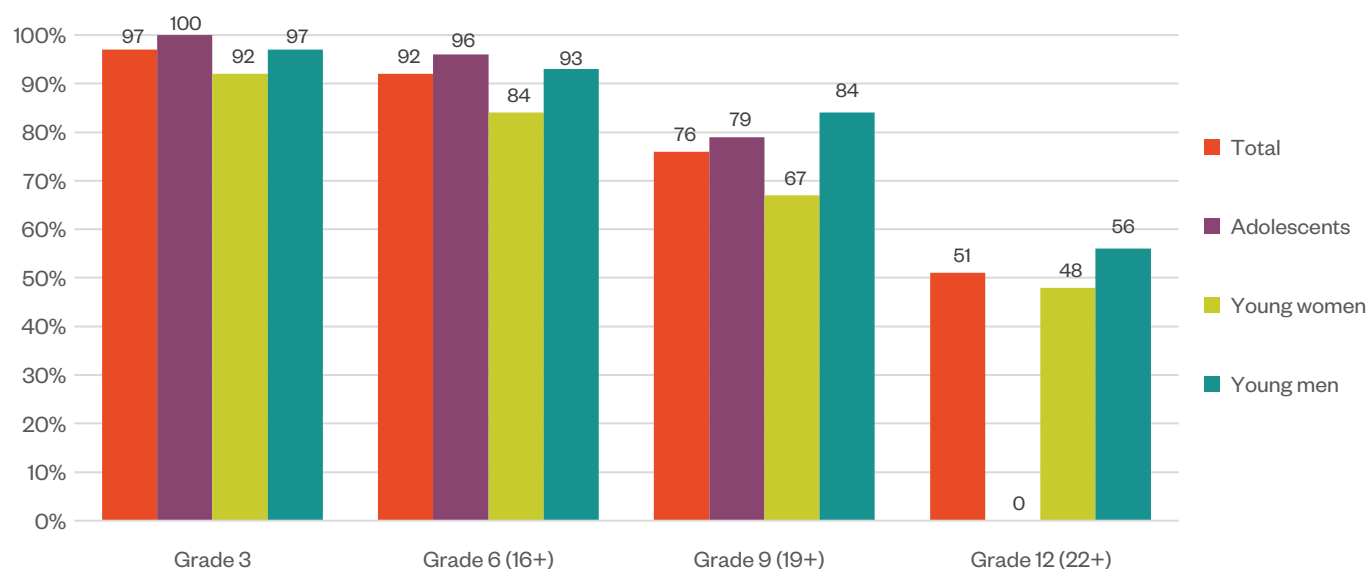
In the qualitative research, young people who had left school prior to completing 12th grade fell into one of three categories: those from the poorest families; those who live in the rural *kebeles* that surround Dire Dawa, some of whom are internally displaced persons (IDPs); and migrants from rural areas who came to the city to find work. A 23-year-old young man, when asked what would have helped him stay in school past 10th grade, replied:

Nothing could have helped me stay in school longer except supporting my father to earn more money so as to feed his family and provide my siblings and I with the necessary school materials.

A 22-year-old young woman, who is internally displaced, when asked how long most girls in her community stay in school, replied: *'There is no girl from here that reaches grade 7 or 8.'* A key informant commented that girls from Dire Dawa's rural *kebeles* struggle to access secondary education, and added: *'That is why the city opened the hostel for the female students... The City Administration covers food, clothes, the room and other expenses.'*

In Dire Dawa, most young people also reported good access to post-secondary education. This includes public universities, private colleges and TVET programmes. Those with the highest exam scores, and the best-resourced families, usually attend public universities. Those with lower scores, or whose families cannot afford to send them to school outside the city (because students do not get to choose which university they will attend³), usually attend private colleges. A 24-year-old

Figure 8: Attendance in gateway grades (by cohort and adolescents)



3 Students are assigned university based on their exam scores and to ensure regional diversity across universities.

Box 2: Dire Dawa affords some young people with disabilities with opportunities to thrive

Most young people and adults agreed that young people with disabilities have more opportunities in Dire Dawa than in rural areas.

A key informant with the Bureau of Education reported that access to education is good: *'Currently, most of the disabled people are getting an education through the inclusive approach, but there are a few special needs schools for the disabled people only... I think our city could be the role model for the other regions regarding the services given to disabled people.'* A 22-year-old young woman who is blind recalled that the support she received from teachers was good enough that she not only graduated from 12th grade, but also *'I ranked 8th.'*

Access to medical care and assistive devices is also relatively good in Dire Dawa. A health care worker reported that although many buildings are old and not well adapted for those with mobility disabilities, the Bureau of Health has recently provided practitioners with training on sign language, to *'help us to communicate with hearing impaired people'*. A 22-year-old young woman with a vision impairment reported that she has been given a pair of smart glasses that help her not only be independent but also continue her education: *'These eyeglasses are different from other eyeglasses. They are rechargeable. They can help us identify boys and girls, children and adults, and also serve as a camera when we want to read.'*

Non-governmental organisations (NGOs) in Dire Dawa are also giving young people with disabilities opportunities to participate in recreational activities. A 19-year-old young man with a mobility disability, who has now given up sports because he is married and has other responsibilities, recalled, *'I used to play football when I was young... There were many disabled people in the sports commission area where I was playing... Disability does not prevent you from doing anything.'*

Access to employment, however, remains an issue for young people with disabilities. Although a key informant from the Bureau of Labour and Skills reported that *'we are vigorously working on supporting people with disability,'* young people reported that work is not available to them. Indeed, a 23-year-old young man with a mobility disability reported that he was refused a position at a factory because of his disability: *'The manager said that disabled people cannot work here.'*

young woman studying information technology explained, *'I took the national university entrance exam, but I failed. But I continued my education in a private college.'* TVET, which in rural areas is generally disparaged as only being suitable for the least competent young people, is also a popular pathway in Dire Dawa. Indeed, given the number of unemployed university graduates, it is increasingly preferred over academic education. A 23-year-old young man recalled choosing TVET, despite his father's wishes: *'My father wanted me to learn and achieve academically, but what I wanted was to learn in a vocational field and start making money.'*

Respondents also reported that night school is highly valued. Young migrants, who regularly reported little access to education in their rural areas of origin, often spoke of using night school to help them catch up with their urban peers, and position them to support their own children. A 24-year-old father explained, *'I came back to school and*

am now learning. I am in grade 5. I did it after having a child.' Young people who grew up in Dire Dawa noted that night school helps them combine education and work. A 19-year-old young woman stated that she works in a salon during the day and is completing 12th grade at night: *'I do work in daytime, and I attend classes in the evening programme.'*

Unlike in rural areas, concerns about educational quality were relatively uncommon in Dire Dawa. Indeed, outside of textbook shortages, most respondents reported that teachers are good and that principals make sure of quality instruction. A 17-year-old girl stated, *'These days schooling is good because the school principals and other administrators have changed, and new principals have been assigned, and things seem good.'* Quality concerns were, however, more common among internally displaced young people. A 19-year-old young woman reported, *'The school here is not active. Teachers come sometimes, but they are absent other times.'*

Physical health

Nutrition and exercise

At endline, 19% of young people were living in households that were severely food insecure⁴ (see Figure 9). Although gender differences were not significant, cohort differences were. Young adults were more likely to be living in food-insecure households than adolescents (22% versus 16%), possibly because they were more likely to be living independently of their caregivers. Using a different metric,⁵ food security has significantly improved since Round 2. At that time, 27% of young people in the panel sample reported that they had been hungry at least once in the past month because there was no food in the house. At endline, this proportion had fallen to 19%.

Young people reported that they ate a mean of 2.95 meals the day prior to the endline survey and that 40% of those meals contained plant or animal protein (see Figure 10). Young females consumed significantly less protein than young males. Young females reported that of the meals eaten the day prior to the endline survey, 33% had some form of protein; young males reported 47%.

In Dire Dawa, overweight and obesity are also a growing concern, given shifts in diets. GAGE collected anthropometric data at endline for a subset of adolescents. Using standard WHO cutoffs, 8% of boys and 18% of girls were overweight or obese at endline (see Figure 11).

Just under half of young people (46%) reported that they had had no sustained exercise⁶ in the week prior to the survey (see Figure 12). Cohort differences were

Although households in urban areas are (on average) better off than those in rural areas, rates of severe food insecurity in Dire Dawa are similar to those in East Hararghe, Oromia (19% versus 23%).

insignificant, due to gender differences for adolescents. Adolescent girls were significantly more likely to be physically inactive than adolescent boys (54% versus 38%) and young adults (46%).

During qualitative interviews, and with the caveat that the most vulnerable individuals were purposively oversampled, it was not uncommon for young people to report food insecurity. Some young people reported going hungry. A 16-year-old girl stated, *'My sister and I had lots of problems, and we did not always eat. If we eat one day, we do not eat the following day.'* Other young people reported poor diet quality. A 17-year-old girl explained that inflation has made this worse in recent years: *'Due to the rising cost of living, we do not eat what we used to.'*

It was common for young males in the qualitative sample to report playing football with their friends. Indeed, many reported playing several days each week, almost always because it is fun. Unlike in GAGE's rural research sites, and with the caveat that the qualitative sample included positive outliers, quite a few young females also reported playing sports. A 16-year-old girl with asthma stated that she swims to stay healthy: *'I am swimming for the sake of physical exercise, but it benefits my health.'* A 22-year-old young woman, who played football for years before giving it up because she could not afford

Figure 9: Proportion of young people living in severely food-insecure households at endline (by cohort)

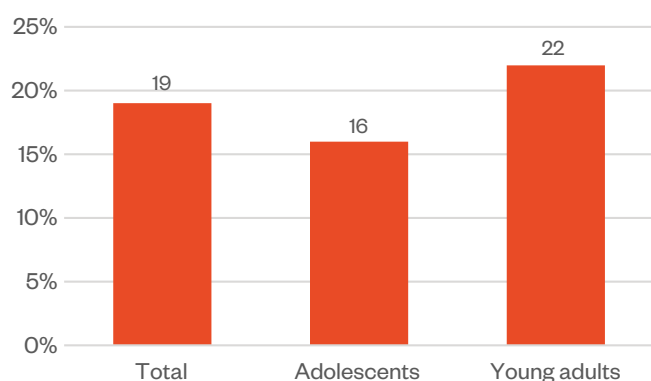
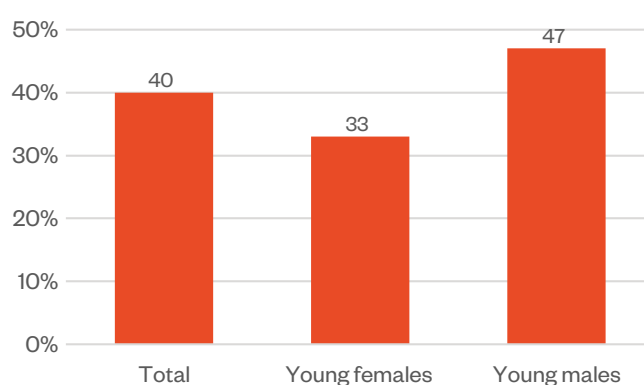


Figure 10: Proportion of meals eaten the day prior to the endline survey that contained protein (by gender)

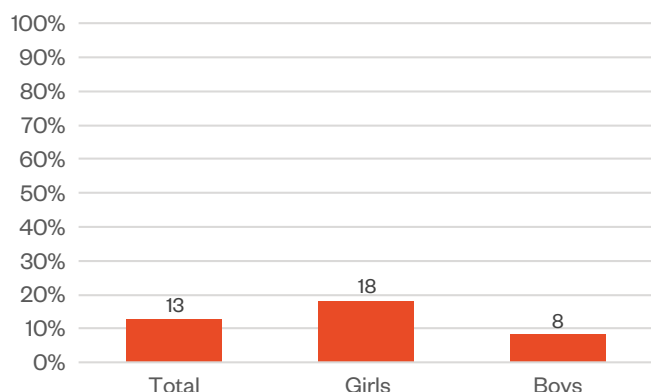


⁴ Food insecurity was measured using the Household Food Insecurity Access Scale (HFIAS). See: https://www.fantaproject.org/sites/default/files/resources/HFI-AS_ENG_v3_Aug07.pdf.

⁵ The HFIAS was not used at Round 2.

⁶ Defined as physical activity lasting at least 30 minutes.

Figure 11: Proportion of adolescents who were overweight or obese at endline, using WHO definition (by gender)



professional training, recalled feeling very supported by both her family and her community, saying, *'My brother knows how much I love football and encourages me to play. Even people in my neighbourhood want me to play, they encourage me to continue playing.'*

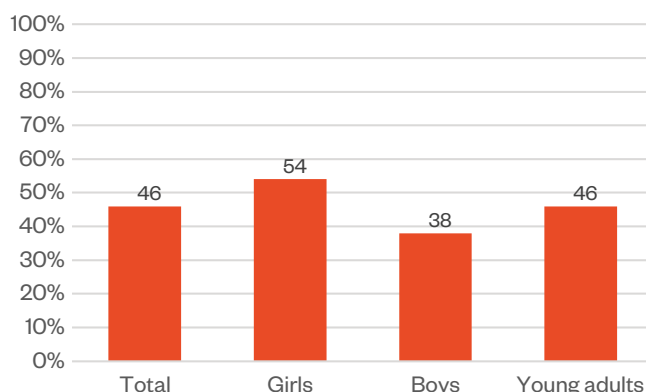
Broader physical health and access to services

On the endline survey, nearly all young people (93%) reported that they were in good physical health (a rate almost identical to that in rural East Hararghe – 95%). A small minority (12%) reported that they had had a serious illness in the past year, and an even smaller minority (4%) reported having had a serious accident or injury in the past year (see Figure 13). Young males were significantly more likely than young females to have had a serious accident or injury. Although 100% of those with serious illnesses or accidents/injuries sought health care, many young people reported barriers to accessing care. Just over a third (35%) of young people reported that cost is a barrier, and 8% reported that distance is a barrier. Between Round 2 and endline, young people's health had improved slightly but significantly. At Round 2, 90% of young people in the panel sample reported that they were in good health; at endline, this was 94%.

During qualitative interviews, young people in Dire Dawa reported few health concerns outside of respiratory ailments related to dust. Except for internally displaced young people, they also reported relatively good access to health services, in part due to access to health insurance. A 17-year-old girl explained:

You seek treatment using health insurance... If you have no insurance, you may expect to pay a lot of money. You may get sick when you have no money. How do you

Figure 12: Proportion of young people taking no sustained exercise in the week prior to the endline survey (by cohort and gender)

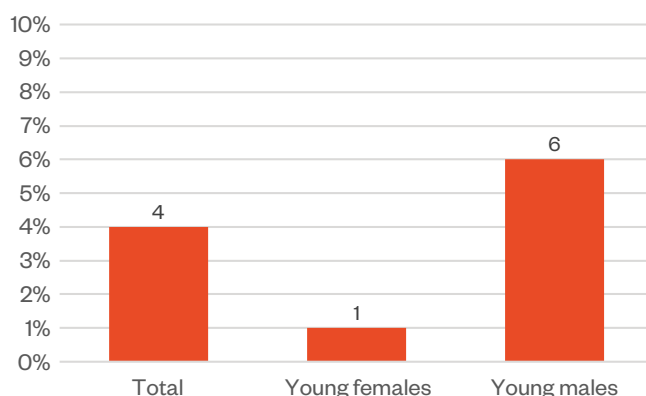


access treatment at that time? Using health insurance we visit health facilities whenever we are sick. We can access treatment without paying.

That said, the poorest young people, who were disproportionately internally displaced, reported that health care, and especially medications, are too expensive, even for those with health insurance. A 20-year-old young woman, who is internally displaced, stated, *'There is no service that we access for free or cheap price.'* A key informant agreed that health care remains too expensive for the poorest families and individuals, and added that free health insurance is provided *'only for those people who are included in the PSNP [Productive Safety Net Programme] direct support group'*. A Bureau of Health official also noted that access is compromised by a shortage of health care providers:

There is always a shortage of extension workers when compared to the standard... According to the standard, one extension worker should serve only 500 households. The city is expanding fast.

Figure 13: Proportion of young people with a serious accident or injury in the past year at endline (by gender)



Substance use

The endline survey found that substance use is uncommon among young men, and rare for all other groups of young people. One tenth (11%) of young men reported that they use alcohol weekly and 17% that they chew *khat*⁷ weekly (see Figure 14). Figures for young women (2% and 5%) and adolescents (2% and 1%) were far lower. For the young men in the panel sample, substance use has become more common since Round 2; weekly alcohol use climbed from 2% to 11%, while weekly *khat* use climbed from 6% to 16%.

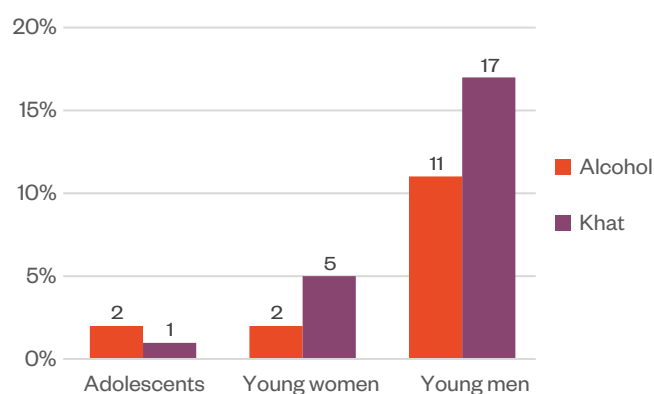
During qualitative interviews, and with the caveat that chewing *khat* is not seen as problematic, respondents reported that substance use is a large and growing concern, especially for young males and street-connected young people. A 21-year-old young man stated, 'All types of addictions are here in the city.' A key informant echoed this view, and added that the problem is getting worse:

I think addiction is the key health problem in the city, especially for the youths... Recently the problem has been exacerbated. Previously, it was really a taboo, and people were using the substance, hiding from the public. But currently they are doing it in public.

Khat use is far less common in Dire Dawa than it is in rural East Hararghe. In Dire Dawa, 10% of young men chew *khat* daily – compared to 91% in East Hararghe.

Another key informant, who first reported that treatment is available at several local hospitals, then noted that even when youths seek treatment, they tend to rapidly relapse because they have nothing else to occupy their time, said: 'The youth rehabilitate themselves from addiction in that place. The problem is that they re-engage in addiction because they don't have a job to be busy with.'

Figure 14: Proportion of young people who use alcohol or *khat* weekly (by cohort and gender)



Puberty education

Nearly all young people (97%) reported on the endline survey that they had had a source of information about puberty. When asked to identify the primary source of that information, the plurality of young people (44%) reported a teacher at school. For young females, the second most common source was their mother (22%); for young males, it was their peers (30%). It was rare (4%) even for young males to report that their father had been their primary source of puberty information.

Qualitative findings were in line with survey results. Most young people spoke at length of having learnt about their developing bodies at school. A 16-year-old girl recalled:

I was taught when we were in 6th grade. I even remember our teacher. She was really good and explained to us in detail about menstruation and personal hygiene... Everyone understood what it was and made us accept that this is a natural phenomenon... She made it look easy to talk about. And because of that, we were not scared to be in the class with boys. Actually, it was an advantage having the class with boys.

A 21-year-old young man similarly stated, 'We were learning it in environmental science... They were teaching us regularly... There was even a picture of the contraceptive methods.' Although most young people felt adequately prepared for puberty by their teachers and (for girls) their mother, several girls wished that information had come earlier. A 15-year-old girl, who started developing breasts in 4th grade and was scared that she had breast cancer, stated, 'The problem was the changes I saw before I reached 6th grade. It would have been nice if we had the information at a lower grade.' A father, when asked if and how he had prepared his sons for puberty, admitted, 'For the most part, they have discussed with their mother.'

Menstrual health

On the endline survey, all adolescent girls and young women reported that they had experienced menarche, at a mean age of 13.4 years. A large majority of young females (83%) reported that they use purpose-made disposable or reusable period products to manage menstruation. A

Young females in Dire Dawa experienced menarche half a year earlier (mean of 13.4 years) than their peers in rural East Hararghe (mean of 13.9 years). daily.

⁷ *Khat* is a shrub grown in the Horn of Africa. Its leaves are chewed for a stimulant effect.

Rates of improved menstrual hygiene practices in Dire Dawa are roughly twice those in rural East Hararghe.

The rate of young females who reported fear or embarrassment asking family members for support in managing their periods was about half the rate found in rural East Hararghe (33% versus 69%).

similar proportion (88%) reported that they dispose of used products hygienically.

One-third (33%) of young females reported that they are afraid or embarrassed to ask family members for support managing their periods. A large minority (39%) of young females reported that their daily lives are disrupted by menstruation. Of those that reported a disruption, inability to work (41%) and not being permitted to prepare food (41%) were the most common. Of enrolled young females, 58% reported that their school has facilities or supplies that help manage menstruation.

During qualitative interviews, nearly all young females reported feeling well supported by both family and teachers. A 17-year-old girl recalled her parents heading off shame: *'My family told me about menstruation... They told me to never be embarrassed or ashamed when I see menstruation for the first time.'* A 16-year-old girl reported similarly good support from teachers: *'You can get pads at school from female teachers, if they have one with them... If one teacher does not have it, we ask the other. They were very supportive.'*

That said, a few young females did report some menstrual health concerns. A 16-year-old girl noted that water for washing is not available in her high school: *'Water was not a problem in primary school. We had plenty. But high school was a different story. Even if the toilets were distant, there was no water.'* An 18-year-old young woman stated that period products and medication are too expensive for the poorest families:

When one is from a rich family, they have the choice to buy the type of sanitary pad, and they can buy paracetamol for their pain. But if they are poor, they have no choice. They have to accept what they are given, and they may not get medicine for their pain.

Sexual activity, knowledge about and uptake of contraception, and sexually transmitted illnesses (STIs)

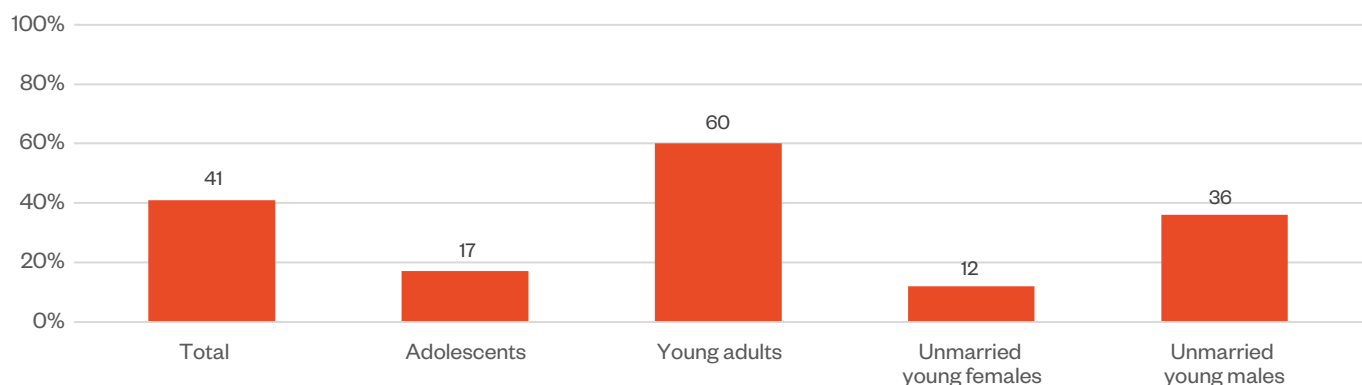
Two-fifths (41%) of young people aged 14 and older reported on the endline survey that they have experienced sexual debut (see Figure 15). Unsurprisingly, cohort differences were significant: young adults were more likely to have had sex than adolescents (60% versus 17%). Gender differences were not significant – because while young females were more likely to be married than young males (27% versus 8%), unmarried young males were more likely to have had sex than unmarried young females (36% versus 12%).

A large majority of young people (85%) reported on the endline survey that they know that adolescent pregnancy can be dangerous. A similar proportion (84%) were able to name a modern method of contraception (see Figure 16). Young adults were significantly more likely to be able to name a method than adolescents (89% versus 80%). Young people's knowledge about contraception is not always accurate; more than half (59%) reported that they believe it causes infertility.

Of sexually active young people, 62% – with no differences by gender or cohort – reported that they have ever used contraception; far fewer (43%) reported

Young people in Dire Dawa were more likely than their peers in rural East Hararghe to be able to name a form of contraception (84% versus 70%). However, young people in the two locations were equally likely to believe that contraception causes infertility.

Figure 15: Proportion of young people aged 14+ who have had sex (by cohort and marital status)



With the caveat that premarital sexual activity is higher in Dire Dawa than in rural areas, current use of contraception is far higher among sexually active young people in the city than it is among their peers in rural East Hararghe (43% versus 6%).

currently using it. Of young males, most (53%) reported using condoms; of young females, most used injections (46%) or implants (31%).

Unmarried young people taking part in qualitative research rarely reported being sexually active, because both Islam and Christianity frown upon sex outside of marriage. A 23-year-old young man explained, of his relationship with his girlfriend: *'I have a plan to get married to her. We are both Muslims, and I want our marriage to be formal. Even if she spends nights with me, we didn't start having a sexual relationship.'* That said, although the survey found that unmarried males are more likely to be sexually active than unmarried females, qualitative research participants were far more likely to single out unmarried females as being sexually active. A 20-year-old young man reported that some girls and young women are involved in transactional sex (i.e. trade sex for money), saying, *'It's common around our school, the young girls will go to the sugar-daddies to get money.'* An 18-year-old young woman echoed that view, and added that girls have become more sexually active in recent years because parents are affording them more freedom: *'It is common to see girls at age 17 and 18 get pregnant and have children... These days, the issues of girls' rights are contributing to these risks because girls are set free.'*

Nearly all young people reported learning about contraception and prevention of sexually transmitted

illnesses (STIs) in school. Indeed, a 17-year-old girl reported that information is effectively not available outside of school: *'Young people never get information about SRH [sexual and reproductive health] and related issues outside of the school. Young people do not have access to trainings on SRH and related issues.'* A 19-year-old young woman, who is internally displaced and out of school, agreed that information is hard to access: *'No one is advising on contraceptives.'* That said, some young people reported accessing SRH information online, and being taught by their friends and health care workers. A 24-year-old young man reported:

I got the information on contraception from the internet... Then I was informed that it exists at the health centre... I informed health workers to let my wife use a better contraception that will not have negative repercussions.

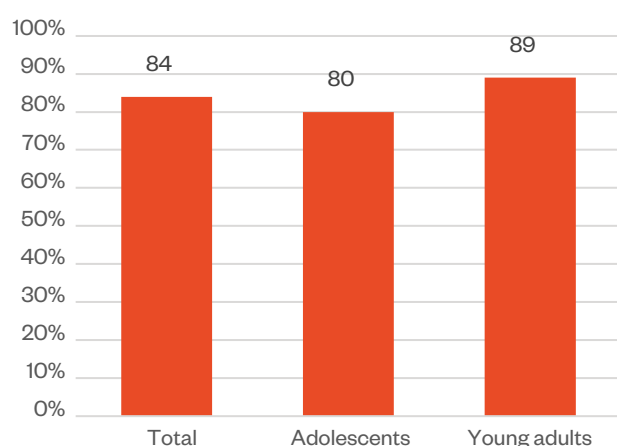
A 19-year-old young woman, who is engaged in sex work, recalled of her first weeks in the city, *'I learnt about condoms from a friend, and she showed me how to use them. The health professionals advised us to test. They teach us the risk of acquiring HIV through unsafe sex.'*

Respondents agreed that SRH services and supplies are widely available in Dire Dawa. Pharmacies stock not only condoms and oral contraceptives, but also emergency contraception. In addition, health care centres often provide dedicated times and spaces as a way to improve uptake among young people. A health care provider explained:

We have a special room. It is restricted to teenagers only. They get all health services in that room. That is mainly to avoid fear on the part of youth that people may talk about them by the time they go to the reproductive health service rooms.

Although young people's access to SRH information and services in Dire Dawa is far better than that of their rural peers, they still regularly voiced concerns about contraception. Some were worried that it contravenes Islamic law. A 23-year-old mother stated, *'I think it is not allowed by our Sharia law.'* Others were worried that it causes infertility. A 17-year-old girl stated, *'I do not think contraceptives are good. They can lead to infertility. It is better to have children than to use contraceptives.'* A health care worker noted that young people's concerns about the safety of contraception could be better addressed if more of them came to health clinics: *'The pharmacies just sell the pills without explaining the side effects.'*

Figure 16: Proportion of young people able to name a modern method of contraception at endline (by cohort)



Health care workers reported that they believe young people are too concerned about unplanned pregnancy – and not concerned enough about contracting HIV or other STIs. One stated that:

People are not afraid of HIV at this time. It has been ignored. Even by the time women are raped, they are just worried about pregnancy and not HIV. Even those in relationships, they bother about preventing pregnancy only.

Pregnancy and maternal health care

Of young females, 25% (all but three of whom had been married) had ever been pregnant by endline. Young mothers first became pregnant at a mean age of 18.7 years. For their first pregnancy, 83% had received antenatal care (a mean of 4.8 visits) and 85% had delivered in a hospital or clinic.

Respondents reported that maternity care is widely available in Dire Dawa. That said, most agreed that the care provided by private clinics and hospitals (which

is more expensive than most families can afford) is generally superior to the care provided by government-funded facilities. A 24-year-old mother, who had to have an emergency C-section at a public hospital because nurses had not noticed until too late that her baby was breech, stated, *‘There are many women who aren’t getting the service they need in the public hospitals and health centres. I don’t know how to express it, but they are really careless, and the service is unsatisfactory.’* Respondents from the IDP community added that even government clinics are difficult to access, because they are a long way away. A key informant from that community explained:

We don’t have the service in this area. It needs money to go to the facilities located there. But the people don’t have money. A woman needs money for transportation to have antenatal care. But IDPs who don’t have a job and who live in this centre face difficulty accessing the service. They cannot get the money.

Although it was common for young people in Dire Dawa to state that abortion is forbidden by religion, key informants noted that services are both widely available and commonly used. A health care worker reported that the service is available on demand in many circumstances: *‘Abortion is allowed if the pregnancy is from a close relative, or if it is because of rape or if she is below 18 years old.’*

It was far less common for young females in Dire Dawa to have been pregnant than their peers in rural East Hararghe (25% versus 48%). It was far more common, however, for young mothers to have received antenatal care (83% versus 69%) and to have delivered in a facility (85% versus 52%) than those peers.



A 16-year-old girl standing at a window in Dire Dawa © Nathalie Bertrams/GAGE 2025

Bodily integrity and freedom from violence

Violence at home

On the endline survey, 30% of young people reported experiencing violence at the hands of a caregiver (or other non-spouse adult in the home⁸) in the past year (see Figure 17). Gender differences were not significant, but cohort differences were. Adolescents (who were more likely to be living with caregivers) were more likely to experience such violence than young adults (36% versus 24%). Between Round 2 and endline, the proportion of young people in the panel sample living with a non-spouse adult and reporting caregiver violence declined from 59% to 31%. Declines were larger for young adults (57% to 23%) than adolescents (61% versus 38%).

It was rare for young people taking part in qualitative interviews to report experiencing recent violence at home. Indeed, most reported that they have aged out of corporal punishment. A 19-year-old young man explained, *'It is common to be beaten during childhood... It is common to be beaten with a stick... Later on, my parents started to advise me and did not beat me.'* A mother stated that parents largely stop hitting older adolescents, because they (especially boys) are too big to hit: *'Now he is older and taller than me.'*

That said, both young people and their caregivers reported that violence against children and younger adolescents is endemic and can be severe. A 21-year-old young man recalled, *'Once upon a time, my mother put pepper in my eyes.'* A mother, when asked how she punishes her children, admitted:

With the caveat that fewer young people live with their parents in rural areas due to high rates of child marriage, it was less common for young people in rural East Hararghe (20%) to report past-year violence at the hands of caregivers (or other adults in the home) than in Dire Dawa (30%).

I punish with whatever is available in front of me. I don't have a specific choice of materials to punish my children. There was a time I threw a knife at my children, and when they made a mistake, I became so upset that I couldn't see clearly.

Teacher violence

One-eighth (15%) of enrolled young people reported on the endline survey that they had experienced violence at the hands of a teacher in the past year (see Figure 18). Cohort differences were significant: adolescents were significantly more at risk of teacher violence than young adults (18% versus 4%). Between Round 2 and endline, the proportion of enrolled young people in the panel sample reporting teacher violence declined from 48% to 15%. Declines were largest for adolescent boys: from 55% to 14%.

As with violence at the hands of caregivers, most students reported that corporal punishment at the hands of teachers is largely a thing of the past. A 22-year-old young man stated:

With the caveat that enrolment is far lower in rural East Hararghe, teacher violence is approximately half as common in the city as it is in rural East Hararghe (15% versus 26%).

Figure 17: Proportion of young people who experienced violence at the hands of a caregiver (or other adult in the home) in the year prior to the endline survey (by cohort)

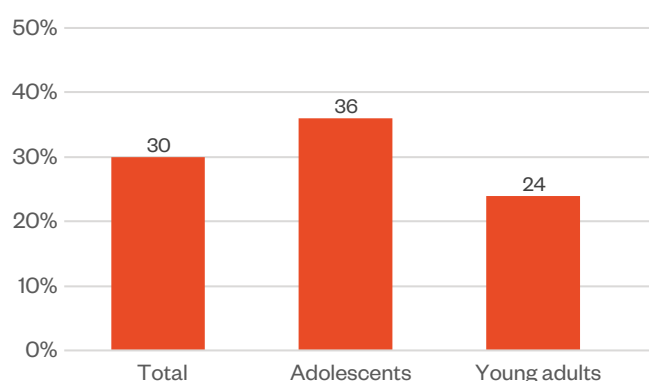
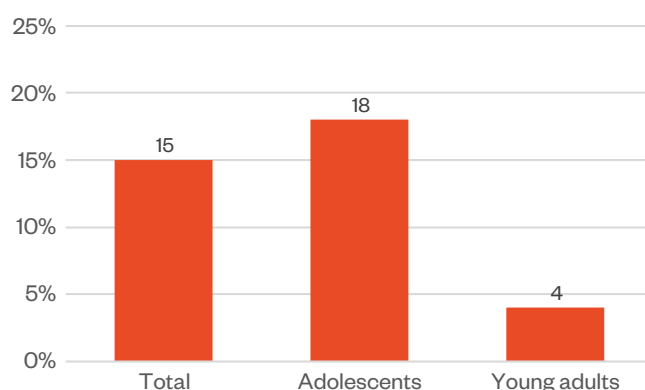


Figure 18: Proportion of enrolled young people who experienced violence at the hands of a teacher in the year prior to the endline survey (by cohort)



⁸ The question explicitly excludes spousal violence.

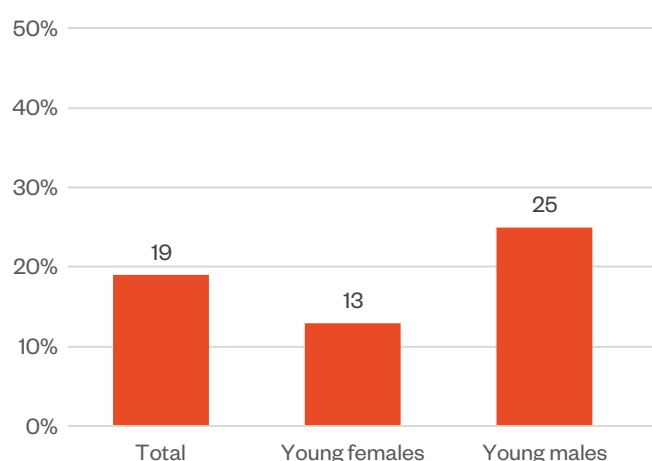
In high school and college, a teacher cannot dare to beat students. How dare a teacher beat students? Students are older. Teachers beat younger children who are 15 years old or younger.

That said, some students did report that they are publicly humiliated by their teachers. A 21-year-old young man noted that, *'In the high school, there are some teachers who insult us... They tell us that we are idiots, that we still don't know the answer.'* A teacher admitted that physical and verbal violence does still occur, but added that it is much reduced in recent years, due to stepped-up teacher training by the Bureau of Education: *'There was training for the teachers – for example, on positive disciplinary pedagogy. The training had a great impact on changing the teachers' attitudes.'*

Several young people reported that female students are at risk of sexual violence from some male teachers. A 16-year-old girl stated of her classmate, *'The teacher took her phone number and then he called and asked to meet in the evening after class if she wanted a better grade.'* Respondents reported that predatory teachers are reported – and fired.

Several respondents noted that violence at school runs both ways. Adolescent boys and young men disrespect teachers, especially female teachers, and use violence against teachers attempting to maintain classroom order. One teacher stated, *'There is violence from the students against their teachers, especially their female teachers.'*

Figure 19: Proportion of young people who experienced peer violence in the year prior to the endline survey (by gender)



Peer and community violence

One-fifth (19%) of young people reported on the endline survey that they had experienced peer violence in the past year (see Figure 19). Gender differences were significant, with young males at greater risk than young females (25% versus 13%). All reported peer violence was non-physical⁹. Between Round 2 and endline, the proportion of young people in the panel sample reporting peer violence declined from 36% to 19%. Declines were larger for adolescents (41% to 20%) than for young adults (30% to 18%).

With the caveat that awareness of violence is higher in the city, rates of peer violence in Dire Dawa were reported as higher than those in rural East Hararghe (19% versus 11%).

During qualitative interviews, however, respondents spoke not of bullying and peer violence, but of rising youth violence. Young males reported frequent clashes between groups of older boys and young men, some of which result in serious injury. An 18-year-old young man stated:

When they fight, they use sharp materials and sticks. As a result, there are adolescents who are seriously injured or lost their life. They would be physically injured on their skulls, eyes, teeth, hands and legs.

Several young men added that these clashes are the result of rising ethnic tensions in Dire Dawa. A 23-year-old young man reported, *'It is the Oromos who throw stones at us. The reason is because they think residents of this neighbourhood are Amharas.'*

Respondents noted that it is not only young men at risk of community violence. A female community key informant stated that aggravated robbery has become prevalent: *'You cannot go to church at 6 pm... They snatch your mobile phone from your ear while you are talking while sitting on a Bajaj. They beat you to take your property.'* A male community key informant echoed that view, and linked it to rising youth unemployment, saying:

We are living in a bad time. People even ask for money boldly. If you refuse, they will beat you. The cause of all these problems is poverty. The youth are unemployed. They don't have jobs, and when they are jobless, they engage in theft.

⁹ The survey inquired about multiple forms of peer violence, including being hit, called names, excluded from group activities, etc.

Sexual violence

On the endline survey, and including a mechanism that allowed respondents to silently disclose,¹⁰ 15% of girls and young women reported having ever experienced sexual violence.

Qualitative research found that most young females live in fear of sexual violence, which is increasingly common and under-reported due to stigma. A 23-year-old young woman reported that many men do not respect females' bodily integrity: *'Many men think they can access any woman in this community without the need to get consent from her. This is very disgusting.'* A 17-year-old girl stated that sexual violence, like youth violence, has become more common in recent years and that she never leaves home after dark: *'If there is a need to go out, it is the men who go out.'* A 24-year-old young woman agreed that rape is common and added that it is under-reported because victims are shamed and know that they are unlikely to receive justice:

Rape is shameful for the girl, and it is humiliating for the girl. The other reason is that there is no law. The women aren't getting the justice they deserve in the court, and the punishments aren't enough, so why bother reporting the case to the police if you don't get the justice?

Even parents often failed to provide survivors with support. A mother explained that this is because rape is considered to be a girl's fault: *'Girls are heartless, not disciplined... You can see many young girls going out of the house after 6 pm all dressed up. Just to spoil their life.'*

Online violence

At endline, 3% of young people reported that they had ever experienced harmful or nasty behaviour directed at

them online. It was far more common, however, for them to report seeing hate messages directed at specific (ethnic, religious, national) groups (43%) or sexual images (14%) (see Figure 20). Young males were significantly more at risk of both than young females – likely because they spend more unsupervised time online.

During qualitative interviews, respondents discussed two forms of online violence: economic and sexual. A 24-year-old young man reported that online scams have become very common: *'In Dire Dawa city, people are crying because of bank and E-birr counterfeiting.'* He added that young people are generally aware of these and are better at protecting themselves than older persons. A 19-year-old young woman reported that girls and young women are vulnerable to online sexual extortion. She explained:

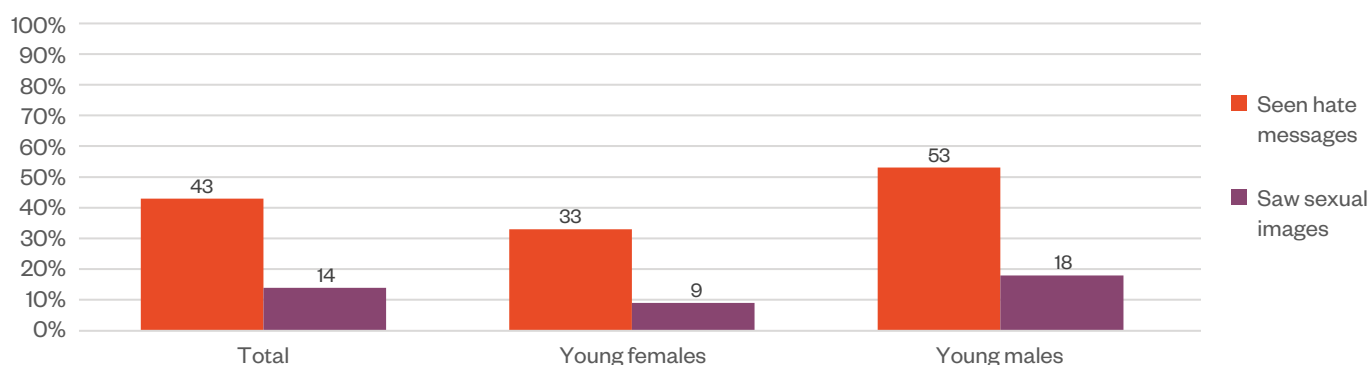
There are those who ask girls to send their photos with their naked body... They use it as a tool to frighten the girl. They ask her to send more photos as per their request otherwise they threaten her to share it in public or if she has a boyfriend, they threaten her to share it with him and spoil her relationship. So she can't stop sending the photos as long as they continue to threaten her.

Female genital mutilation (FGM)

Half (51%) of girls and young women reported on the endline survey that they had undergone FGM (see Figure 21). Rates varied by ethnicity (and religion). Young females who identified as Somali (86%) and Oromo (70%) were significantly more likely to have undergone FGM than those who identified as Amhara (22%) or other¹¹ (26%).

Rates of FGM are lower among Oromos living in Dire Dawa (70%) than they are in rural East Hararghe (92%).

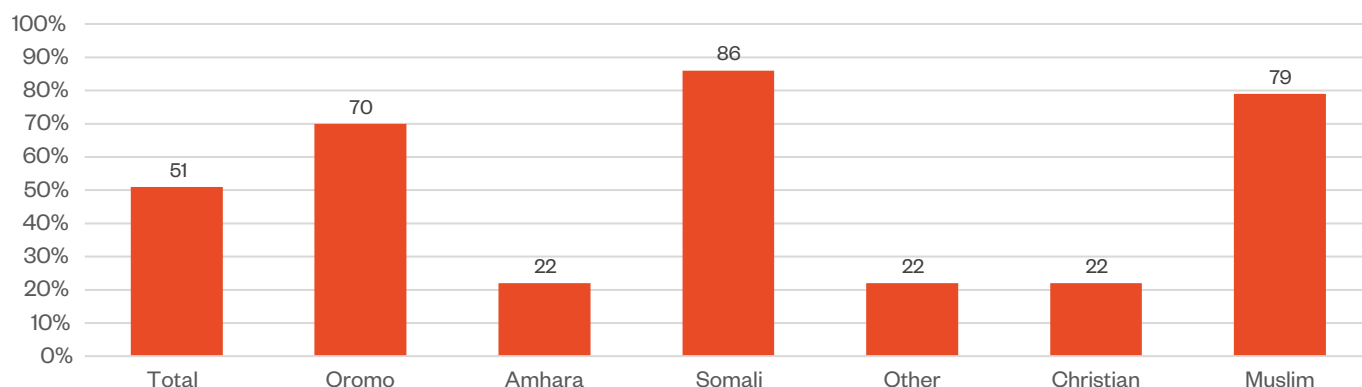
Figure 20: Proportion of young people who have seen particular online content (by gender)



¹⁰ To improve disclosure rates, given the sensitivity of the question, young women were allowed to either directly answer the question on the survey, or to place their response inside a sealed envelope not to be opened until the end of the day.

¹¹ This group includes many other ethnic groups.

Figure 21: Proportion of young females who have undergone FGM (by ethnicity and religion)



One third (31%) of young people reported that they believe that FGM is required by religion (see Figure 22). Beliefs significantly varied by religious affiliation. Of Christians, only 4% reported that they believe that FGM is required by religion. Of Muslims, however, 60% reported this.

Just over two-thirds (70%) of young people reported that they believe that FGM has risks (see Figure 23). Young people's professed religion again shapes their beliefs. It was significantly more common for Christians to report risks than Muslims (92% versus 47%). Of those who reported that FGM is risky, the most commonly identified risks were difficult childbirth (61%), infection (41%) and difficult sexual intercourse (36%).

Only one-quarter (25%) of young people believe that FGM has benefits (see Figure 24). Religion again shapes beliefs. Muslims (47%) were significantly more likely to report that FGM has benefits than Christians (4%). The most reported benefits were easier childbirth (76%),

Young Muslims living in Dire Dawa were almost as likely to believe that FGM is required by religion as their peers in rural East Hararghe: 60% versus 67%.

Young Muslims living in Dire Dawa were more likely than their peers in rural East Hararghe to believe that FGM has risks: 47% versus 34%.

Young Muslims living in Dire Dawa were more likely than their peers in rural East Hararghe to believe that FGM has benefits: 47% versus 37%.

attracting a husband (27%), and ensuring girls' good behaviour (22%).

Most young males (70%) reported that they would be willing to marry a wife who has not undergone FGM (see Figure 25). This also varied by religion. Again, Christians (86%) were more willing to do so than Muslims (53%).

Just under one-quarter (23%) of young people reported that they plan to perpetrate FGM on their own (future) daughters (see Figure 26). Muslims (45%) were more likely to report this than Christians (3%).

Muslim young males living in Dire Dawa were far more likely to report that they would marry a wife who has not undergone FGM than their peers in rural East Hararghe (53% versus 30%).

Figure 22: Proportion of young people who believe that FGM is required by religion (by religion)

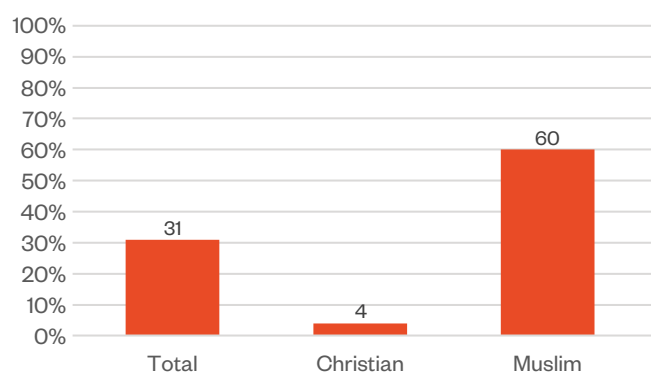


Figure 23: Proportion of young people who believe that FGM has risks (by religion)

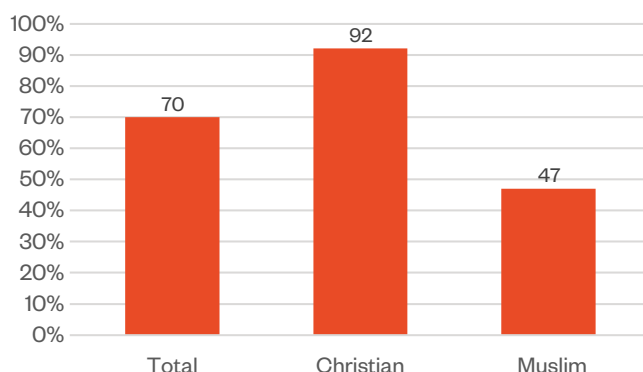
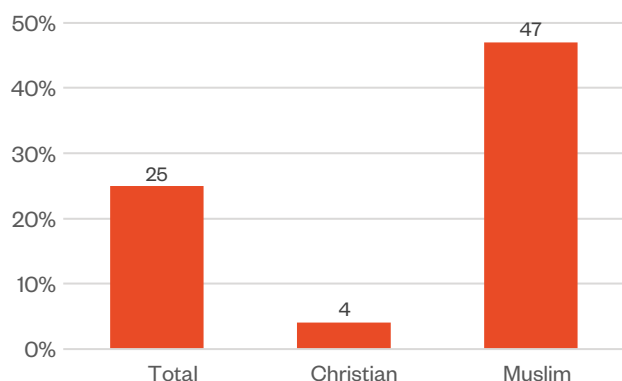


Figure 24: Proportion of young people who believe that FGM has benefits, at endline (by religion)



Young Muslims living in Dire Dawa were almost as likely to plan FGM for their own (future) daughters as their peers in rural East Hararghe: 45% versus 51%.

During qualitative interviews, and reflecting the heterogeneity of the sample, young females' narratives about FGM were dichotomous. One group of girls and young women reported that they had not undergone FGM and that the practice was now ended, due to extensive awareness-raising about its health risks. A 17-year-old girl explained of her family, 'My older sister is circumcised, but me and my young sister are not circumcised.' A 20-year-old young woman stated, 'They have stopped practising it now... as it has health risks.' Another group of young females reported that they had undergone FGM (with a few – mostly Somali – having been infibulated) and that the practice continues unabated, albeit often in secret. A 22-year-old young woman, when asked if FGM is common in her community, replied, 'Although people don't talk about it openly, it is practised.' Of the respondents who admitted

Figure 26: Proportion of young people willing to perpetrate FGM on their own (future) daughters (by religion)

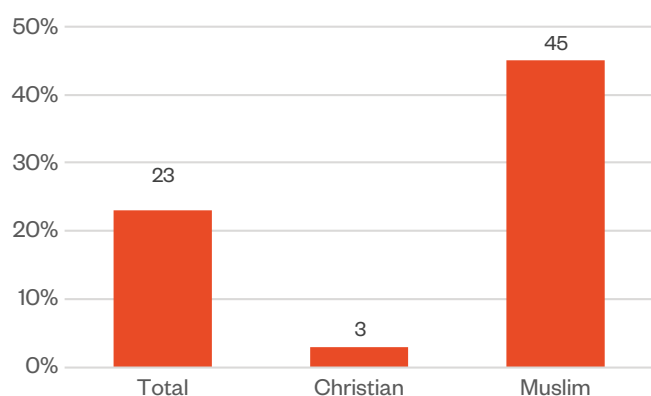
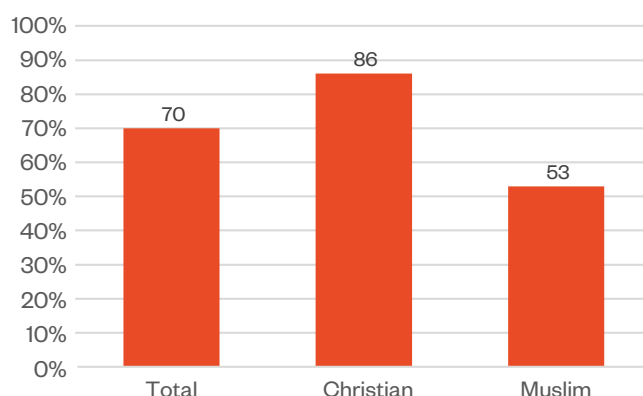


Figure 25: Proportion of young males willing to marry a wife who has not undergone FGM (by religion)



that FGM continues, all agreed that girls who grow up in the city, even those of Somali descent, are not subject to infibulation. A key informant stated, 'Cutting is still practised, but sewing is no longer done.'

When asked why FGM continues, respondents most often spoke first of religion, and then of the importance of controlling females' behaviour and sexuality. A 23-year-old woman explained:

FGM is mandatory for Muslims... If they don't circumcise [the girls], they will be sexually active. Uncircumcised women can't do the prayers in Islam. She can't enter the mosque.

A 22-year-old woman similarly stated, 'The uncircumcised girl is difficult to control. You can't easily manage her.'

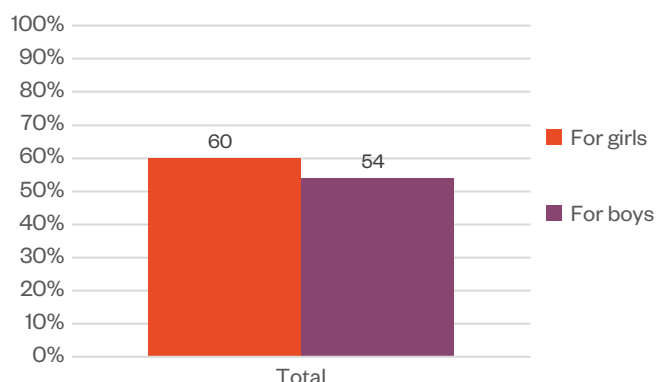
In line with survey findings, young males expressed relatively strong commitment to FGM. An 18-year-old young man, when asked if he would marry a girl who had not undergone FGM, replied, 'I will not marry her.' A 19-year-old young father, when asked if he plans to have his infant daughter undergo FGM, stated, 'It is good if girls are circumcised... It has a big benefit.' A 24-year-old father elaborated: 'As a parent, accepting not to circumcise is difficult. We think that she wants every man she sees for sex.'

Child marriage

When asked to identify the minimum legal age at which girls may marry, 60% of young people reported at least age 18 (see Figure 27). A similar proportion (54%) reported that boys may not marry until at least age 18.

Child marriage is uncommon among the young people in the Dire Dawa sample. With the caveat that many adolescents were not yet 18 years old at endline, only 1% of boys and 6% of girls in the GAGE sample had been

Figure 27: Proportion of young people able to identify at least age 18 as the legal minimum age for marriage for girls, at endline



Young people living in Dire Dawa were more likely than their peers in East Hararghe (60% versus 42%) to know that girls may not marry as children.

married prior to age 18 (see Figure 28). Of young adults, 21% of young women and 1% of young men had married prior to the age of 18.

During qualitative interviews, respondents agreed that 'Early marriage is not prevalent in this locality' (25-year-old young man). Although a 16-year-old girl reported that many girls are still encouraged to marry early, nearly all agreed that girls who grow up in the city are generally at risk of child marriage only if they become pregnant. A 21-year-old young woman recalled:

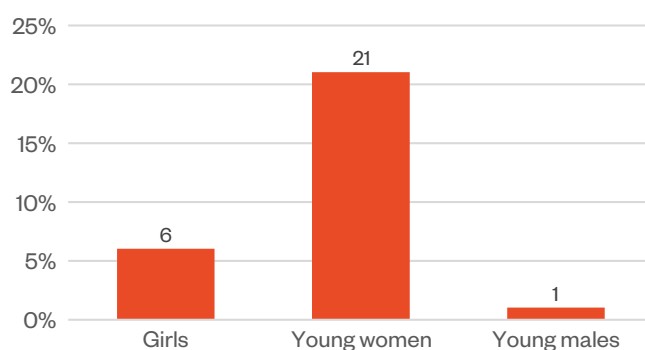
One of my [secondary school] classmates had started a love relationship with a boy and got pregnant without the knowledge of her parents. Then the boy tried to send the elders to her parents. Her parents had no choice except to give their daughter to the boy for marriage since she already got pregnant.

A key informant agreed that premarital pregnancy does drive child marriage, and added that, as in rural areas, fear of premarital pregnancy also drives child marriage, especially for Muslims:

I think Christian religious leaders understand the problem more, and they are creating awareness, so the percentage of child marriage is lower within the Christian community. But most of the child marriage problem is related to the Muslim community and the Islamic religion.

Looking only at adolescents, who were randomly selected into the sample, rates of child marriage in East Hararghe were far higher for both girls (54% versus 6% in Dire Dawa) and boys (6% versus 1% in Dire Dawa).

Figure 28: Proportion of young people married prior to age 18, at endline (by cohort and gender)



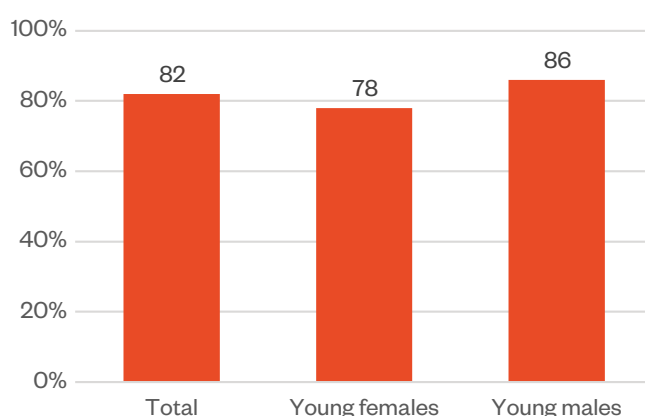
Key informants reported considerable efforts to stop child marriage in Dire Dawa, with government officials and service providers detailing direct interventions with parents, fines, and even jail time to ensure that child marriages are cancelled. A 16-year-old girl recalled that when a classmate was taken by her parents back to their village, to be married against her will, a teacher took a month off and travelled to that village to rescue the girl:

My teacher stopped a girl from getting married. Her parents live in a rural village, and the teacher went there to convince them not to marry her off, and she managed to do so. The girl has now completed 12th grade.

Marital violence

On the endline survey, 82% of young people agreed that wives owe their husband obedience in all things (see Figure 29). Young males (86%) were slightly but significantly more likely to believe this than young females (78%). A large minority (40%) of young people, with no difference by gender, also believed that marital violence is private and should not be discussed outside the home. A smaller

Figure 29: Proportion of young people who believe that wives owe their husband obedience, at endline (by gender)



Marital violence is even more normalised in rural East Hararghe than in Dire Dawa, where 97% versus 82% agree that wives must obey, 48% versus 21% believe that beating is acceptable, and 71% versus 40% believe that marital violence is private.

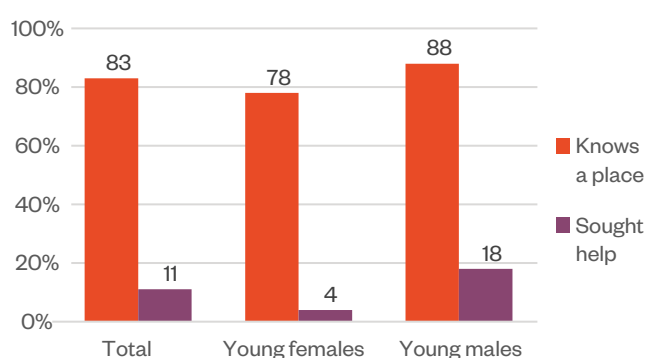
minority (21%) believed that beating is an acceptable way for a husband to control his wife. It was rare (2%) for young wives to report that they have ever been physically assaulted by their husband. Between Round 2 and endline, the proportion of young people in the panel sample who believe that beating is an acceptable way for a husband to control his wife declined from 41% to 21%.

Young brides agreed that marital violence is common, because young men expect to be obeyed and often become enraged when they are not. A 22-year-old young woman reported, *'Beating happens when you do not obey him. He does not disagree with you or beat you without reason. He may tell you to stop this and that. He may be patient 1 or 2 times.'* They also agreed that the primary response to violence, even though services are available, is silence. A 19-year-old young woman, whose husband is so jealous of her that he beat her because a male neighbour helped her hang laundry, explained, *'I do not talk to anyone when he beats me. Even if I discuss with people, they cannot bring any change. I keep quiet.'*

A female community key informant reported that marital violence is so normalised that even the women raising awareness about women's rights are beaten:

The Minister of Women herself talks in public about women's rights, but she is hit by her husband when she gets back. Thus, I don't trust what she preaches in public. That is a lie. I am the one who protects my rights, not any other person or the government. She simply speaks in public to defend women's rights. That is rhetoric, as she cannot even protect her rights.

Figure 30: Proportion of young people who know where to seek support for violence/ have sought support for violence, at endline (by gender)



Support-seeking for violence

Most young people (83%) reported on the endline survey that they know where a person experiencing violence might seek help (see Figure 30). Of those, a far smaller proportion (11%) reported that they have ever sought help for themselves. Young males were significantly more likely than young females to both know a place to seek help (88% versus 78%) and to have personally sought help (18% versus 4%). For young women, marital status significantly shapes support-seeking. Married young women were more than 10 times more likely to have sought support for violence than unmarried young women (11% versus 1%). Between Round 2 and endline, the proportion of young people in the panel sample who knew where to seek support for violence had improved significantly, from 70% to 81%.

Key informants agreed that justice and support services for survivors of violence are widely available in Dire Dawa. There are campaigns to encourage survivors and bystanders to report all types of violence, and there are one-stop centres to meet survivors' myriad needs. A health official reported that:

In each of the one-stop centres, there are health, legal, psychosocial professionals and police... By the time such victims come, the police take their words to organise a file for the court. If the violence is done by a family member, we let the victims stay in a shelter prepared by the Administration.

Compared to their peers in Dire Dawa, young people in rural East Hararghe were slightly less likely to know a place to seek support for violence (74% versus 83%); they were similarly unlikely to have done so (8% versus 11%).

Key informants also agreed that uptake of services is limited, because violence – especially familial violence – is so normalised and under-reported. An official explained, *'If the girl grows up seeing her father hitting her mother, she will not see the abuse as violence. Because her father is her first love and she might think he is doing the right thing.'*

Two female key informants also admitted that, despite the availability of services, women are often encouraged to stay in abusive marriages. One stated, *'We prefer the wife to give the marriage a last chance before the marriage is ended.'*

Psychosocial well-being

Mental health and resilience

The GAGE endline survey included two internationally validated tools designed to screen young people for mental health concerns. The General Health Questionnaire (GHQ-12) measures symptoms of emotional distress,¹² and the Patient Health Questionnaire (PHQ-9) measures symptoms of depression.¹³ The GHQ-12 found that 15% of young people had symptoms of emotional distress; the PHQ-9 found that 11% had symptoms of mild depression (see Figure 31). Young females were significantly more likely than young males to have symptoms of both distress (19% versus 11%) and mild depression (16% versus 7%). Symptoms of moderate-to-severe depression were rare (2%).

The endline survey also included the Child and Youth Resilience Measure¹⁴ (CYRM), which captures young people's ability to respond to life challenges and the emotional support they have to help them do so. Dividing the sample into four quartiles – those with low resilience (25th percentile and below), those with average resilience (26th–74th percentile), and those with high resilience (75th percentile and above) – found that young adults were less resilient than adolescents (see Figure 32). Young adults were more likely than adolescents to fall into the bottom quartile (25% versus 15%) and less likely than adolescents to fall into the top quartiles (23% versus 34%).

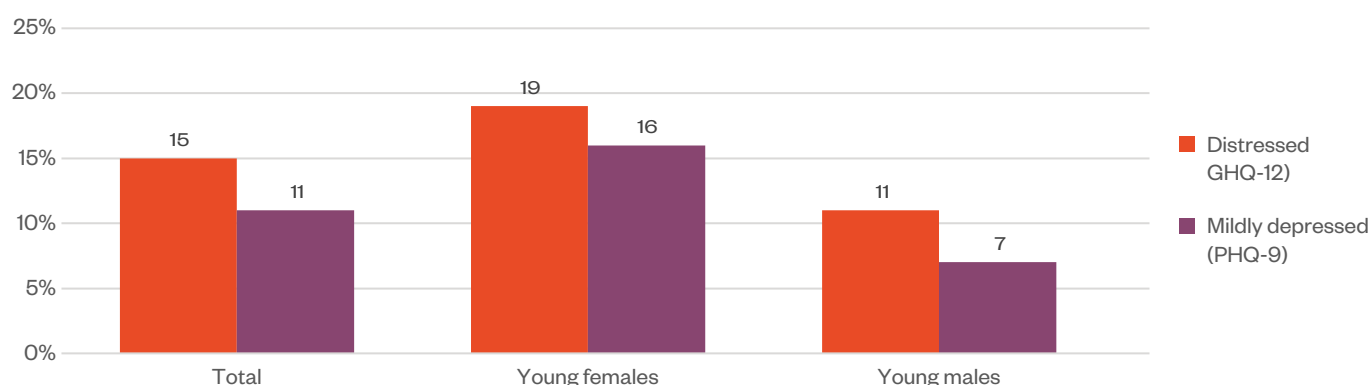
During qualitative interviews, young people living in Dire Dawa reported a great deal of stress surrounding the transition to young adulthood – almost all of which was fundamentally related to their ability to meet their own and their family's financial needs. In some cases, this

In East Hararghe, rates of distress (15%) and depression (11%) were the same as those in Dire Dawa.

stress was related to exams and young people's fears that they will not achieve their educational and occupational aspirations. A 25-year-old young man stated, '*The current education system is damaging the mind.*' In other cases, young people were stressed because they felt guilty about relying on their parents for financial support. A 16-year-old girl explained, '*When you go to college, you still live with the family, and you will become a burden... Not being able to be independent can be stressful. Unless it is mandatory, I do not ask for money.*' For young people who were out of school, unemployment and underemployment were near-constant concerns. A 19-year-old young woman, who had not found a job despite graduating from secondary school, explained: '*I want to work and provide for my parents' needs. That is my desire. I am not doing what I want to do, and because of that, I am not happy.*' A key informant echoed this view, saying, '*The young are facing such problems... because of shortages, they don't have a job... They are falling into ill health from the stress they face from staying idle at home.*'

Girls and young women taking part in qualitative research noted that in addition to being worried about educational success and financial security, they are worried about upholding gender norms. Some young females spoke of their anxiety about sexual violence, for which victims – rather than the perpetrators – are blamed. A 17-year-old girl stated, '*The boys harass the girls on the road. They grasp the girls and they touch them inappropriately... It is awful.*' Other girls and young women

Figure 31: Proportion of young people with symptoms of emotional distress and mild depression, at endline (by gender)

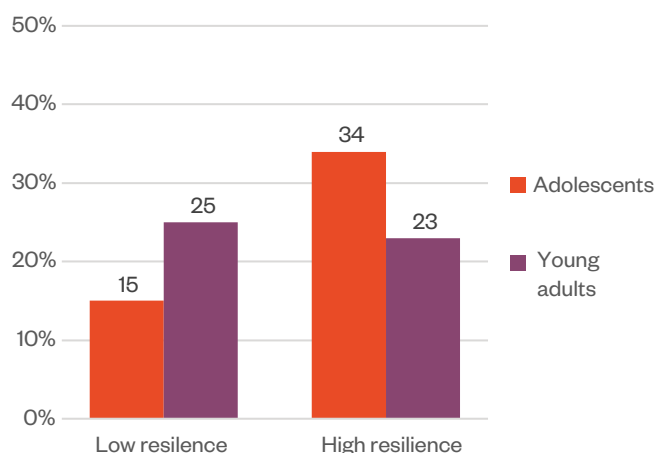


¹² Distressed was defined as a score $\geq 3/12$ (see Goldberg, 1972; Goldberg and Williams, 1988).

¹³ Depressed was defined as a score $\geq 5/27$ (see Kroenke et al., 2001).

¹⁴ See Liebenberg et al. (2013).

Figure 32: Proportion of young people falling into the bottom and top quartiles for resilience (by cohort)



were afraid of marriage, which they know usually results in a loss of freedom and can result in violence. A 23-year-old young woman explained, *'When I think about marriage, I am scared... I am scared my husband wouldn't be the same person after marriage, he might not allow me to go outside and such.'* Young women who had invested in education, but remained unemployed, sometimes noted that they feel like a failure on two accounts, as they have neither work nor a family. A 25-year-old young woman reported, *'When I think of myself, that I am an educated, unemployed and 25-year-old girl who yet has to get married and have children, it really makes me feel bad.'*

Despite their anxiety about the future, it was common for young people in Dire Dawa – especially those who were better educated – to have good coping skills. A 17-year-old girl stated, *'When I am depressed, I watch TV, and I make myself busy with work.'* A 24-year-old young man similarly explained:

When I get depressed and overwhelmed by ideas, I will go to the mosque and in our religion, there are two ways of praying that you explain your needs. I will pray like that. I will spend the whole day over there. When I hear about my religion, I will forget my depression. Normally, the problem will be resolved. After that, I can think properly.

Emotional support

The endline survey found that over two-thirds (68%) of young people, with no differences by cohort or gender, have a trusted friend in their life. A similar proportion (64%) have a trusted adult in their life (see Figure 33). Young adults were significantly more likely to have a trusted adult than adolescents (69% versus 58%). Between Round 2

Young people in East Hararghe were slightly more likely than their peers in Dire Dawa to have a trusted friend (75% versus 68%) and slightly less likely to have a trusted adult (59% versus 64%).

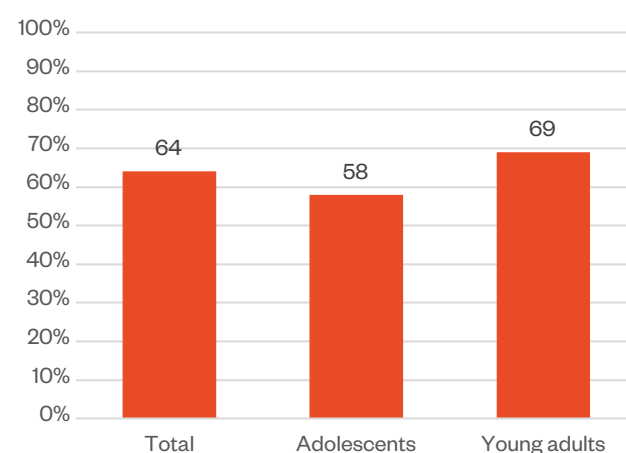
Young people in Dire Dawa were far more likely to be able to talk to their mother about their hopes and dreams for the future than their peers in East Hararghe (71% versus 42%). They were similarly likely to be able to talk to their father.

and endline, the proportion of young males in the panel sample with a trusted adult fell from 84% to 64%. There was no change for young females.

When asked if they can talk to their parents about their hopes and dreams for the future, most young people (71%) reported that they can talk to their mother; a smaller proportion (50%) reported that they can talk to their father. Young women (63%) were significantly less likely than young men (73%) and adolescents (74%) to be able to talk to their mother about their dreams for the future – with the gap explained by young women's higher odds of marriage and lower odds of living in the same household as their mother.

During qualitative interviews, most young people reported that they are emotionally supported by family members. A 23-year-old young woman, unemployed despite her university degree, stated of her parents, *'My parents encourage me not to lose hope, to try again and again.'* A young man, the same age, similarly reported of his parents, *'It is my mother who has been encouraging and supporting me to decide what I want. My father has also been supporting me.'* Support from siblings was also important, especially for girls and young women. A 17-year-

Figure 33: Proportion of young people with a trusted adult in their life, at endline



old girl said of her older sister, *'I just tell my sister when I am unhappy and face problems.'*

Broader narratives notwithstanding, several young people – primarily those from the younger cohort – reported that parent–child communication tends to be more top-down rather than two-way dialogue. An 18-year-old young woman, when asked how she will parent her own children when they become adolescents, replied: *'When we were raised, our parents wouldn't want us to talk but only to listen to them, to whatever they had to say... As I said earlier, they are dictators.'* A 17-year-old girl agreed and added that as a consequence, *'I prefer to keep my problems to myself.'*

Young people's narratives about peer relationships were more mixed. Some reported that they not only have fun with friends, but rely on them for emotional support. A 17-year-old boy stated, *'Most of us are not that open to our families; instead, we discuss our concerns with our friends.'* Others reported that they do recreational activities with friends, but do not turn to them for support. This is because, explained an 18-year-old young woman, *'Friends may not keep your secrets.'* A third group of young people – disproportionately young females due to restrictions on their mobility – reported that they do not have any friends. A 17-year-old girl said, *'My parents strictly control me. They never permit me to go out and spend time with friends.'* A

mother explained that this is due to parents' fear of peer pressure:

My children do not have many friends... They do not visit the neighbours' houses... I advise them by saying that I am their mother, father, and friend. Friends may spoil you and leave you empty-handed.

Although one 19-year-old young woman reported knowing that her parents' restrictions are well-meaning, she stated, *'I feel lonely. I want to have a friend.'*

Access to psychosocial support services

Key informants reported that in Dire Dawa, formal and semi-formal psychosocial support services are available. A primary health care provider stated, *'If we see signs of depression, we have psychiatry support. Such services are in many health institutions, including Chora hospital. There are specialists for that.'* However, none of the young people in the GAGE qualitative sample reported having accessed these services.

A 23-year-old young man, who was imprisoned for a crime he did not commit, did however, note that his health care provider correctly identified that he was having a stress reaction, rather than a heart attack: *'I went to a health centre and... they told me that it was not a cardiac problem but a stress. The doctor was right.'*



Grade 8 student in Dire Dawa, Ethiopia © Nathalie Bertrams/GAGE 2025

Voice and agency

Physical mobility

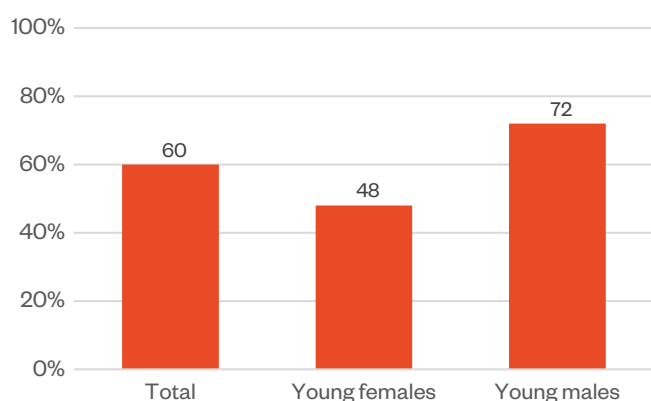
The endline survey found that 60% of young people had left the *kebele* at least once in the past three months (see Figure 34). Young males were significantly more likely than young females to have done so (72% versus 48%).

When asked if they need permission to go to a variety of places (the market, a religious institution, the home of a friend or relative or a public place), a minority of young people reported yes. Responses were similar across locations. For example, 38% of young people reported that they need permission to go to the market (see Figure 35). Cohort differences were not significant, but gender differences were; young females were twice as likely as young males to need permission to go to the market (51% versus 24%).

Although a female key informant stated that '*Currently I can say Dire Dawa is a peaceful city relative to the rest of the country... You can see women taking a walk alone at night*'. Other respondents taking part in qualitative research agreed that young females' mobility is highly restricted relative to young males'. Indeed, although girls and young women do go to school (or work), most reported that they do not often leave home unless they must. A 17-year-old girl stated:

I have three older sisters and they are my role models. They never go out of home unless they are instructed by my parents to do something and they spend most of their time at home, watching TV and films, so I also spend time at home after school and I am not interested in coming out of home unless my parents instruct me to do something outside of home.

Figure 34: Proportion of young people who have left the kebele at least once in the past 3 months, at endline (by gender)



Young males in Dire Dawa were more likely to have left the kebele than their peers in rural East Hararghe (74% versus 57%), where forced recruitment drives have left many boys and young men afraid to leave home.

Young people in Dire Dawa were less likely than their peers in East Hararghe (38% versus 72%) to need permission to go to the market. Gender gaps were similar across locations.

A mother shared this view, and added that parents' restrictions on young females' mobility are entirely related to parental concerns about their daughters' safety: '*We never allow our daughters to go out alone. We insist they go with someone or with parents who can protect them.*'

Digital access

The endline survey found that 84% of young people have a personal mobile phone (see Figure 36). Cohort and gender differences were significant: young adults were more likely to have a phone than adolescents; and young males were more likely to have a phone than young females. Young men were the most likely to have a phone (93%); adolescent girls were least likely to (75%). Between Round 2 and endline, the proportion of young people in the panel sample with a mobile phone almost doubled from 45% to 85%.

During qualitative interviews, most young people reported having and regularly using a mobile phone – for school, for work, to keep up with friends and family, and for recreation. A 16-year-old girl, when asked what she does with her mobile, replied, '*I use it to communicate with people and my friends. I also use it for my education... They share reading assignments in PDFs.*' A 22-year-old young man, when asked the same question, answered: '*I see*

Figure 35: Proportion of young people who need permission to go to the market, at endline (by gender)

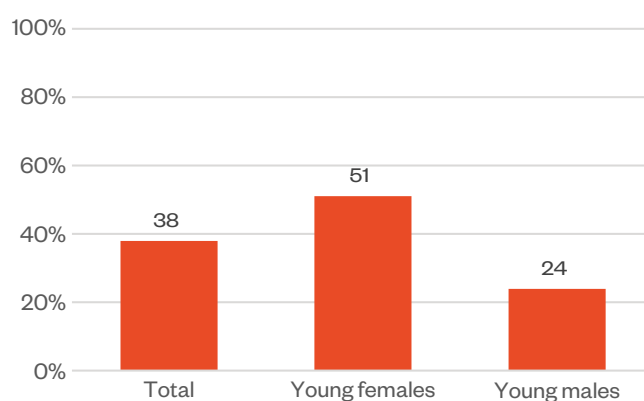
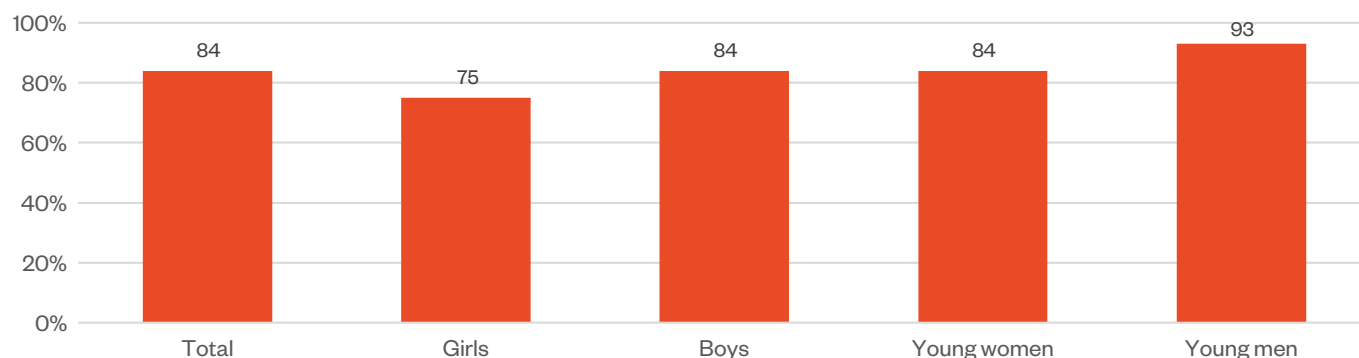


Figure 36: Proportion of young people with a mobile phone, at endline (by cohort and gender)



Young people in Dire Dawa were far more likely to have a phone than their peers in East Hararghe (84% versus 66%).

TikTok and Facebook. I also listen to music. Sometimes, I play some simple games like cards.'

Respondents – adults and young people alike – were highly aware that young people's access to mobile phones has negative consequences. A 25-year-old young woman explained, *'It entertains me although it also consumes my time... Every day, I may spend a minimum of 4 hours, including in the evening, lunch time, in the mornings.'* Teachers were especially scathing of students' near-constant phone use, with one noting that *'The key problem for the students is the unlimited social media use. There are many negative effects on adolescents.'*

Unlike in GAGE's rural study sites, respondents in Dire Dawa often reported efforts to help young people learn to use the internet safely. Some parents refuse to allow their children (especially daughters) to have a phone until they are at university. A father reported, *'I bought the phone when my oldest daughter joined Jimma University... My second daughter is a secondary student currently, and I will never allow her to have the phone when she is just a student.'* In addition, most secondary schools prohibit students from bringing their phones to school. One stated, *'If the teachers catch the students, their phone will be taken, and they will get it back after their parents come to school and pay 50 birr.'* A few young people also reported having had digital safety lessons at school. A 25-year-old young man recalled that these were coupled with lessons on how to use computers: *'I have been getting technology-related education since I was in grade 7.'*

Decision-making, voice and participation

On the endline survey, a minority of young people reported that they have a great deal of say in decisions about their

Young people in Dire Dawa reported less agency over day-to-day decisions than their peers in East Hararghe. For example, 28% versus 42% reported that they can choose how to spend free time and 20% versus 36% reported that they can choose their own friends. Reported decision-making over marriage was similar across locations.

In Dire Dawa, young people's ability to express an opinion to peers or older people was similar to that found in East Hararghe.

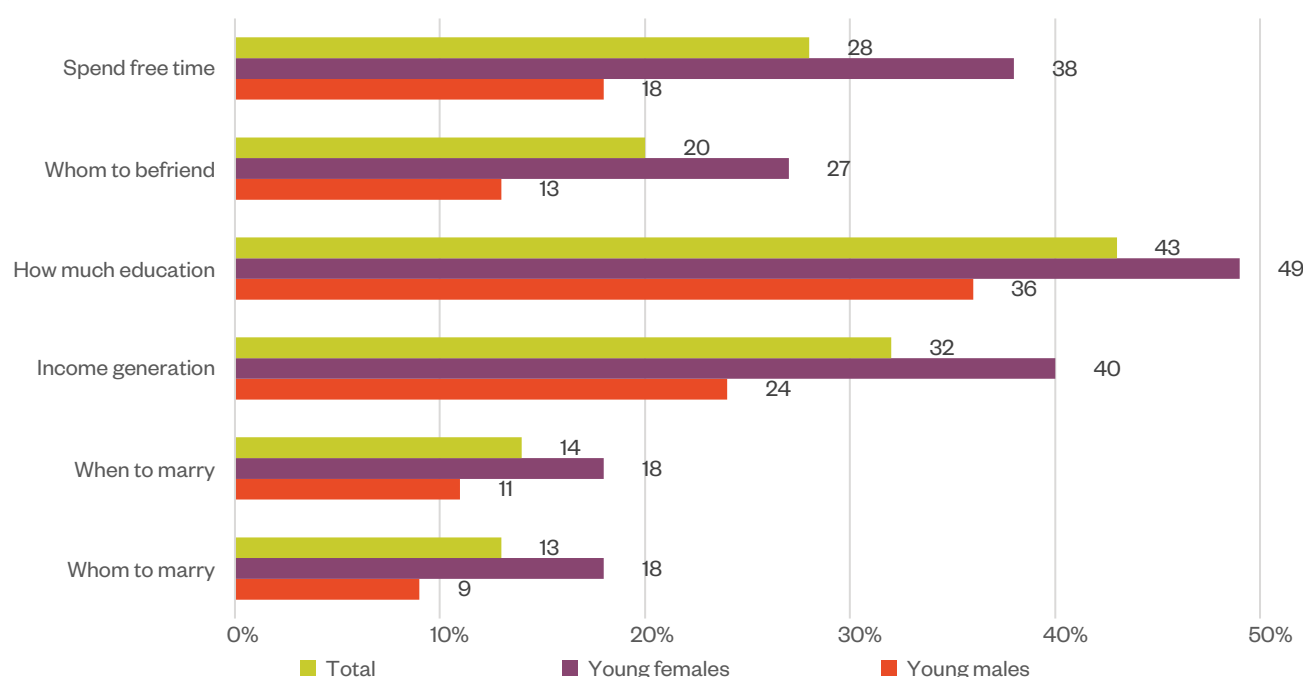
Rates of speaking about and taking action about community problems were similar between Dire Dawa and East Hararghe.

lives. For example, 28% reported that they have a great deal of say in how to spend free time, and 32% reported that they have a great deal of say about whether to be involved in income generation (see Figure 37). Young people's input into marriage decisions was even more limited: only 14% reported a great deal of say in when to marry, and only 13% reported a great deal of say in whom to marry. Interestingly, young females were more likely to report a great deal of say into all decisions than young males.

Most young people (82%) reported on the endline survey that they are comfortable expressing an opinion to a peer; just over half (54%) reported that they are comfortable expressing an opinion to an older person (see Figure 38). Young males were more likely to be comfortable expressing an opinion than young females, to peers (89% versus 76%) and to an older person (59% versus 49%).

Just under one-quarter (22%) of young people reported on the endline survey that they have ever spoken with others about a serious community problem (see Figure 39). Gender differences were significant: young males were twice as likely to have done so as young females

Figure 37: Proportion of young people reporting a great deal of say into various decisions, at endline (by gender)



Young people in Dire Dawa and East Hararghe were similarly likely to believe that politics are irrelevant.

(29% versus 15%). Only 9% of young people had ever taken action with others about a serious community problem.

A small majority (59%) of young people reported on the endline survey that politics are irrelevant to a person such as themselves (see Figure 40). Young females were significantly more likely to believe this than young males (63% versus 55%). Support for women's involvement in politics is limited. A quarter of respondents (26%) reported that they believe that women leaders cannot also be good wives and mothers.

In stark contrast to survey findings, most qualitative research participants agreed that most young people –

except for young brides, who must do as their husband directs – make their own decisions. One mother, when asked what decisions she allows her adolescents to make, replied: *'I don't interfere with my children's issues, and they decide themselves. My children are my good friends, and we have been and still have open discussions on all issues.'* Another mother, after explaining that her 20-year-old daughter is not studying medicine (which is what the mother would prefer) – stated, *'My daughter decides about her future... Whatever is fine for her! That is as per the will of Allah.'*

Most young people clarified that although they are happy to accept their parents' guidance on day-to-day decisions, especially (for young females) rules around mobility, the larger decisions that shape their lives are

Figure 38: Proportion of young people comfortable expressing an opinion to a peer or an older person (by gender)

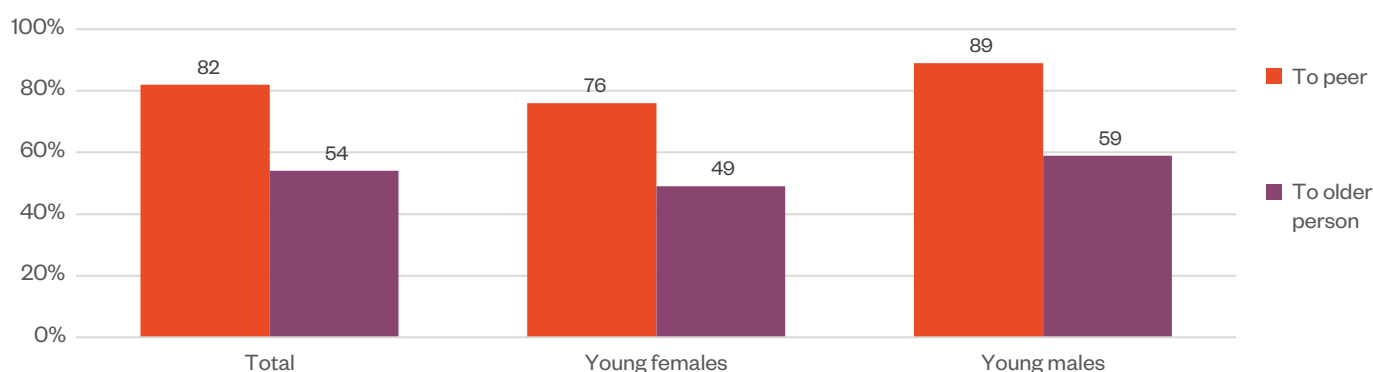
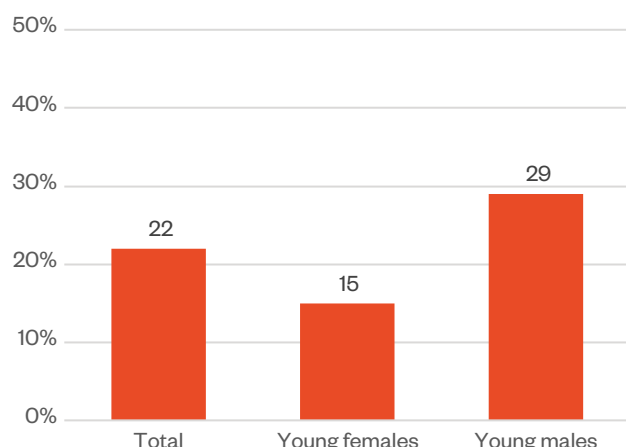


Figure 39: Proportion of young people who have ever spoken with others about a serious community problem, at endline (by gender)

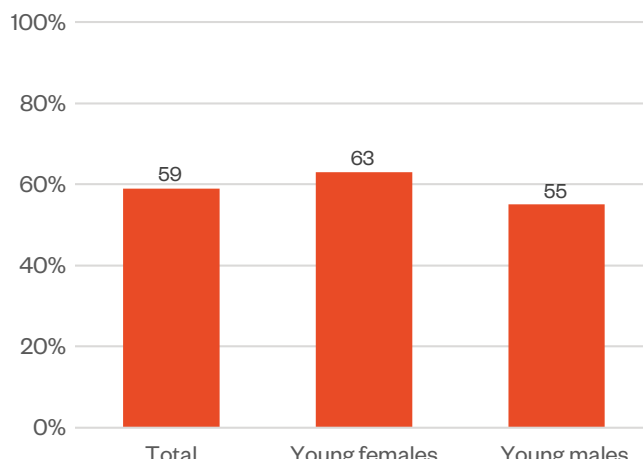


ones that they make themselves. A 23-year-old young man explained that he chose to leave school, over his father's objections: *'No one else was involved in this decision. However, my father tried to convince me to restart learning, but I refused to do so. My father even disagreed with me, but later he accepted my decision.'* A 19-year-old young woman, when asked who will choose her marriage partner, replied: *'I will choose... I want to start a business or look for another job before getting married.'*

Indeed, unlike in GAGE's rural study sites, where young people often have so little agency over their own lives that they struggle to identify a role model, in Dire Dawa it was not uncommon for young people to recognise their own efforts as central to their success. A 25-year-old young woman, a university graduate, stated: *'My efforts also contributed to my success. The main one is my efforts.'* A 23-year-old young man, recently released after being imprisoned for a crime he did not commit, explained that the experience has not broken him, saying, *'I am a man of vision.'*

Respondents' broader narratives provided some hints as to why young females claim more agency over their lives than young males. First, there has been a sea change in the lives of today's girls and young women, compared to their mothers – a sea change that leaves young females focused on freedom rather than limits. A 19-year-old young woman explained, *'The times have changed. Previously, it was said that how could a female do anything the same like a male. But currently this is not the case.'* Second, young males increasingly feel left behind. It is not only difficult for them to find the work that will enable them to achieve independence, but they are blamed for the city's problems. An 18-year-old young man stated, *'The guy must go through*

Figure 40: Proportion of young people who believe that politics are irrelevant, at endline (by gender)



a lot of hustles, the female will just marry a rich guy...Girls are more trusted and treated with respect than boys.'

Respondents reported that there are limited opportunities for young people to participate in school- and community-based activities. On the one hand, no young people reported taking part in school clubs – sometimes because secondary and post-secondary schools do not offer clubs and sometimes because clubs meet during the school day, and students are loathe to give up instructional time. A 17-year-old girl stated, *'Clubs meet sometimes during school time. I do not want to miss class for the club.'* On the other hand, some young people did report engaging in volunteer activities, some of which were organised at school, while others were organised through religious institutions. A 21-year-old young woman explained that she and her peers meet at church each month:

During our gatherings, we used to discuss relevant social issues. For example, we used to support those who are unemployed in searching for job opportunities through our association. We also used to pray for those who faced some life difficulties.

A 24-year-old young man noted that females' opportunities for religious participation are bounded, because while they can and do do things, their voices are not taken as seriously as men's. He explained, *'Men have the power to talk about religious issues. It is challenging when it comes to a woman. If it is a man, he can do or talk whatever he likes to do so. A woman is just not like that.'*

Most respondents agreed that young people have few opportunities to participate in civic life. A 27-year-old young man reported that although the *kebele* organised young people to help out during the Covid-19 pandemic,

these jobs have 'no longer continued'. A female community key informant agreed: 'No institution organises young people in each kebele.' That said, a few young people did report some engagement. A 23-year-old young woman reported that she and her neighbours had recently met to discuss a public health concern: 'We discussed the dirty water that pours that way, which may affect the health of the children. We decided not to pour wastewater along the ways where children play and where people pass by.' A 30-year-old man similarly recalled having 'campaigned and mobilised the youths to participate in discussions about the importance of participating in the decision-making process and how they could contribute to keeping the peace in the city'.

When asked about their engagement with the electoral process, young people fell into one of two categories. One group reported that they wanted nothing to do with it, usually because of its association with violence. A 23-year-old young man stated, 'I didn't participate in any election and will never for the future. I don't care who administers the country. It is none of my business.' A 22-year-old young woman elaborated, 'I don't like politics, I am afraid of it... There is no peace in our country and I don't hear good things about the politics.' Another group, however, reported being interested and taking part. A 23-year-old young man, when asked if he voted in the last election, replied: 'I participated in elections and elected the kebele leaders, parliament members, etc. I will participate and elect even

in the future.' A 21-year-old young woman reported that not only has she voted in past elections, but wishes to one day stand, 'I would like to be the Mayor of Dire Dawa town... Because I would like to solve the unemployment-related problems of most youth, both males and females, in Dire Dawa town.'

Overall, young males and young females expressed divergent views on women's role in politics. It was not uncommon for boys and young men to believe that women are simply less competent than men. A 24-year-old young man stated, 'A woman cannot think the way a man thinks... But a man covers most of the gaps.' Girls and young women, on the other hand, usually agreed that while women have not traditionally taken part in politics, it is good for women – and the country – that more women are now doing so. A 16-year-old girl explained:

There is a saying, 'set wedeguada wend wedemeda' [a woman's place is in the home while the man should deal with public affairs]. I think that is keeping them back. It is believed that it is a man who should be seen in public. I do not think it is about capacity... Once the women already in politics start making change and having an impact, others will follow them.

A 21-year-old young woman shared that view: 'Women's role in politics has increased in the past two years and this is good for the country since I think that women are very wise.'



An 18-year-old young woman selling shiro in a market in Dire Dawa © Nathalie Bertrams/GAGE 2025

Economic empowerment

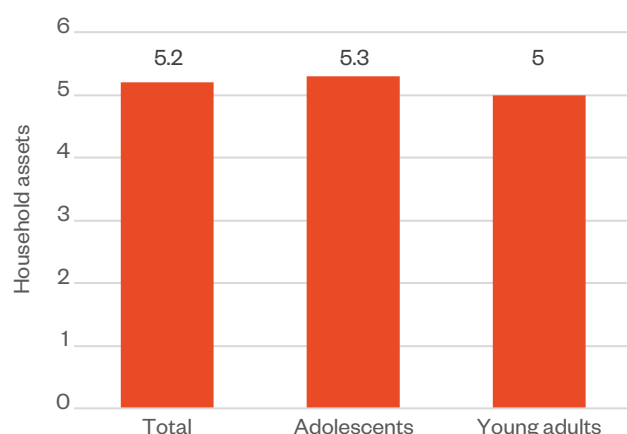
Household economic status and access to social protection

The endline survey asked young adults whether their household owns any of 16 assets, as a way to gauge household poverty. Young people reported that their household owns a mean of 5.2/ 16 assets (most often a phone, mattress, TV, fridge, and chair) (see Figure 41). Gender differences were not significant, but cohort differences were: young adults' households owned slightly but significantly fewer assets than adolescents' (5 versus 5.3), with the gap primarily explained by young women's marital status (see Box 3). Access to social protection was rare. Although 17% of households had ever benefited from the PSNP, at endline only 3% of households were currently benefiting.

Although a few respondents reported that their family 'does not have financial constraints' (24-year-old young woman), many reported that their households are very poor, due to the higher costs associated with urban living. A 21-year-old young woman, who is working part-time while also attending school, explained that inflation has been relentless for the past few years: 'Currently, the house rental expense has increased, and the costs of other things have also increased.' The mother of a 19-year-old agreed:

If I had children now, I might consider suicide. When I was raising my children, the price of house rent was 150 birr. Then it increased to 200, then 300, and finally to 500 birr. After that, it jumped to 700 birr, then to 1,000 birr. After three months, the rent increased to 2,000 birr. I stayed there for 10 years, but they raised the rent by 1,000 birr in just three months.

Figure 41: Mean household assets at endline (by cohort)



Households in Dire Dawa owned more assets than those in rural East Hararghe (5.2 versus 4/16). Rates of PSNP participation were the same – 3% in both localities.

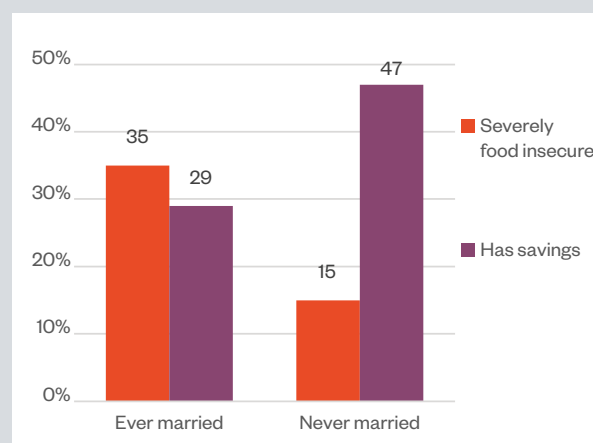
Adult respondents noted that young migrants to Dire Dawa are especially economically vulnerable. Many arrive in the city hoping to find work and cannot, while others arrive in the city hoping to use it as a launching pad for international migration but get stuck there. A key informant explained that some migrants end up living on the streets:

Many youths came to the city to work, and it is one of the reasons why there are many youths in the street currently. Many youths also came to the city to cross the border illegally. The human traffickers bring a lot of youths to the city because the city serves as a transition point for them for the illegal human trafficking. When they couldn't cross the border, they will start living in the city.

Box 3: Young couples struggle economically

The endline survey found that compared to never married young women, ever-married young women live in households with fewer assets (4.0/16 versus 5.4/16), are more likely to be severely food insecure (35% versus 15%), and are less likely to have savings (29% versus 47%) (see Figure 42). A 19-year-old young woman, whose husband does not allow her to work, explained that one low wage income is not enough: 'The money that we get is not sufficient, life is hand-to-mouth. We could not save.'

Figure 42: Proportion of young women who live in a severely food-insecure household and who have savings (by marital status)



In line with survey results, qualitative research respondents reported that access to social protection – outside of health insurance (see the health section above) – is extremely limited in Dire Dawa. A mother noted that although her family does benefit from the PSNP, she has been told that benefits may end soon: *'Some day they say it's only a month left for the programme to end, and sometimes they say it will continue. There is nothing assured.'* A father observed that the poorest families rarely benefit from the PSNP, due to corruption: *'There are many people who have not benefited from the safety net. It benefited only a few who were already well-off.'* A key informant from the IDP community noted that their access to social protection has declined over time – and also blamed corruption:

Previously, the World Food Programme (WFP) used to provide us with basic food items every four to five months. Currently, that humanitarian assistance has been suspended... We heard that due to misappropriation and misuse of aid resources by the government and armed groups during the conflicts in the Amhara and Tigray regions, WFP decided to suspend its humanitarian operations across the country. However, at the beginning of 2024, food aid delivery resumed, and we began receiving supplies every two months. Still, over the past six months, nothing has been given to us again, and it seems to have been suspended once more.

Occupational aspirations

On the endline survey, almost two-thirds of young people (64%) reported that they aspire to work in retail/sales; and just over a quarter (26%) reported that they aspire to skilled or professional work (see Figure 43). Gender differences were not significant, but cohort differences were: adolescents, who were more likely to still be pursuing

Declines in aspirations for skilled or professional work between Round 2 and endline were similar in Dire Dawa (-49 percentage points) and East Hararghe (-58 percentage points).

Young people in Dire Dawa were more likely to report barriers to their occupational aspirations than their peers in rural East Hararghe (58% versus 42%).

Young people in Dire Dawa were slightly more likely to report that they would need to migrate to achieve their occupational aspirations than those in East Hararghe (36% versus 28%).

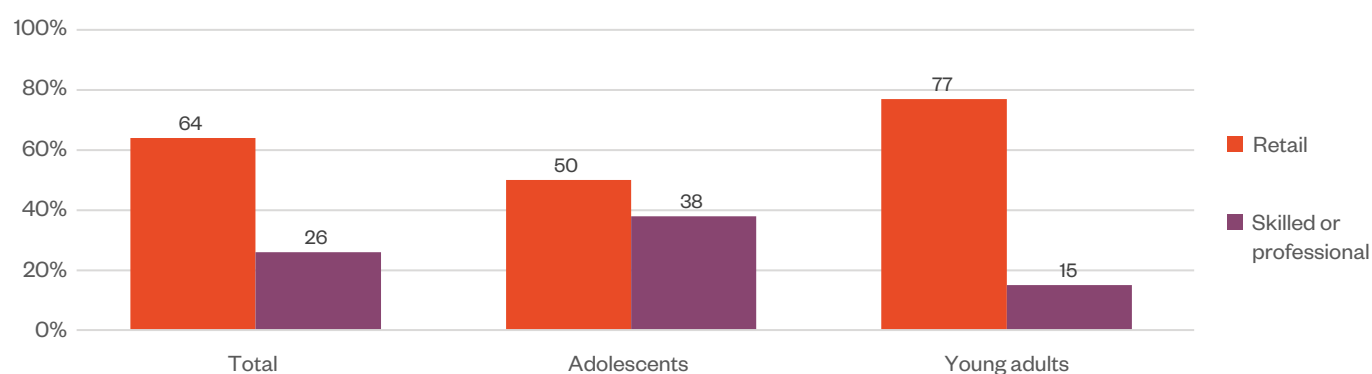
education than young adults, were more likely to aspire to skilled or professional work (38% versus 15%) and less likely to aspire to sales/retail work (50% versus 77%). It was rare for young people to aspire to unskilled work (7%). Between Round 2 and endline, young people in the panel sample saw their occupational aspirations decline. At Round 2, 77% aspired to skilled or professional work, but by endline, only 28% did so.

Approximately half of young people (58%) reported at endline that they have a constraint to achieving their occupational aspirations. Of those, 70% reported that the constraint was economic in nature. Young people in the panel sample were slightly but significantly more likely to report constraints at endline than they were at Round 2 (61% versus 54%). Reported constraints were significantly more likely to be economic at endline than they were at Round 2 (78% versus 55%).

At endline, just over a third of young people (36%) reported that they will need to migrate to achieve their occupational aspirations.

During qualitative interviews, and in contrast to most of their rural peers, the majority of young people had

Figure 43: Young people's occupational aspirations at endline (by cohort)



relatively detailed occupational aspirations. The most educated young people wanted a professional career. A 22-year-old young man with a university degree stated, 'I want to get Microsoft training and Android training. I want to develop software.' A 16-year-old girl, studying accounting at college but planning on pursuing design at university, similarly stated:

I want to be a designer... When you have your own business, you need to do your own accounting and know how to balance your income and expenses. I need to figure out my profits and my losses. And the education on accounting helps in that way.

With the caveat that most respondents acknowledged that they lack start-up capital, young people with less lofty occupational aspirations also had specific objectives. A 22-year-old young woman reported, 'I want to start a business of selling women's and girls' clothes and cosmetics.' A 24-year-old young man stated, 'I want to open my own company... importing mobile phones.'

In line with survey findings, it was common for young people to be interested in migration. Preferred destinations were often gendered. Young females most often reported that they wanted to migrate to the Middle East, usually to Saudi Arabia, to become domestic workers. A 23-year-old young woman stated:

What I plan for my future is to go outside of the country if I get the chance... I have even begun the process to go to Saudi Arabia, but it was unsuccessful... I have heard there is great opportunity for work, and I have heard you can earn 30,000 and 40,000 birr a month.

Young males, on the other hand, often preferred migration to Europe. A 24-year-old man explained:

I am saving money, and my plan is to migrate to a better foreign country... I plan to go to Poland... I know many

people in Poland who can help me finish the process. Many people go there illegally by sea. The only problem is I haven't saved enough money to go there. As soon as I have the money, I will go there.

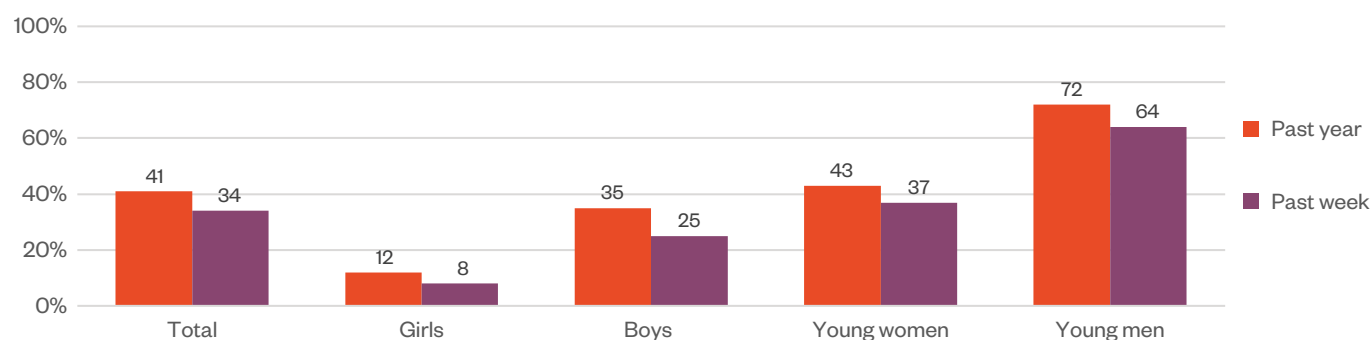
Livelihoods and paid work

The endline survey found that 41% of young people had participated in paid work in the past year, with 34% participating in paid work in the past week (see Figure 44). Cohort and gender differences were both significant: young adults were more likely to have worked for pay than adolescents, and young males were more likely to have worked for pay than young females. Young men were the most likely to have worked for pay in the past year (72%) and the past week (64%). Adolescent girls were least likely to have (12% and 8% respectively). Of those with paid work, median earnings in the past week were 2,000 birr (US\$12.9) for young men and 1,000 birr (US\$6.45) for adolescent boys, young women and adolescent girls. Young females reported that they spend 3.4 hours each day on domestic work; for young males, it was 1.3 hours. Using the panel sample, between Round 2 and endline, young males' engagement with paid work in the past year had climbed significantly – from 33% to 52%; for young females, the percentage was unchanged.

Half (50%) of young people reported that they had actively searched for work in the past year (see Figure 45). Differences by cohort, and (for young adults only) gender, were significant: young men (71%) were more likely to have searched for work than young women (52%) and adolescents (38%).

Reflecting differences in urban and rural economies, access to paid work in the past year and week was higher in Dire Dawa than in rural East Hararghe (41% versus 26% and 34% versus 19%, respectively). Nevertheless, median earnings were similar across locations.

Figure 44: Proportion of young people with paid work at endline (by cohort and gender)



A minority (29%) of young people reported on the endline survey that they had ever taken part in a skills training course (see Figure 46). Differences by cohort, and (for young adults only) gender, were significant: young men (49%) were more likely to have taken such a course than young women (24%) and adolescents (21%).

Respondents taking part in qualitative research reported that young people engage in myriad forms of work, most of which are gendered. Young females undertake domestic and care work, run stalls or small shops in the market, and work in salons; young males drive vehicles if they have the requisite education (10th grade), load and unload goods in the market, and work in construction. Both young women and young men work in factories, which in Dire Dawa include those that build bajajs (taxis), bottled water, and make cigarettes.

Key to understanding young people's engagement with paid work is that few have the work they want. Many young people reported that they cannot find work at all. A 22-year-old young woman with a university degree stated, 'There is no job opportunity. You will not get a single job after searching for months.' Other young people reported that their work is intermittent. A 19-year-old young man stated, 'Randomly there is casual work on Isuzu trucks within the neighbourhood. I unload goods from such trucks. It is not permanent. Sometimes I get such type of work.' Young people who had managed to find stable jobs, usually at factories, often reported that salaries were not what was promised. A 20-year-old young man explained that he quit his job bottling water:

When you first join, the salary is stated as 3,000 birr a month. However, there are several deductions, like

transport service. I was getting 2,500 birr per month. I became fed up with this... I worked for a month and quit.

A 24-year-old young woman reported that underpayment is especially common for young females, 'because there is no equal pay for females and males'.

Adults agreed that youth unemployment and underemployment are a pressing concern in Dire Dawa, especially for well-educated young people. A father reported that his two sons, both of whom have a master's degree, drive bajajs because they cannot find employment in their chosen field. A mother similarly stated, 'Those who graduated from TVET can't get a government job. There are adolescents who completed their education, and sit without a job... I feel so sad for youth, for both female and male.' A key informant echoed this view that many young people are unable to find employment that matches their skills and aspirations, but added that in the short term, young people would be well-advised to 'stop looking for the perfect job and start any job they can find immediately'.

Some respondents reported that short-term skills trainings, provided by the Bureau of Labour and Skills and NGOs, are trying to address the mismatch between young people's skills and the labour market. A key informant from that Bureau explained:

We arrange for them short-term trainings on the types of jobs they are interested in. The trainings may take 1-3 months. There are curriculums and occupational standards that are based on the labour market. We train the people and make them ready for the job market.

A 23-year-old young woman, who is running her own small business after taking part in a woman-focused training

Figure 45: Proportion of young people who have actively searched for work in the past year, at endline (by cohort and gender)

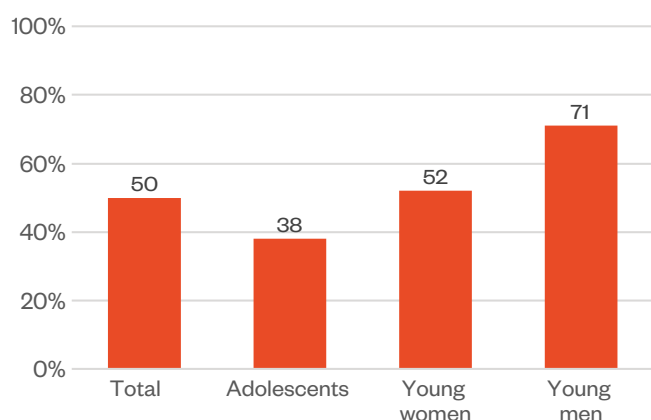
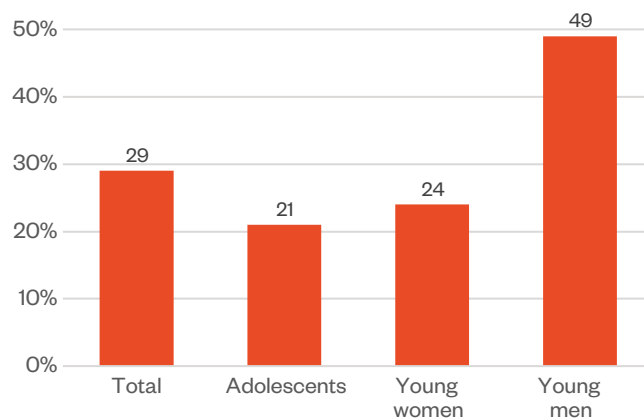


Figure 46: Proportion of young people who have taken part in a skills training programme, at endline (by cohort and gender)



programme funded by an NGO, reported, *'The kebele provides training... for six months... It also had linked us with employers. It was very important.'* Respondents identified two key gaps in the programming currently available. First, those provided by the government are not available to migrants and IDPs, because participants *'need to have an ID card'* (key informant). Second, promises to young people are more easily made than kept. A 22-year-old young IDP woman stated, *'Recently I joined a group and attended the training... We listen to them, and we are waiting for them to help us.'*

Respondents agreed that in the face of high and climbing youth unemployment, migration has become an important safety valve. A female community key informant explained, *'The government is not organising young people to create jobs... Many young people migrate to Djibouti and Arab countries.'* Another key informant echoed that view, noting that, *'Youths went to the foreign countries either illegally or legally.'* Most young people reported that they have relatives and friends living in the Middle East, Europe and North America. A few reported that they had already tried immigration themselves. An 18-year-old young man, back in Dire Dawa after several years in Djibouti, stated, *'Life was better there.'* A 23-year-old young woman, interviewed by phone because she was working in Djibouti, elaborated: *'Life in Ethiopia has become very difficult... My choice was not about living and working in Ethiopia or not, it was about survival.'*

Access to assets and financial education

Just under half (48%) of young people reported on the endline survey that they had had control over money in the past year (see Figure 47). Cohort and gender differences were significant. Likely reflecting their participation in paid work, as well as their better mobility, young men were the most likely to report this (78%); adolescent girls were least

likely to (14%). Using the panel sample, between Round 2 and endline, young people's control over spending climbed from 35% to 47%.

Just over a third (34%) of young people reported that they had ever used mobile money (see Figure 48). Again, cohort and gender differences were significant: young men (55%) were the most likely to have used mobile money; adolescent girls (10%) were least likely to.

Fewer than two-fifths (38%) of young people reported on the endline survey that they had savings for the future (see Figure 49). Cohort and gender differences were again significant: young men were the most likely to have savings (53%); adolescent girls were least likely to (22%). The proportion of young people in the panel sample who have savings declined significantly between Round 2 and endline, from 59% to 39%. Declines were much larger for adolescents (59% to 30%) than for young adults (59% to 47%).

Nearly half (46%) of young people reported that they could take out a loan (see Figure 50). Gender differences were not significant, but cohort differences were: young adults were more likely to be able to take out a loan than adolescents (53% versus 40%).

Fewer than one-fifth (18%) of young people reported that they had actually taken out a loan (see Figure 51). Cohort and gender differences were significant: young men (30%) were more likely to have taken out a loan than young women (17%), adolescent boys (17%) and adolescent girls (7%).

Young people in Dire Dawa have better access to money than their peers in rural East Hararghe (48% versus 36%).

Savings rates in Dire Dawa were similar to those in East Hararghe.

Figure 47: Proportion of young people who have controlled spending in the past year, at endline (by cohort and gender)

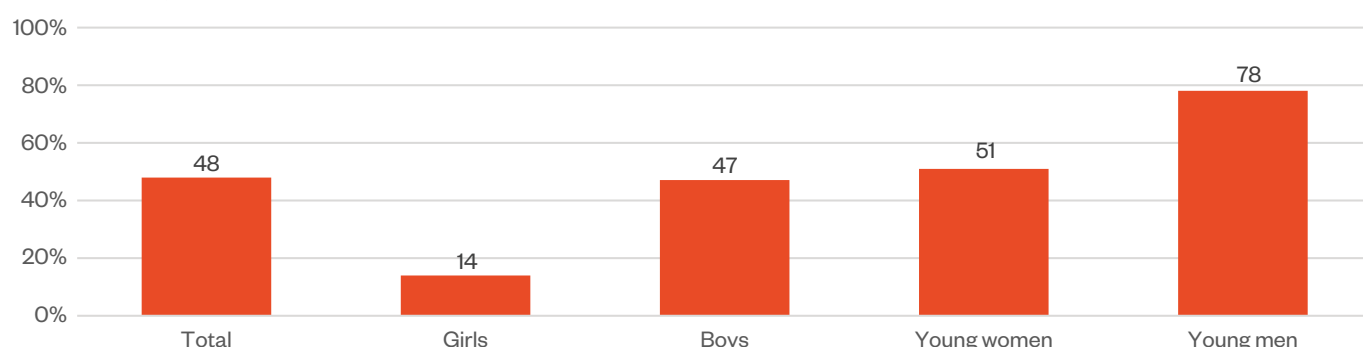
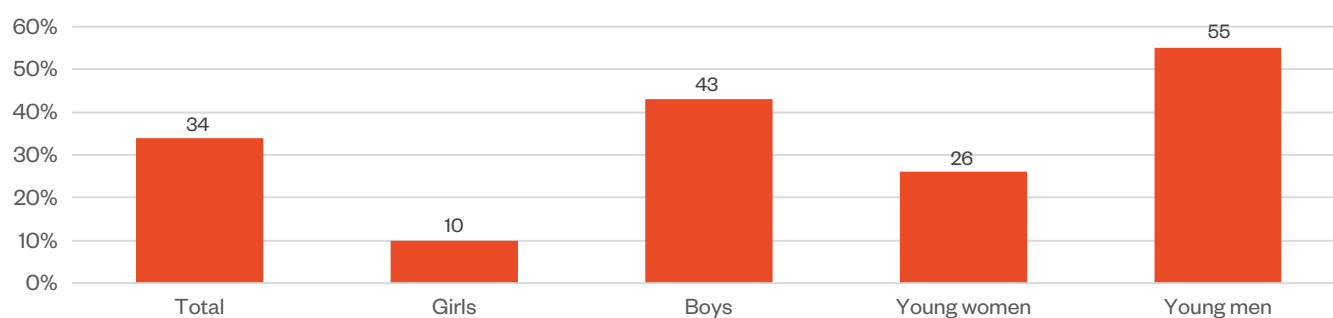
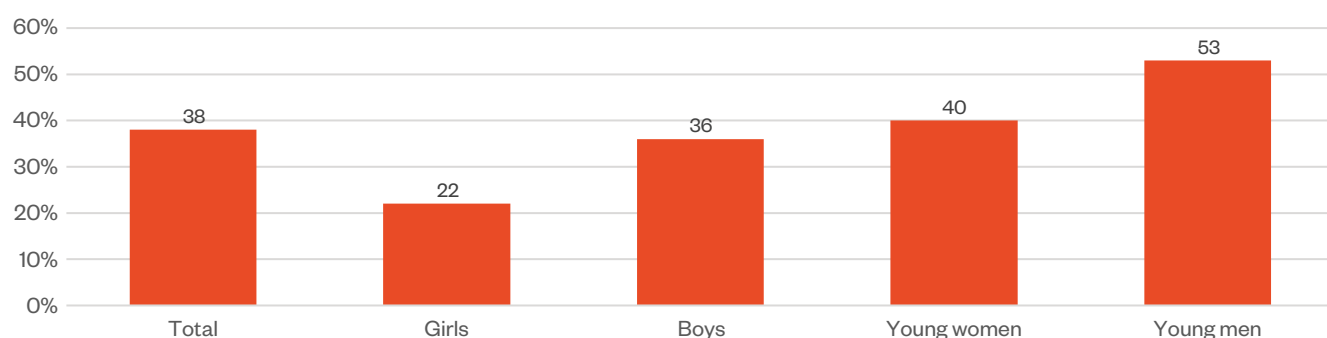
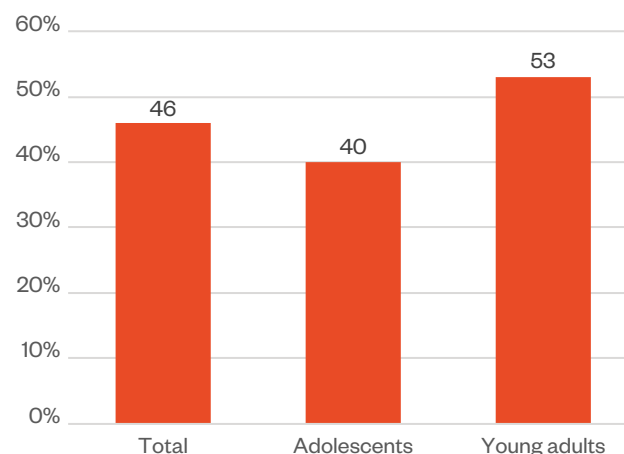
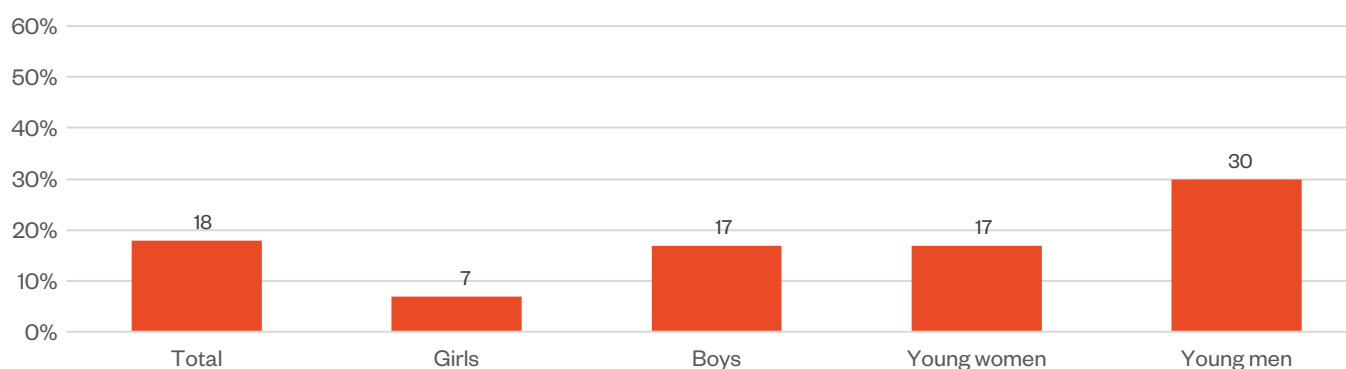


Figure 48: Proportion of young people who have used mobile money, at endline (by cohort and gender)

Figure 49: Proportion of young people with savings, at endline (by cohort and gender)


During qualitative interviews, young people reported being acutely aware that life is expensive. Although they reported spending to meet survival needs and for education and clothes, few young people reported recreational spending. Indeed, of those who lived with caregivers, those in paid work primarily reported that their incomes are used to support the household; those without paid work often reported that they go without things they need rather than ask their parents for money. A 21-year-old young man, when asked what he does with his earnings, replied: *'I just give it to my mother.'* A 19-year-old young woman, when asked how she gets money for the things she needs, answered:

Figure 50: Proportion of young people who can take out a loan, at endline (by cohort)

Figure 51: Proportion of young people who have ever taken out a loan, at endline (by cohort and gender)


It is difficult for us to ask them [parents] for money. We are grown ups, the small child can ask for things but not us. It is understandable that the little child has no knowledge and could ask. Even my younger brother does not ask for money that he could use for things.

Nearly all young people were aware that they should be saving money. Some learnt this in school, others from their parents or NGOs. A 22-year-old internally displaced young woman reported that she had learnt about the importance of savings in a women's entrepreneurship course offered by an NGO: *'They advised us to prepare a box for saving at home. We may save 5 birr, 10 birr or 20 birr a day. They advised us to save some of the money that we get daily. When we save, we do not borrow money.'* That said, young people usually explained that they have no savings, or that they are able to save only intermittently. A 23-year-old young woman, when asked if she has savings, replied: *'I didn't have any money left to save. I have been supporting my family. What could I save?'* A young man the same age, when asked the same question, answered, *'I save 2,000 or 3,000 birr at a time. As I have told you, I don't have a permanent income, and my income fluctuates from time to time so I deposit some money whenever I earn it.'*

Young people with savings reported using both traditional savings groups (equubs) as well as savings

accounts at formal banking institutions. A 20-year-old internally displaced young woman explained of her equub:

We contribute 25 birr weekly, on Saturday... In the past year, we have saved up to 18,000 birr... We are girls and boys... Our members are only those who are not married. We did not want to include married adolescents because they are already responsible.

A 25-year-old young man reported that, unlike in rural areas, in Dire Dawa, there are a plethora of banks to choose from: *'There is Buna (Coffee) Bank, Oromia Cooperative Bank. Awash Bank is also there. EBE Birr service is common there.'*

In line with survey findings, nearly all qualitative research respondents agreed that access to credit is a critical limiting factor for young people trying to launch and grow their own small businesses. A 19-year-old young man stated, *'I need financial support as a start-up for a shop business. It is money that can buy goods. Money helps you to trade.'* A 24-year-old young man explained that although he can take small loans from friends and family, he cannot access larger sums because, *'There is no bank that provides credit without having collateral... You cannot get credit in Ethiopia unless you know officials.'* Adults did not gainsay young people's narratives. Indeed, a female community key informant stated that banks are *'only for rich business people, but not to empower poor people'*.



An adolescent girl and an adolescent boy who live on the streets of Dire Dawa © Nathalie Bertrams/GAGE 2025

Conclusions and implications for policy and programming

GAGE endline research found that young people's educational aspirations are very high, despite climbing levels of youth unemployment among the most educated. It also found that access to quality education in Dire Dawa is overall good, even for young people with disabilities. Although it remains difficult for those from the city's rural *kebeles* to access secondary school (because few of those *kebeles* have their own secondary schools), and although access to university remains limited (because of low pass rates on the entrance exam), most adolescents attend secondary school, complaints about poor quality of education are rare, there are myriad post-secondary options (including TVET and private colleges) that provide pathways for those with less than stellar exam scores, and night schools afford former dropouts with a way to continue learning.

Young people's reported physical health is also overall good. Although a large minority report being food-insecure (with young females' protein intake being especially limited), and approximately half do not take regular physical exercise (despite the city's commendable culture of youth sports, including for young females and those with disabilities), nearly all young people report that they are healthy and can access health care when they need it. This is in part because of good access to health insurance. It was uncommon for young people taking part in GAGE to report using substances, despite respondents' concerns that addiction rates are rising.

Access to sexual and reproductive health (SRH) information and services is also much better in Dire Dawa than in rural areas. Nearly all young people report having had a source of information about puberty (usually their teachers), and most young females report good menstrual health management. In part due to instruction at school, and in part due to the availability of youth-friendly SRH clinics, most young people were aware of contraception. Uptake was lower, partly because of concerns that it causes infertility and partly due to concerns (especially among Muslims) that it is forbidden by their religion. Health care workers are concerned that too few young people are worried about contracting HIV and other STIs. Most young mothers reported accessing maternity care, albeit with concerns about quality at public clinics.

Endline research identified myriad threats to the bodily integrity of young people living in Dire Dawa. Despite the

fact that they are growing up, young people remain at risk of age-based violence – at the hands of caregivers, teachers and peers. Young people report being most afraid of the rising incidence of youth violence, which they attribute to both youth unemployment and ethnic tensions. Girls and young women are also at high risk of gender-based violence. FGM remains common, especially among the city's Muslim population. Although often hidden, it is seen as required by religion and as necessary to control girls' sexuality. With the caveat that under-reporting is common, because survivors are blamed (often even by their parents), one-eighth of young females report having experienced sexual violence. In stark contrast to rural East Hararghe, although child marriage is uncommon, unless girls become pregnant outside of marriage, marital violence remains normalised, with even those working to raise awareness about the issue known by the community to be affected by marital violence.

Many young people living in Dire Dawa report being stressed about the transition to young adulthood, and some report having little emotional support to cope with this stress. With exam failure and unemployment rates high, young people's primary source of stress is economic – that is, they are worried about being able to support themselves and their families. Girls and young women are also worried about upholding gender norms in a context of shifting opportunities, which is challenging in an environment where sexual violence is common and both early marriage and occupational success are expected. Although most young people feel supported by their family, parent-child communication tends to remain top-down, with young people expected to listen rather than talk. Relationships with peers (which are less common for girls and young women due to restrictions on their mobility) are similarly complex. Although young people enjoy spending time with friends, some feel they cannot trust their friends to maintain confidentiality.

GAGE endline findings on young people's voice and agency capture the sea change unfolding in Dire Dawa. On the one hand, survey findings suggest that young people feel they have limited control over their own lives. Qualitative findings, however, suggest the reverse. Specifically, although young people may be willing to allow their caregivers to make the rules that shape their day-to-day lives, decisions that shape their longer-term



Parents visiting a school in Dire Dawa © Nathalie Bertrams/GAGE 2025

trajectories are usually felt to be theirs and theirs alone. Although they are proud of what they have accomplished, and many feel they have much to contribute, most young people report limited opportunities for them to participate in the community. There are few opportunities for them to volunteer, they are rarely called to community meetings, and they are excluded from national peace-building efforts.

Economic empowerment emerges as the largest issue facing young people in Dire Dawa. Households struggle to make ends meet (because of the higher cost of urban living), access to social protection is very rare (because programmes have largely targeted rural areas), and unemployment and underemployment are rampant (despite the expansion of industrial parks). Young people's occupational aspirations are falling over time, as more realise they are unlikely to find skilled or professional work. With little ability to save (because they live hand-to-mouth) and access to credit limited (because few have the required collateral), interest in leaving not only Dire Dawa, but Ethiopia, is growing.

To improve young people's access to quality education:

- Expand access to social protection, to ensure that households do not need young people's income to make ends meet.
- Provide school feeding to students in low-income communities, prioritising those that are hosting internally displaced populations.
- Build more secondary schools in rural *kebeles*, and as an interim measure scale up boarding opportunities for girls and boys alike.
- Continue and step up efforts to reduce physical and emotional violence in and around schools, including from teachers and students.
- Expand access to tutorials, to help young people prepare for exams.
- Scale up the provision of disability-specific pedagogical training to teachers in inclusive education and share lessons learnt with educators from different locations.

To improve young people's health:

- Expand access to social protection, to ensure that households are food-secure.
- Ensure that the poorest households are provided with free health insurance and that public health clinics are reliably stocked with necessary medications and supplies.
- Work to develop walking and cycling routes and pair investments in infrastructure with awareness-raising campaigns about the importance of physical exercise.
- Work to raise awareness about the risks of substance use, including *khat* and alcohol, and to expand treatment options.
- Ensure that all schools have clean, secure toilets that are provisioned with running water and free period products.
- Ensure that school-based SRH curricula cover contraception (including how each method works), tailoring content to address concerns about safety and side effects.
- Provide out-of-school young people with SRH information in easily accessible, community-based venues such as youth centres and market kiosks.
- Expand the provisioning of youth-friendly SRH services.
- Work with young people to develop youth-friendly HIV awareness campaigns.
- Use parent-teacher associations (PTAs) to tackle parents' embarrassment about discussing SRH with their children.

To improve young people's bodily integrity:

- Provide parents with parenting education courses that address adolescent development and gender norms and offer non-violent discipline strategies.
- Ensure that young people have an anonymous way to report teacher violence and that the ban on corporal punishment at school is enforced.
- Provide young people with school- and community-based programming aimed at reducing peer violence, and sexual and gender-based violence (including marital violence), exposing young males to positive masculinities, and empowering young females to recognise and protect themselves from myriad forms of violence.
- Educate young people (and their caregivers) on how to be safe online.
- Work with religious leaders, especially those who serve the Muslim community, to develop messages

and programming aimed at reducing support (among parents and young people) for FGM and child marriage. Pair this with fines and jail time for the adults involved.

- Ensure that the rule of law is uniformly enforced and that survivors have access to the services they need to help them recover.
- Design awareness campaigns aimed at ensuring that survivors of sexual violence are not blamed.

To support young people's psychosocial well-being and voice and agency:

- Develop parenting education courses that help parents learn how to communicate with and emotionally support their children; courses should also address gender norms and how these shape parenting, including how they limit young females' mobility and access to peer support.
- Provide young people, especially young females (including those who are married) and those with disabilities, with opportunities to spend time with peers and trusted adults.
- Invite young people to attend *kebele* meetings and expand opportunities for them to volunteer in the community and participate in national peace-building processes.
- Invest in awareness-raising campaigns that address the stigma and shame that surround female sexuality.
- Scale up opportunities for young people to improve their civic engagement, including participating in national dialogue and peace reconciliations.

To economically empower young people:

- Strengthen the connections between TVET colleges and industrial parks and factories to improve young people's occupational skills.
- Invest in creating decent work for young people, including by providing them with credit to start their own small businesses.
- Ensure that IDPs have access to skills training courses.
- Step up outreach to young people with disabilities, providing them with tailored support to improve their access to work.
- Ensure that factories are paying female and male workers on the same schedule and that wages are not garnished to pay for meals while at work, etc..
- Expand access to social protection, including for young families.

References

- Dire Dawa City Administration (2025) 'Socio-cultural context'. Dire Dawa City Administration (<https://diredawa.gov.et/en/city/people>)
- Goldberg, D.P. (1972) The detection of psychiatric illness by questionnaire. London: Oxford University Press
- Goldberg, D.P. and Williams, P. (1988) A user's guide to the General Health Questionnaire. NFER-Nelson, Windsor
- Hamory, J., Baird, S., Jones, N., Yadete, W., Kayani, M., Endale, K. and Woldehanna, T. (2025) GAGE Ethiopia round 5. Core respondent module. London: Gender and Adolescence: Global Evidence (gage.odi.org/gage-ethiopia-round-5-core-respondent-module).
- ILO (2023) ILO youth country briefs: Ethiopia. Geneva: International Labour Organization (https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_emp/documents/publication/wcms_886385.pdf)
- Jones, N., Presler-Marshall, E., Yadete, W., Alemu, A., Assezanew, A., Birra, M., ... and Workneh, F. (2025). Qualitative research toolkit: GAGE endline with young people in Ethiopia. London: Gender and Adolescence: Global Evidence (ADD URL)
- Jote, G. and Worku, H. (2024) 'Analysis of environmental and socioeconomic impacts of industrial parks in Ethiopia' *Heliyon* 10(19): e38277 (doi:10.1016/j.heliyon.2024.e38277)
- Kabeer, N. (2003) *Making rights work for the poor: Nijera Kori and the construction of 'collective capabilities' in rural Bangladesh*. Working Paper 200. Brighton: Institute of Development Studies
- Kroenke, K., Spitzer, R.L. and Williams, J.B. (2001) 'The PHQ-9: validity of a brief depression severity measure' *Journal of General Internal Medicine* 16(9): 606–13 (doi:10.1046/j.1525-1497.2001.016009606.x)
- Liebenberg, L., Ungar, M. and LeBlanc, J.C. (2013) 'The CYRM-12: a brief measure of resilience' *Canadian Journal of Public Health* 104(2): e131–e135
- Ministry of Education (2024) Annual abstract. Addis Ababa: Ministry of Education, Government of the Federal Democratic Republic of Ethiopia (<https://www.moe.gov.et/resources/annual-abstract/4>)
- Ministry of Planning and Development (2020) Ten Years Development Plan: a pathway to prosperity 2021–2030. Addis Ababa: Planning and Development Commission, Government of the Federal Democratic Republic of Ethiopia (https://nepad-aws.assyst-uc.com/sites/default/files/2024-05/ten_year_development_plan_0.pdf)
- Nussbaum, M. (2011) *Creating capabilities: the human development approach*. Harvard: Harvard University Press, Belknap Press
- OECD (2025) 'Cuts in official development assistance: OECD projections for 2025 and the near term'. OECD Policy Briefs, No. 26. Paris: OECD Publishing (<https://doi.org/10.1787/8c530629-en>)
- Oxford Poverty and Human Development Initiative (June 2023) 'Ethiopia country briefing'. Oxford: University of Oxford.
- Pawson, R. and Tilley, N. (1997) *Realistic evaluation*. London: Sage
- Presler-Marshall, E., Raghavan, P., Endale, K., Yadete, W., Jones, N., Hamory, J., ... and Workneh, F. (2025) *Young people's well-being and development in East Hararghe, Oromia region, Ethiopia: GAGE endline evidence*. Report. London: Gender and Adolescence: Global Evidence
- Sen, A.K. (1985) *Commodities and capabilities*. Amsterdam: North-Holland
- Sen, A.K. (2004) 'Capabilities, lists, and public reason: continuing the conversation' *Feminist Economics* 10(3): 77–80
- UNDP Ethiopia (2025) Quarterly economic profile, April 2025. United Nations Development Programme (https://www.undp.org/sites/g/files/zskgke326/files/2025-04/ethiopia_quarterly_economic_profile_april_2025.pdf?utm_source=chatgpt.com)
- World Bank (2025a) 'The World Bank in Ethiopia' (https://www.worldbank.org/en/country/ethiopia/overview?utm_source=chatgpt.com)
- World Bank (2025b) 'Ethiopia socioeconomic dashboard' (<https://www.worldbank.org/en/data/interactive/2020/06/24/ethiopia-socioeconomic-dashboards>)



GAGE Programme Office
ODI Global
4 Millbank
London SW1P 3JA
United Kingdom
Email: gage@odi.org
Web: www.gage.odi.org

ISBN: 978-1-917476-19-5



About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a decade-long (2016-2026) longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit www.gage.odi.org for more information.

Disclaimer

This document is an output of the Gender and Adolescence: Global Evidence (GAGE) programme which is funded by UK aid from the UK government. However, views expressed and information contained within do not necessarily reflect the UK government's official policies and are not endorsed by the UK government, which accepts no responsibility for such views or information or for any reliance placed on them.

Copyright

Readers are encouraged to quote and reproduce material from this report for their own non-commercial publications (any commercial use must be cleared with the GAGE Programme Office first by contacting: gage@odi.org.uk). As copyright holder, GAGE requests due acknowledgement and a copy of the publication. When referencing a GAGE publication, please list the publisher as Gender and Adolescence: Global Evidence. For online use, we ask readers to link to the original resource on the GAGE website, www.gage.odi.org

© GAGE 2025. This work is licensed under a Creative Commons Attribution – NonCommercial-ShareAlike 4.0 International Licence (CC BY-NC-SA 4.0).

Front cover: A 17-year-old migrant shoe-shiner in Dire Dawa © Nathalie Bertrams/GAGE 2025