GENDER & ADOLESCENCE: GLOBAL EVIDENCE

ENDLINE REPORT SERIES

# Young people's well-being and development in East Hararghe, Oromia region, Ethiopia

## GAGE endline evidence

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# Table of contents

# Figures

## Boxes



## Tables

# 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 children 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).

The Oromia region, Ethiopia's largest and most populous regional state, has been affected by these national challenges to varying degrees (Adugna, 2025). Its economy is booming, led by growth in the agricultural and manufacturing sectors (Big Win Philanthropy, 2025; Yimenu, 2024; Ethiopian News Agency (ENA), 2023). It produces just over half of all crops nationally and just under half of all livestock, and significantly contributes to the country's exports, including gold, coffee and *khat*[1] (UNICEF, 2023; ESS, 2021, quoted in Ethiopian Economics Association (EEA), 2024). However, a quarter of Oromia's population live in poverty, income inequality is growing (because poverty is falling much faster in urban areas than in rural areas), and record-breaking drought has impacted 1.5 million people throughout the region (World Bank, 2020; UN OCHA, 2024; World Bank, 2025b). In addition, although East Hararghe zone has not been directly affected by armed conflict (following an agreement between Oromia and Somali regions in 2021 to cooperate on peace and development issues), the Oromia region more generally has been affected by the costs of conflict, both in terms of budget constraints and recruitment quotas into the armed forces (Fana Media Corporation, 2021; EEA, 2023; Ethiopia Observer, 2025).

This report is designed to inform the government of the Federal Democratic Republic of Ethiopia, the Oromia Regional National State government, and the East Hararghe Zone Administration, and their development partners, about the multiple and shifting threats facing young people living in East Hararghe, Oromia. 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 2,166 young people living in 80 *kebeles* in 5 *woredas* of East Hararghe. In addition, individual and group interviews were conducted with 332 young people, 107 caregivers, and 84 key informants. The report also draws on previous rounds of data to show changes over time in key dimensions of young people's lives.

The report begins with an overview of existing evidence on how young people in Oromia are faring. We then describe the GAGE conceptual framework and methodology. We present our findings on young people's capability outcomes across six domains: education; bodily integrity and freedom from violence; physical health; psychosocial well-being; voice and agency; and economic empowerment. We focus on differences by gender, age, and 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 living in East Hararghe have access to the services and supports they need to thrive as they move through adolescence and into young adulthood.

1 *Khat* is a shrub that grows in the Horn of Africa. Its leaves are chewed for a stimulant effect.

# Existing evidence on young people

## Education and Learning

Formal education in Ethiopia includes kindergarten (for children aged 5 and 6), primary school (for children aged 7–12 and including grades 1–6), middle school (for children aged 13 and 14 and including grades 7 and 8), and secondary school (for children aged 15–18 and including grades 9–12). Students sit exams after 6th, 8th and 12th grades. The pass rate for the Ethiopian General Secondary Education Certificate Examination is extremely low, following government efforts to crack down on cheating. 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).

Young people in Oromia have more limited access to education than their peers in many other regions of Ethiopia, although this is difficult to explain given that the government's own enrolment statistics are not accurate[2] The Ministry of Education (ibid.) reports that for the 2023–2024 school year, the net enrolment rate (NER) for primary school was 110% in Oromia, versus 96% at the national level; the NER for middle school was 47% (and the same at national level); and the NER for secondary school was 22% in Oromia, versus 27% at the national level. In Oromia, in stark contrast to national level trends (where girls are more likely than boys to be enrolled in middle and secondary school), girls are disadvantaged compared to boys at all levels. For the 2023–2024 school year, the Gender Parity Index (GPI) was .90 at primary level, .95 at middle school level, and .90 at secondary level.

Previous GAGE research in East Hararghe has found that access to education lags even further in that zone. Children often enrol years late (because they are needed for herding), repeat grades multiple times (because of overcrowded classrooms and poor attendance), and drop out in early adolescence (in part to earn money, through farming and trading *khat*) (Jones et al., 2019a; Presler-Marshall et al., 2021a; Presler-Marshall et al., 2024c). Critically, girls' access to education in East Hararghe appears to be extremely limited, due to parents' demands on girls' time for domestic work (especially collecting water) and because of preferences for girls to marry by the time they reach mid-adolescence (ibid.).

Students in class, Oromia, Ethiopia © Nathalie Bertrams/GAGE 2025

2 The fundamental issue is that it is not known how many school-aged children there are in Oromia (or other regions of Ethiopia). With no accurate headcount, there is no way to generate an enrolment rate. Net Enrolment Rates, unlike Gross Enrolment Rates (which allow for over aged students), should never exceed 100%, but in Oromia they do.

## Physical health

Several studies have found that malnutrition is common among young people in Oromia. One study of 1,500 school children in the region found that 17% were stunted and 18% were too thin (Mitiku et al., 2019). Another study, of girls attending secondary school, found that nearly two-thirds had insufficiently diverse diets and that this was associated with poverty (Kera et al., 2024). Previous GAGE research has also found high rates of household food insecurity (Jones et al., 2019b; Presler-Marshall et al., 2020b).

Research has also found that substance use is common. One school-based cross-sectional study in East Hararghe zone found that 40% of very young adolescents reported chewing *khat*, with boys more at risk than girls (Hamido et al., 2024). A community-based study in West Arsi zone found that 48% of youth had ever used substances, with *khat* and alcohol being more commonly used than tobacco and cannabis (Shifa et al., 2025a). Use was more common among males and those with limited social support (ibid.). GAGE's previous research has also found that most young males use *khat* (Presler-Marshall et al., 2020b; Presler-Marshall et al., 2024b).

Existing evidence on young people's sexual and reproductive health is fractured but generally points towards limits on both knowledge and access to services. The 2016 Ethiopia Demographic and Health Survey (EDHS) reports that rates of teenage motherhood in Oromia are the third highest in the country (17% of all girls aged 15–19 have begun childbearing) (Central Statistical Agency of Ethiopia (CSA) and ICF, 2017). Hailu et al. (2022) note that this is in large part because young women's (15–24 years) unmet need for contraception is high. Multiple studies in the region have found poor-quality maternity care, with more than 70% of respondents in one study reporting abusive and disrespectful treatment at public hospitals (Mohammed and Edae, 2021; Usso et al., 2023). Previous rounds of GAGE research have found that few young people in East Hararghe are prepared for puberty in a timely manner and that menstruation remains highly stigmatised (Jones et al., 2019b; Presler-Marshall et al., 2020b; Presler-Marshall et al., 2024d). It also found that few young couples use contraception, due to beliefs that girls must demonstrate their fertility immediately after marriage, and that skilled maternity care is not yet the norm (ibid.).

## Bodily integrity and freedom from violence

Young people living in Oromia are at extreme risk of age-based violence. Several studies have found that most children and adolescents experience corporal punishment at home and at school (Wonde et al., 2014; Bune, 2021). Indeed, previous GAGE research suggests that violence is considered a necessary part of teaching children and young people how to behave (Jones et al., 2019c; Presler-Marshall et al., 2020a; Presler-Marshall et al., 2024a).

Although female genital mutilation (FGM) was prohibited by the 2004 Criminal Code, the practice remains common, including in Oromia, where the Ethiopian DHS found that 47% of girls aged 15-19 have undergone the procedure (CSA and ICF, 2017). FGM is even more common in some parts of Oromia, including East Hararghe, where previous GAGE research found that nearly all (89%) older adolescent girls had been cut, primarily because FGM is seen as mandated by religion, necessary to control female sexuality, and a requirement for marriage (Presler-Marshall et al., 2020a; Presler-Marshall et al., 2022; Presler-Marshall et al., 2024a).

Like FGM, child marriage was also outlawed in the 2004 Criminal Code, but nonetheless remains prevalent. Indeed, child marriage is more common in Oromia than it is at the national level (48% versus 40%) (CSA and ICF, 2017; UNICEF, n.d.). Previous rounds of GAGE research have found that child marriage is becoming more common, and that the age at which girls marry is dropping (Jones et al., 2019c; Presler-Marshall et al., 2020a; Presler-Marshall et al., 2024a). The dominant explanation for these trends is that girls choose to marry in early adolescence, due to peer pressure, and that there is nothing that parents can do to stop them. Broader narratives, however, are more complex and underscore that girls are primarily valued for their roles as wives and mothers (ibid.).

Oromia has Ethiopia's highest rate of intimate partner violence (IPV) (UNICEF, n.d.). The 2016 EDHS reports that 25% of married women have experienced physical or sexual violence at the hands of their husband in the past year (CSA and ICF, 2017). Ahmed (2022), in his study in East Hararghe, found rates more than twice as high – 53% of women had experienced IPV in the past year, though only 8% had reported this violence to the authorities. Previous GAGE research has found that not only is IPV common and believed to be a private matter, but that many husbands believe that it is their right to control their wife with violence (Presler-Marshall et al., 2020a; Presler-Marshall et al., 2024a).

## Psychosocial well-being

As with Ethiopia as a whole, mental health disorders were the leading cause of disability-adjusted life years (DALYs) among both younger and older adolescents in Oromia as of 2019 (Zergaw et al., 2023). Indeed, one school-based study found that depression is common (28%), especially among girls and those living in rural areas (Girma et al., 2021). Another school-based study found that nearly one-sixth of secondary students had engaged in suicide ideation, with girls (particularly those who had been exposed to sexual violence and those from rural areas) again at elevated risk (Bete et al., 2023). Other research has found that mental health concerns are more common among young people who use substances, who are disproportionately likely to be male (Nigussie et al., 2023; Shifa et al., 2025b).

Previous GAGE research has found that girls' emotional distress is often related to beliefs that girls are less valuable than boys, and to heavy demands on girls' time for domestic work, which keeps them from attending school and affords them little time with peers. Emotional distress is also linked to child marriage, which exacerbates these problems and also further exposes girls to violence (Presler-Marshall et al., 2021b; Presler-Marshall et al., 2024b). Boys' emotional distress is more often linked to poor employment prospects (ibid.).

## Voice and agency

Oromia is known for its traditional democratic governance system, the Geda system, in which power is transferred at regular eight-year intervals (Jalata, 2012). There is, however, a dearth of evidence on the extent to which young people from Oromia engage in the Geda system, and on their ability to exercise voice and agency more generally. Previous GAGE research found that the Qeerroo movement initially provided opportunities for young males – but not females – to engage in community and broader national social change initiatives, but that over time this space contracted significantly (Presler-Marshall et al., 2020c; Jones et al., 2024). It also found that girls' physical mobility, decision-making, and access to technology are far more tightly restricted than that of boys, and that restrictions tighten further when a girl marries, because all aspects of her life are then controlled by her husband (Jones et al., 2019d; Presler-Marshall et al., 2020c).

## Economic empowerment

With one-third of Ethiopia's citizens aged between 10 and 24, and more than 2 million young people entering the labour market each year, generating enough employment to meet demand has emerged as both a key challenge and a key goal for the government (Bantu and Malik, 2022; Kefale et al., 2023; UNFPA, 2025). As Oromia is the country's most populous state, the issue of generating jobs for young people is especially pressing in the region. Abebe (2020) observes that although Oromia's agricultural sector is booming, growing landlessness has excluded Oromo youth. As cities have expanded into rural areas, farmland has been bought up by developers investing in commercial agriculture (including floriculture), smallholder plots have been subdivided (between sons) so many times that many are too small to ensure food security, and *kebeles* have largely stopped re-allocating land – all of which mean that traditional livelihood options for Oromo youth (three-quarters of whom live in rural areas) have largely disappeared (Abebe, 2020; Forum for Social Studies, 2021; Shuker and Sadik, 2024).

Although the government had hoped that the growth of small and medium-sized enterprises (SMEs) would transform the labour market and expand employment opportunities for youth, this has not yet been the case. On the one hand, one-quarter of the country's SMEs are located in Oromia; on the other hand, they are underperforming in terms of generating jobs, largely because of (potential) entrepreneurs' limited access to credit and training (Abdi, 2022; Gedefa et al., 2024; Policy Studies Institute, 2025). The Youth Revolving Fund, which provides unsecured credit to young people for terms of up to one year, was meant to help relieve young people's credit constraints. However, Bantu and Malik (2022) found that it is performing poorly in Oromia, due to high default rates. With up to two-thirds of young people in parts of Oromia unable to find work, distress migration has exploded in recent years (Gelalcha and Wakjira, 2025; Tsegaye, 2025).

Previous GAGE research on the economic empowerment of young people in East Hararghe found that in some communities, booming *khat* production was shaping young people's occupational aspirations (and lowering demand for education) and transforming both young people's time use and household economies (Jones et al., 2019e; Presler-Marshall et al., 2021c; Presler-Marshall et al., 2024e). In other communities, recurrent drought and invasive weeds were jeopardising not only young people's access to work, but also household livelihoods and food security (ibid.). Non-agricultural paid work was rare in all communities (ibid.).

# 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 1). This framing draws on the three components of Pawson and Tilley's (1997) approach to evaluation, which highlights the importance of outcomes, causal mechanisms and contexts, 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.

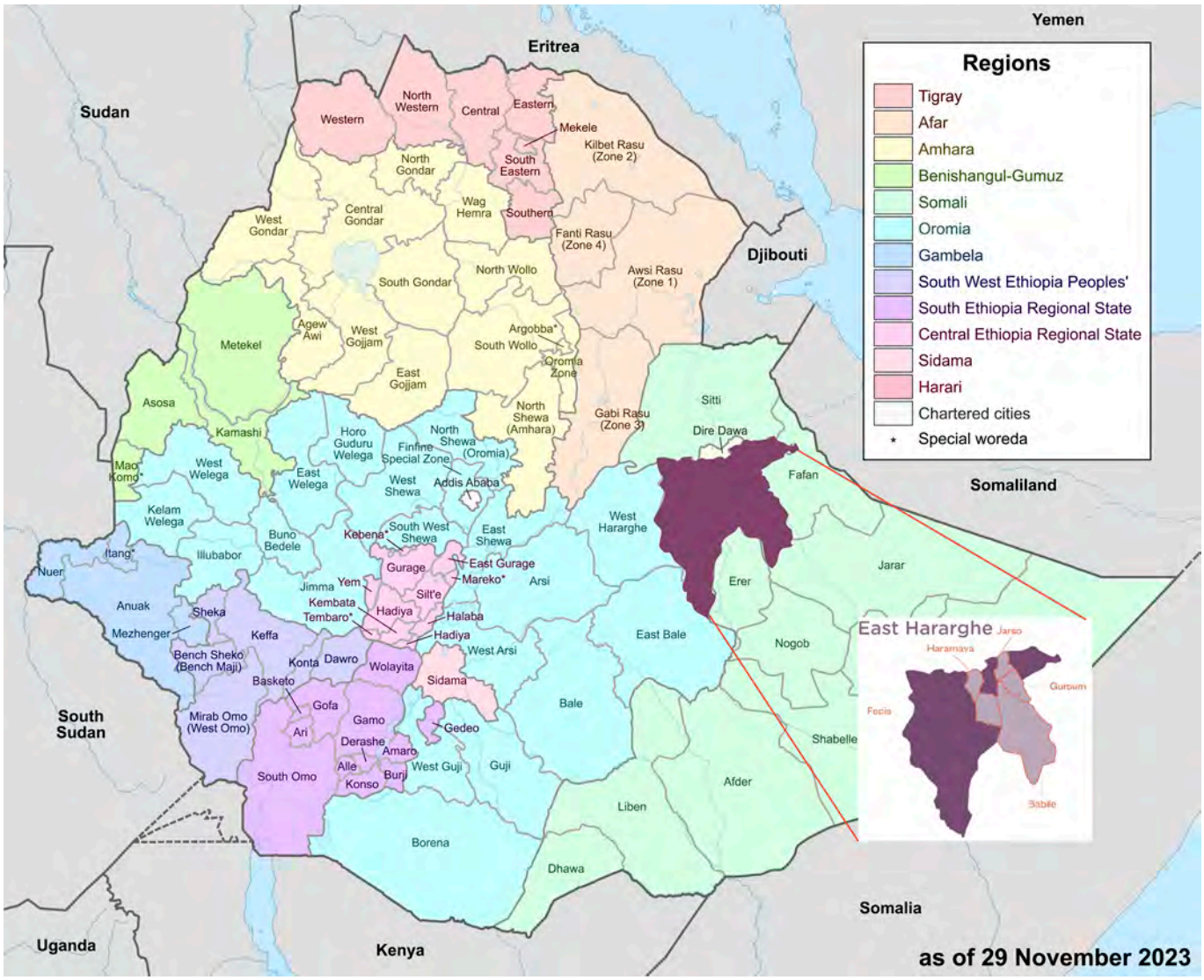
A group of primary school teachers in Oromia, Ethiopia © Nathalie Bertrams/GAGE 2025

Figure 1: GAGE conceptual framework

# Sample and methods

This report draws on mixed-methods data collected in 80 *kebeles* across 5 *woredas* in East Hararghe[3], Oromia, in 2024 and 2025 (see Figure 2). This research follows up on four earlier rounds – at baseline (2017–2018), Round 2 (2019–2020), Round 3 (2021–2022) and Round 4 (2022–2023) (see Figure 3). At baseline, the quantitative sample included 2,146 young adolescents – 2,059 randomly selected individuals aged 10–12 years, and an additional 87 adolescents aged 9–15 who were purposefully selected in order to include a greater number of particularly marginalised adolescents (such as those with disabilities). At Round 2, an additional 474 adolescents were purposefully added to the sample, bringing the total sample to 2,620. Most of these newly recruited adolescents were aged 17–19 and were added as an older cohort of adolescents to compare to those in the broader GAGE sample living in urban areas. The remaining adolescents, aged 13–16, were added to increase representation of particularly marginalised adolescents in the sample, including those with disabilities, those who were out of school, or those who had married as children. Round 3 attempted to interview nearly all of these same adolescents, for a total sample of 2,365 participants[4]. At Round 4, an additional 29 adolescents were purposefully

Figure 2: East Hararghe map




3 At endline, a small minority of young people had moved since Round 2. However, nearly all (98.4%) of these individuals were still living in East Hararghe at the time of data collection.

4 Rounds 3, 4 and 5 utilised a two-stage tracking methodology to limit bias due to sample attrition. In particular, near the end of data collection in each round, a random subset of remaining unfound respondents were sample to be tracked 'intensively' while a small number of their counterparts were dropped from further tracking for the remainder of that round only. That is why the sample size for these rounds is slightly smaller than for Round 2.

Figure 3: Timeline of GAGE quantitative research in East Hararghe

**Round 1/Baseline**
2017-2018
Sample of 2,146 adolescents
2,059 random, aged 10-12
87 purposeful, aged 9-15

**Round 2**
2019-2020
Sample of 2,620 adolescents
2,059 random, aged 11-15
561 purposeful, aged 12-19

**Round 5/Endline**
2024-2025
2,166 young people surveyed
1,681 random, aged 16-20
485 purposeful, aged 16-24

added to the sample as part of the qualitative work, but only a subset of the prior sample (primarily the random sample and a subset of the purposefully added individuals) was sought, bringing the total quantitative sample to 2,073.

The endline research (Round 5) focused again on the Round 3 sample, and surveyed 2,166 of these young people – 1,886 in the younger cohort (aged 18.1 years on average at endline) and 280 in the older cohort (aged 21.8 years on average) (see Table 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'. Female adolescents are called 'girls'; male adolescents are called 'boys'. Female young adults are called 'young women'; male young adults are called 'young men'. When the sample is referred to as a single group they are called 'young people'. When adolescent girls and young women are jointly discussed, they are called 'young females'; when adolescent boys and young men are jointly discussed, they are called 'young males'.

Qualitative research was conducted in 6 *kebeles* in Fedis *woreda*. Of the 6 *kebeles*, intensive research was conducted in 2 (one close to the district town and one remote). This involved individual interviews with adolescents, caregivers and siblings, as well as focus group discussions (FGDs) and key informant interviews (KIIs). The other 4 *kebeles* were 'light touch' and included individual interviews with adolescents only. The majority of the 118 young people who took part in individual interviews were selected from the larger quantitative sample, deliberately oversampling the most disadvantaged individuals in order to capture the voices of those at risk of being 'left behind' (see Table 2). Those young people have been followed since Round 2. The qualitative sample also included 199 young people who were interviewed in groups, 107 caregivers, 15 siblings and 84 key informants (community leaders, *kebele*-level officials and service providers, *woreda* and regional sector 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 we

A 13-year-old out-of-school girl carrying khat on her head, Oromia, Ethiopia © Nathalie Bertrams/GAGE 2025

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

| | Adolescents | Young adults | Sub-sample married < 18 | Sub-sample with disabilities at R2 | Total |
|---|---|---|---|---|---|
| Female | 1,126 | 153 | 739 | 96 | **1,279** |
| Male | 760 | 127 | 104 | 70 | **887** |
| **Total** | **1,886** | **280** | **843** | **166** | **2,166** |

Table 2: Qualititative sample

| | | Remote Communities *(Bidibora, Risqi, and Anani kebeles)* | More Central Communities *(Nega Umer Kule, Belina Arba and Melka kebeles)* | Total |
|---|---|---|---|---|
| Individual interviews with young people | All Females | 31 | 37 | 68 |
| | All Males | 21 | 29 | 50 |
| | Females with disabilities | 2 | 1 | 3 |
| | Males with disabilities | 4 | 4 | 8 |
| | Married females | 22 | 21 | 43 |
| | Married males | 9 | 6 | 15 |
| **Sub-total** | | **52** | **66** | **118** |
| Group interviews with young people | Females | 9 groups (56) | 8 groups (51) | 17 groups (107) |
| | Males | 9 groups (50) | 7 groups (42) | 16 groups (92) |
| **Sub-total** | | **18 groups (106)** | **15 groups (93)** | **33 groups (199)** |
| Interviews with family members | Individual interviews with siblings | 8 | 7 | 15 |
| | Individual interviews with caregivers | 23 | 18 | 41 |
| | Group interviews with caregivers | 5 groups (30) | 6 groups (36) | 11 groups (66) |
| **Sub-total** | | **36 (61)** | **31 (61)** | **67 (122)** |
| Key informants | Group interviews with Community Influencers | 5 groups (25) | 4 groups (18) | 9 groups (43) |
| | Community leaders | 3 | 2 | 5 |
| | *Kebele* officials/ providers | 16 | 8 | 24 |
| | *Woreda* officials | | | 6 |
| | Regional | | | 6 |
| **Subtotal** | | **24 (44)** | **14 (28)** | **41 (84)** |
| **Total** | | **130 (263)** | **126 (248)** | **268 (523)** |

present endline survey findings, we include the 2,166 young people who completed the endline survey. Where we present change since Round 2, however, we restrict our sample and include only the 1,868 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 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

### Aspirations

The endline survey found that young people in East Hararghe have very high educational aspirations. In aggregate, 90% aspired to complete secondary school and 79% aspired to complete university (see Figure 4). Gender differences were significant, but cohort differences were not. Young males were more likely than young females to aspire to both secondary school (95% versus 87%) and university (88% versus 73%).

Young people's educational aspirations shifted significantly between Round 2 and endline. Aspirations for secondary school fell slightly, from 95% to 91% of the panel sample (see Figure 5). Declines were similar across age and gender groupings, with the caveat that females' aspirations for secondary school were already lower at Round 2. Aspirations for university, on the other hand, climbed significantly between Round 2 and endline. Gains were far larger for females (18 percentage points, from 56% to 74%) than for males (8 percentage points, from 81% to 89%) (see Figure 6).

Qualitative research revealed that survey findings on young people's educational aspirations are only rarely actionable, and mostly reflect unrealistic hopes. During individual interviews, only a minority of young people reported high educational aspirations. Of these, only a small subset – almost exclusively adolescent boys – were on a trajectory that made these aspirations possible. For example, an 18-year-old young man from Community K, in 11th grade, when asked about his educational goals, replied: '*I want to study science and become a medical doctor.*' However, it was more common for those with high aspirations to be out of step with reality. A 17-year-old young mother from Community G, who dropped out of school after failing the 8th grade exam, when asked about her educational goals, replied: '*I want to go to university. I want to become a doctor or a teacher.*'

Most young people taking part in qualitative research reported relatively modest educational aspirations. Adolescents generally wanted to stay in school (boys) or return to school (girls). An 18-year-old young man from Community G, enrolled in 6th grade, stated, '*I want to complete schooling and be in a better place... I am at grade 6. I want to continue till I complete grade 10.*' A 16-year-old girl from Community I, who left school after 5th grade, reported: '*I chose marriage at that time since I was young. At this age, I learn education is better than child marriage. I want to go back to school.*' Young adults, most of whom had been out of school for years, primarily wanted education for their children. A 25-year-old young man from Community G stated, '*I want my children to attend their schooling... I do not want my children to become just like me.*'

Young people reported various reasons why they have low educational aspirations. These include: being so over

Figure 4: Young people's educational aspirations (by gender and cohort)

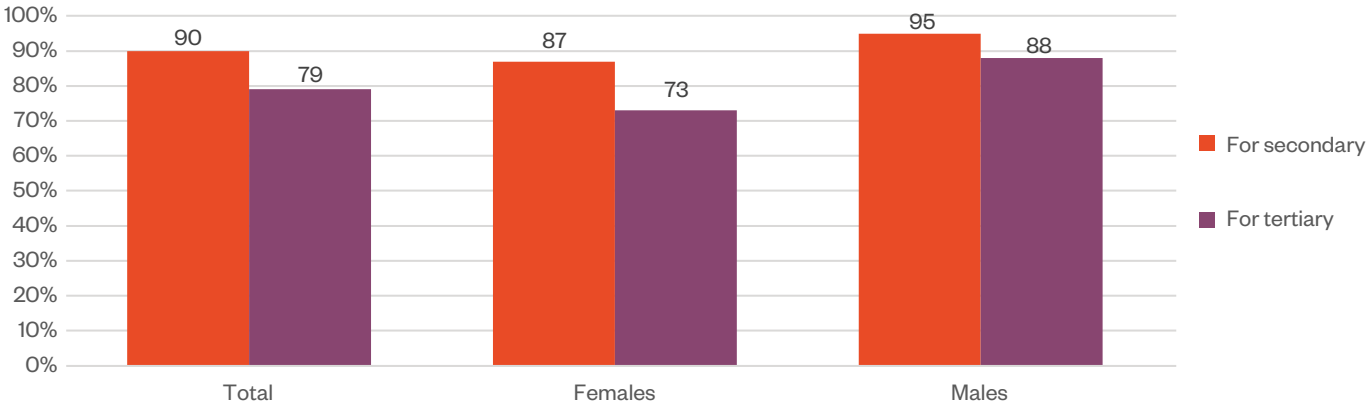


Figure 5: Change in young people's aspirations for secondary school between Round 2 and endline

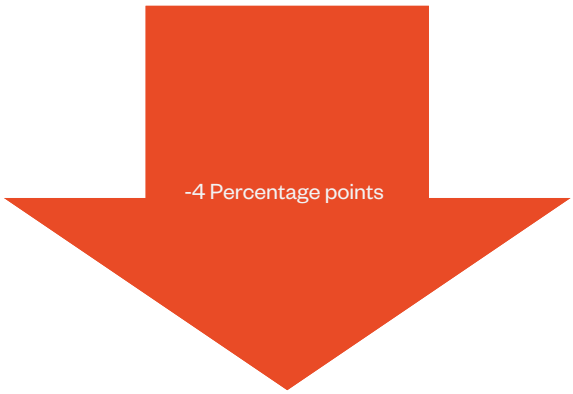
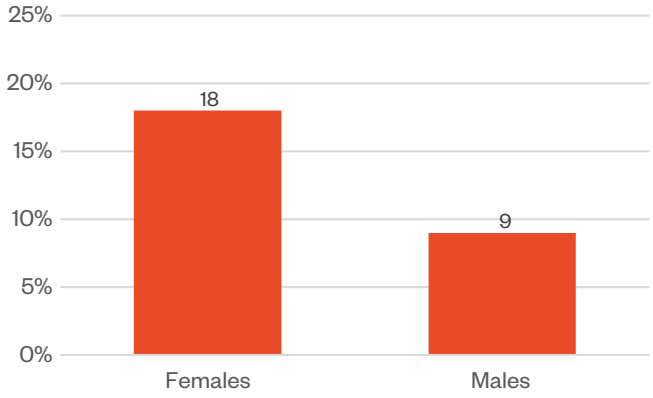



Figure 6: Change in young people's aspirations for university between Round 2 and endline




age for grade that remaining in or returning to school seems untenable (despite schools being willing to let adults attend alongside children); education being poorly linked to improved employment prospects (especially for young males); preferences for child marriage over education (for girls); and staggeringly high exam failure rates. Most importantly, however, participants explained that there is no point in aspiring to (higher) education because (except for better-off families in more central communities), education is simply not obtainable. An 18-year-old young woman from Community K, who dropped out after 8th grade, explained:

> *My interest does not matter, here it is possible to attend school as long as you attend the school in the village. No one supports you to learn beyond this school... Here, they buy you exercise books and a pen once when school is open and they expect you to use it till the school year ends. Here* [there is] *no school uniform. No big expenses to help you attend school. When you are promoted to school in the town you need to rent a house, and there are related expenses. You must spend money, is that not* [the case]*?*

## Access to quality education

At endline, although 94% of young people had ever been enrolled in academic education, only just over a quarter (28%) were still enrolled (see Figure 7). Unsurprisingly, adolescents were significantly more likely to be enrolled than young adults (31% versus 9%). Among adolescents, and in line with previous rounds of research, boys were significantly more likely to be enrolled than girls (45% versus 21%) – a difference that is highly correlated with girls' higher odds of child marriage (see Box 1). Enrolled adolescents, with no differences by gender, had missed an average of 11% of school days in the two weeks prior to the survey.

Enrolment rates plummeted between Round 2 and endline. Percentage point declines were much larger for adolescents (69% to 32%) than they were for young men (38% to 13%) and young women (15% to 5%), because young adults' enrolment was already low at Round 2 (see Figure 8). The magnitude of decline between Round 2 and endline was similar for girls and boys, with the caveat that girls were already starting from a lower base.

Figure 7: Proportion of young people currently enrolled in formal education at endline (by gender and cohort)

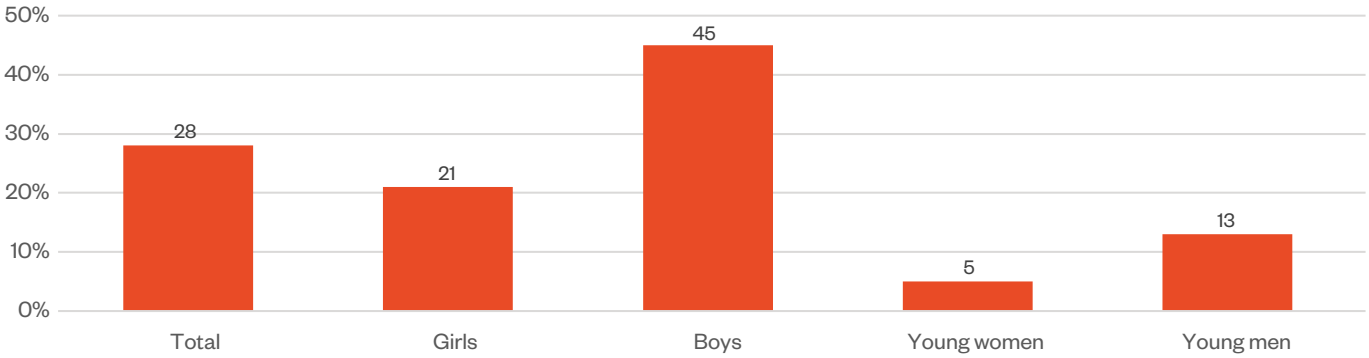
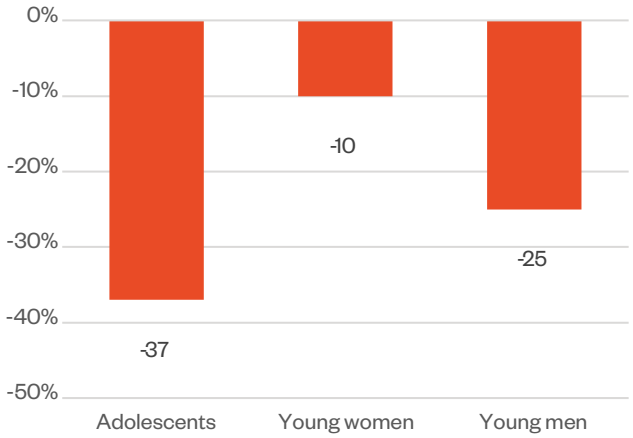


Figure 8: Change in young people's enrolment between Round 2 and endline




Of the surveyed young people who were still enrolled in school, most were years over age for grade. Adolescents (who were a mean of 18.6 years old at the time of the endline survey) had attended 8.0 grades (see Figure 10). Young adults (who were a mean of 22 years old at endline) had attended 11.5 grades. Only 6% of young adults were enrolled in post-secondary education.

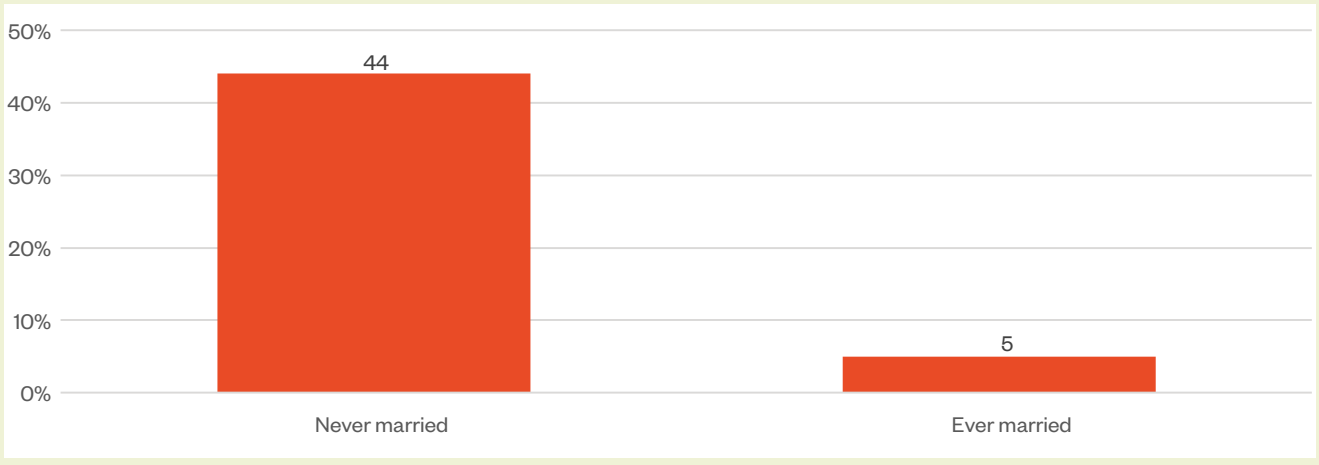
Young people who were not enrolled in school at the time of the endline survey had, on average, left school quite early – after only 5.3 grades (see Figure 11). Gender differences were significant: male school leavers had attended 6.2 grades, compared to females' 4.8 grades.

Young people's limited access to education (especially young females') is made even more visible by tracking the proportion who ultimately attend, even years late, a given

**Box 1: Child marriage limits girls' access to education**

Looking only at adolescents, because they were still largely school-aged, endline research found that girls who had been married had far more limited access to education than their peers who had not married. Of adolescent girls, 44% of never-married girls but only 5% of ever-married girls were enrolled in school at the time of the survey (see Figure 9).

Figure 9: Adolescent girls' enrolment rate at endline (by marital status)




During qualitative interviews, and in marked contrast to earlier rounds of research, some young brides reported that it is possible for married girls – even those with infants – to attend school. An 18-year-old young mother from Community F stated, '*I gave birth while I was learning in grade 10… I know women that have children and have a little baby with her and take others to school to play there and learn. She breastfeeds the little one between two class periods and goes back to the class.*' That said, respondents agreed that this remains extremely rare, due to restrictions placed on young brides' mobility by their husband and due to young brides' time poverty. A key informant from the Bureau of Women's Affairs, when asked if married girls have access to education, replied: '*It is very difficult. Even if a girl wishes to continue her education, her husband may not permit it. It is uncommon to see girls resuming their education after marriage, largely due to domestic responsibilities.*' A 20-year-old young woman from Community F elaborated, '*You can attend school well before marriage…* [but] *after marriage attending school is challenging. You become worried about work at home and going to school, and you concentrate on work after school. When you are stressed about work you forget what you learn at school. It is difficult to become successful in education after marriage.*'

Figure 10: Highest grade attended at endline, of those enrolled (by cohort)

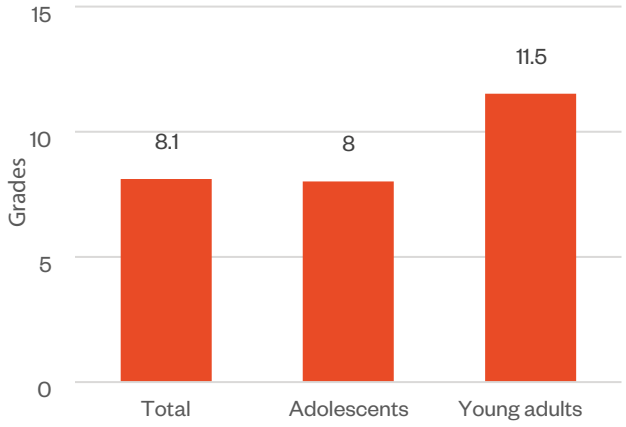
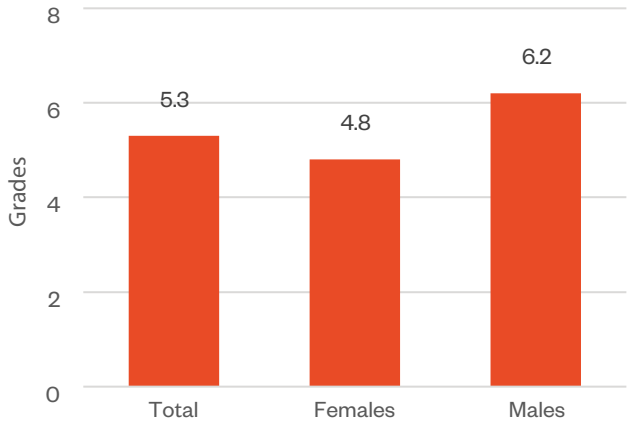



Figure 11: Highest grade attended at endline, of those not enrolled (by gender)



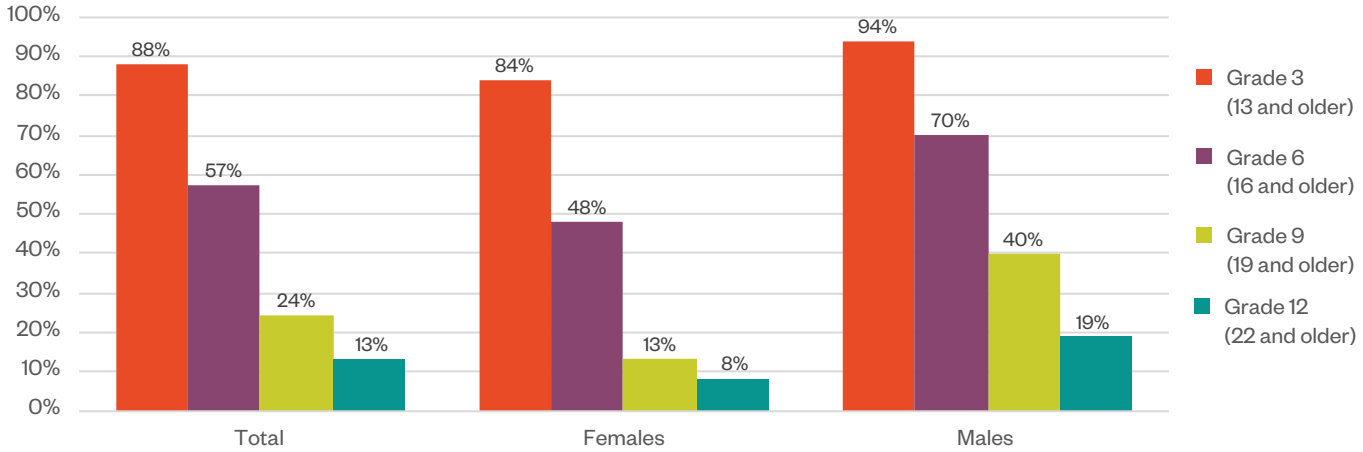

grade. Of all young people aged 13 and older, only 88% had attended grade 3 (see Figure 12); of those aged 16 and older, only 57% had attended grade 6; and of those aged 19 and older, only 24% had attended grade 9. Just 13% of young people had made it to the last year of secondary school and had attended grade 12. Gender differences were highly significant: young females were less likely than young males to have achieved all educational milestones. The gender gap was the largest for grade 9. Young males aged 19 and older were more than three times more likely than their female peers to have transitioned into secondary school (40% versus 13%).

During qualitative interviews, respondents largely agreed that young people's access to education remains limited, outside of the most central communities. It is typical for rural children to begin formal education years late, to attend school irregularly, to repeat grades multiple times, and to drop out in early adolescence. It is rare for them to transition into secondary school. Girls are disadvantaged on all fronts.

Respondents reported that many young people are not given the opportunity to complete primary school. For boys, this is almost always related to household poverty, which pushes boys to engage in agricultural labour. A 15-year-old girl from Community F explained that her brother left school after 5th grade because he could not afford school supplies: '*My elder brother left school because our father is not around, and he lacked support for educational materials.*' A 15-year-old boy from Community I reported that he had dropped out even earlier, to support his family's livelihood: '*I dropped out in grade 4... My family did not want me to continue my education and wanted me to take care of the cattle, so they made me drop out of school.*'

For girls, early school-leaving is less about poverty and more about the limited value placed on girls' education. Girls' schooling is deprioritised by parents, even in the early grades. A 16-year-old girl from Community F, who dropped out after 5th grade, reported that she left school because she was exhausted – and unable to learn:

Figure 12: Proportion of young people who attended a given grade by a given age at endline (by gender)



*You wake up early… When your mother prepares breakfast, you go to the river to fetch water and when you come back from there, have your breakfast and go to school. Time is gone. Moreover, since your mother is too busy alone while you are at school, she orders you to come back fast. When you come back from school, you eat what is there and leave for your job. The sun sets. You start preparing dinner. After dinner, you go to the mosque, and when you come back from mosque you sleep because you feel tired. There is no way to study your lessons. Early morning again, another job waits for you.*

The value of girls' education plummets further when girls reach adolescence and are seen as ready for marriage. Most respondents initially reported that it is girls' personal choice to drop out and marry. A 20-year-old young woman from Community F, who married at age 13, stated, '*Parents are supportive of your education, they want you to focus on education, but married friends want to influence you. They advise you to marry.*' That said, most respondents agreed that pressure on girls to drop out and marry (from peers and from parents) is very strong. A 15-year-old girl from Community G, who married at age 12, recalled being bullied by her peers (female and male) for trying to continue her education: '*People would often bully you, calling you an old woman for going to school.*' An 18-year-old young woman from Community K, who married at age 14, shared that view, noting that parents are also to blame, because '*There are no parents who teach their daughters like they teach their sons.*'

The minority of rural young people who complete middle school face an even higher barrier to accessing secondary school: distance. Secondary schools are located in towns, requiring students to either make long daily commutes or board – both of which are expensive. A 17-year-old boy from Community J, when asked who in his community is able to attend secondary school, replied: '*Only those who have relatives there in the town or those who have well-to-do family having good income.*' A 25-year-old young man from Community K noted that even something as simple as soap can stand in the way of rural students' access to secondary school, saying: '*In the local town, if your clothes lack sanitation, the teacher will not let you enter class*.'

Given that parents see girls' education as less important than boys' education, the distance barrier is all but insurmountable for girls. An 18-year-old young woman from Community H explained that girls are not allowed to attend secondary school because they have to spend their time collecting water: '*Students travel very long distances to attend school… Girls cannot travel a long distance like boys… If they install tap water in the neighbourhood, things will change*.' A 17-year-old girl from Community K noted that she did not even bother to sit the grade 8 exam, because she knew that her parents could not afford for her to board: '*There is no secondary school here… I declined to take the national exam because if I did, they would transfer me to Boko… My family told me that they could not support my education*.'

With the caveat that enrolment figures support broader narratives about limited access to education, especially for girls, adults reported that access has improved in recent years. In some cases, this is because communities have improved school facilities, appointed educated community members to help with enrolment drives, installed water taps, or worked to prohibit the all-night cultural dances (*shegoye*) that left students too tired to concentrate in class. A key informant from Community H stated, *'In terms of education, there has been a slight change over the past few years… This change was achieved through the awareness given to the youth. Teachers also went door-to-door to educate the community and the youth*.' In other cases, it is because some *woreda* education officials are now being posted to work in *kebeles*, to ensure that educational policies are being correctly implemented, or because of educators' creative efforts to increase demand for education. An educator from Community G explained that his school recognises students and parents for both good attendance and academic excellence:

*We have been rewarding parents who have supported their children to succeed in their education and who are working towards the success of their children. For example, we rewarded five parents of the students at the end of the 2016 EC academic year. It is not about offering a big prize. Giving them a certificate of recognition and even raising their name is a big reward.*

In Community J, respondents reported that schools have recently made special efforts to improve girls' access to secondary education, providing them with the room and board that allows them to focus on their studies and pass gateway exams. A 17-year-old girl from Community J recalled:

*Since there were only three female students who took the 8th grade exam last year, the school provided us*

*with a room and gave us food… We studied fully on boarding during the second semester, visiting our parents only on Saturdays and Sundays… If I had been at home, there would have been many domestic activities to undertake, but being in boarding helped us focus fully on our education.*

Respondents also noted that sanctions for absenteeism have improved uptake. An 18-year-old young woman from Community K stated that fines levied by local authorities encourage parents to send their children to school: '*If a student misses a class, the parents will be charged 400 birr*.' A *kebele* manager reported that shaming is another strategy, saying: '*We inform them that those who are absent from school cannot stay in the community. This usually prompts the parents to send the child back to school*.'

Alongside poor access to education, respondents in rural GAGE study sites reported that the quality of education is poor. Class sizes in early grades can be very large, teachers are assigned to teach subjects for which they have not been trained, and equipment (including basics such as desks and books) is in short supply. An educator from Community F reported, '*In this school there are 12 teachers, while there are 894 students*.' An educator from Community G elaborated, '*There is a shortage of education materials. It includes shortage of books, shortage of teachers, shortage of teaching materials and lack of internal income*.' A community key informant from Community F similarly stated:

*There are limitations in delivering quality education. For instance, there are shortages of textbooks. Two or three students share a single textbook. Furthermore, there are no textbooks on some subjects. Shortage of textbooks is one of the contributing factors for students' low achievements.*

Respondents reported that these deficits, especially regarding availability of textbooks, have become far more acute since the Ministry of Education updated the curriculum in 2021, and that they limit students' learning. Some students are promoted regardless of their attainment, and find themselves in 5th or 6th grade and still unable to read. A key informant from Community G reported, '*There are children who have no knowledge of their grade level. There has been a fierce criticism that children who have reached grade 5 or 6 are unable to read and write*.' An 18-year-old young man from Community K reported that he dropped out after 5th grade because he did not see the point of education: '*I decided to quit school, as I believed that if it was just a matter of attendance, then progressing to higher grades without understanding anything properly was pointless*.' Even the most dedicated students often find themselves poorly prepared to succeed in secondary school, when the language of instruction switches to English. An 18-year-old young woman from Community J, when asked about the challenges she faces at school, replied, '*The main challenge is the change in the medium of instruction. In primary school, education was given in Afaan Oromo, but in secondary school, it changed to English*.'

Quality deficits are reflected in extremely high exam failure rates that lower young people's aspirations, prevent them from accessing (higher) education and, in some cases, even drive young people to suicide. An 18-year-old young woman from Community J noted that even girls who complete 8th grade regularly fail to pass the exam that would allow them to transition to secondary school: '*No female student has passed the secondary education because they commonly fail at grade 8 exam*.' The university entrance exam has an even higher failure rate. An educator from Community J reported that even the best students are seeing their dreams for the future dashed: '*Even very clever students aren't passing the examination… It is that one which is making our students hopeless*.' A mother from Community K shared that view, noting that, '*Some students have even committed suicide because of it*.'

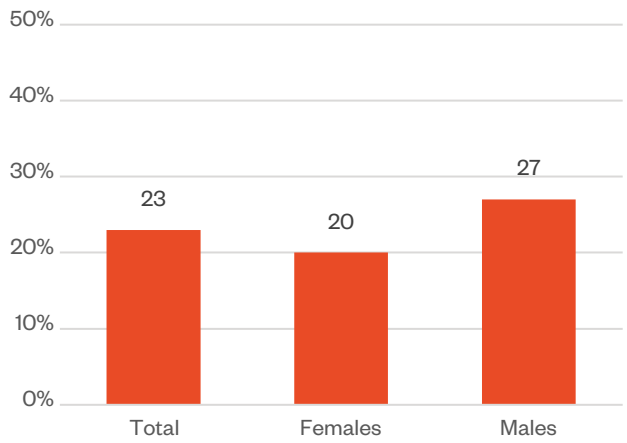
Endline qualitative research found explosive growth in the uptake of religious education in recent years. Although young people often enrol in 1st grade well after age 7, respondents reported that children are now beginning Qur'anic education as early as age 3. Similarly, although respondents largely agreed that girls do not have time to attend formal education – and that marriage almost always marks the end of schooling for girls – they reported that girls are allowed to attend Qur'anic education every day and that young brides continue to study after marriage. A 17-year-old out-of-school girl from Community K reported that she prefers religious education to secular education, despite the sheiks' reliance on corporal punishment: '*Religious education is better than the secular education. It makes you happy… It is impossible to interrupt religious education. I never miss it for a day*.' A married girl the same age from Community G also stated that she never misses a day, saying, '*We are still studying with our husbands*.'

# Physical health

## Nutrition and food security

In aggregate, 23% of young people, and 36% of those with disabilities (see Box 2), reported on the endline survey that their household was severely food insecure (using the Food and Nutrition Technical Assistance Project (FANTA) Household Food Insecurity Access Scale[5]) (see Figure 13). Gender differences were significant, with young males (27%) more likely to report severe food insecurity than young females (20%). Although young people reported eating an average of 2.6 meals on the day prior to the survey, diet quality was very poor. On average, they reported consuming any source of protein (plant or animal) only once every four days.

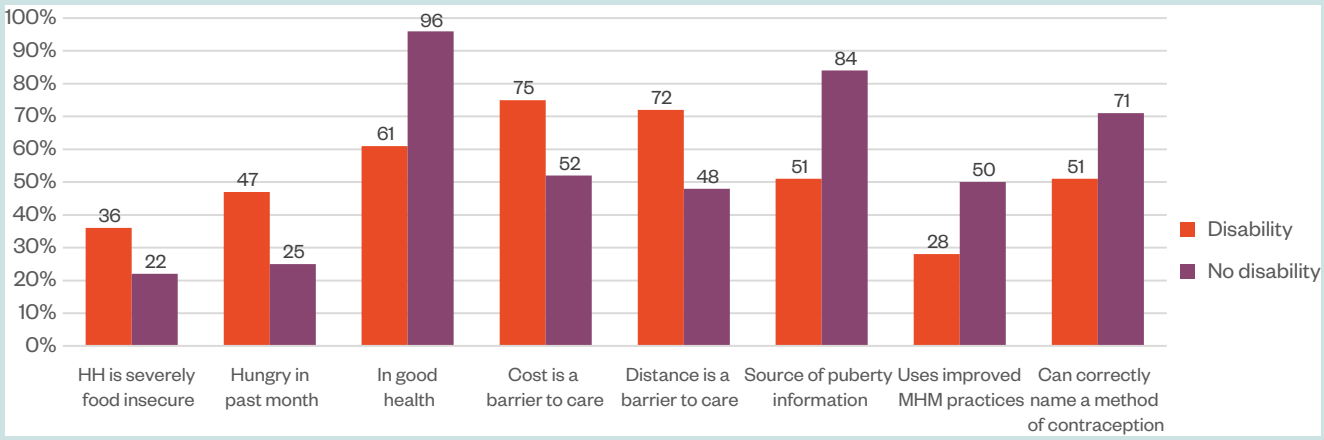
Figure 13: Proportion of young people's households experiencing severe food insecurity at endline (by gender)




### Box 2: Disability shapes young people's physical health

The endline survey found that the physical health of young people with disabilities is significantly compromised in myriad ways, compared to their peers without disabilities. Young people with disabilities were more likely to live in households that are severely food insecure (36% versus 22%), more likely to have been hungry in the past month (47% versus 25%), and less likely to report being in good health (61% versus 96%) (see Figure 14). They were also more likely to report that cost (75% versus 52%) and distance (72% versus 48%) are barriers to seeking health care. Compared to their peers without disabilities, young people with disabilities also had more limited access to information about puberty (51% versus 84%) and contraception (51% versus 71%). Young females with disabilities were also less likely to use improved menstrual hygiene management (MHM) practices (28% versus 50%). Suggestive that poverty is, at least in part, responsible for their poorer outcomes, the endline survey found that young people with disabilities live in households with a mean of only 3.5/16 household assets, compared to 3.9/16 for those without disabilities.

Figure 14: Health indicators at endline (by disability status)




Young people with disabilities reported that they have limited or no access to health care. An 18-year-old young woman with a physical impairment stated, '*They did not take me to a health facility.*' A 20-year-old young woman explained that while this is in part due to household poverty, it is also due to the stigma that surrounds disability: '*If a child is born with a disability, whether the child is male or female, they don't take the child to a health facility. Instead, they say that it is the work of God, and there is no need to take them to a health facility.*'

5 See Coates et al. (2007) Household Food Insecurity Access Scale (HFIAS) for Measurement of Food Access: Indicator Guide (https://www.fao.org/fileadmin/user_upload/eufao-fsi4dm/doc-training/hfias.pdf)

It is difficult to track changes in food security between Round 2 and endline, both because questions about household food security were not asked at Round 2 and because young people's answers to other questions do not line up. At endline, young people were slightly but significantly less likely to report being hungry than they were at Round 2 (26% versus 31%). They also, however, reported eating slightly but significantly fewer meals the day prior to the endline survey than they did the day prior to the Round 2 survey (2.6 versus 2.7).

In line with survey findings, it was common for qualitative research participants to report food insecurity. In a minority of cases, households lacked enough to eat. A 15-year-old girl from Community H, when asked about diets in her community, replied, '*In this area, unlike urban area, there is not enough food.*' A father from Community K shared that view, saying, '*We are experiencing a food shortage.*' In most cases, however, respondents reported not hunger, but poor diet diversity. Indeed, although they reported eating groundnuts (peanuts) and chickpeas, most young people reported that most meals consist of nothing but grain. A 17-year-old boy from Community J stated, '*My parent provides me with only sorghum and maize. I do not get vegetables and fruits. My parent cannot afford to provide me with enough food.*' A 15-year-old boy from Community G similarly reported, '*Corn flour is common, no other food.*'

Respondents noted that food insecurity, which used to be primarily seasonal, has become worse in recent years, as droughts have become longer, sorghum diseases have become more common, and the cost of fertiliser has soared. An 18-year-old young man from Community H recalled of the drought in 2023, '*Two years ago… there was no rainfall. Sorghum seedlings dried out… We go to bed without eating anything.*' A 20-year-old young woman from Community K stated that the harvest in 2024 was hardly better, due to disease: '*Sorghum diseases may also affect the productivity, as is the case this year.*' A father observed that yields are also dropping because declines in soil fertility cannot be offset with fertiliser. He explained that due to inflation, '*only someone who has money can buy fertiliser*'.

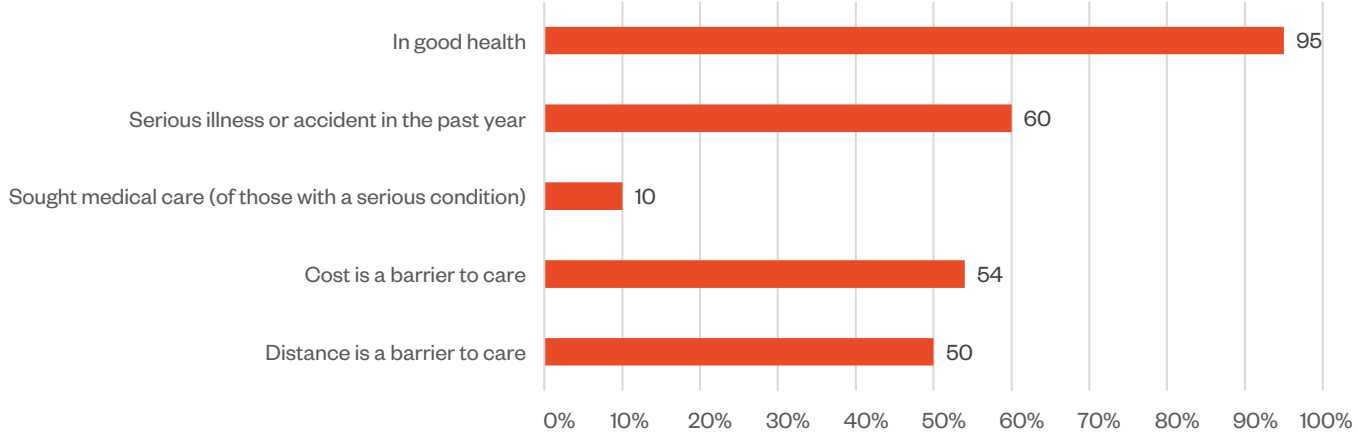
Notably, even the respondents who reported no food insecurity often spoke at length about having babies and toddlers who were so malnourished that they were receiving food supplements from health extension workers. A 22-year-old mother of three, from Community G, first stated, '*We have never faced a food shortage problem, as we also get food from our family*' but then added that all three children are receiving Plumpy'Nut (a nutrient-rich peanut-based paste used to treat severe acute malnutrition in children and adults). An 18-year-old young woman from Community J shed light on why this might be, explaining that girls and women eat last and least, even when pregnant and lactating:

> *Girls usually eat after they feed other family members… Generally, the mother does not eat anything before children are satisfied and after she checks that all family members have eaten. The mother never eats before her husband and children.*

## Broader health and access to health care

Nearly all young people (95%) reported on the endline survey that they were in good physical health (see Figure 15). Approximately half of young people reported on the endline survey that cost (54%) and distance (50%) were barriers to seeking health care. When asked if they had had a serious illness or accident in the past year, a minority of

**Figure 15: Health-related indicators at endline**



young people answered in the affirmative: only 5% reported a serious illness and only 1% reported a serious injury. Of those, 100% reported that they had sought care.

During qualitative interviews, respondents reported that although waterborne illnesses and serious injuries are not uncommon, malaria has become the most pressing health issue in local communities over the past few years. Indeed, despite survey findings, nearly all young people and caregivers reported that one or more family members had had malaria at least once in the past year. They blamed this not only on climate change, but on the government's underinvestment in bed nets and DDT – and on limited efforts to mobilise community members to clean up the sources of standing water where mosquitoes breed. A 16-year-old girl from Community H explained:

> *The heavy rain has intensified the prevalence of malaria because Anopheles mosquitoes reproduce more in wet weather... For the past two years, there has been no net supply... Had there been nets, the frequency of malaria cases would not have increased three to four times.*

Respondents had mixed opinions about access to health care. On the one hand, with only a few exceptions, they reported receiving appropriate treatment for malaria. A 17-year-old girl from Community I said, '*I went to the clinic and got better. I took malaria tablets and was cured.*' On the other hand, respondents from the most remote rural communities reported only minimal contact with health extension workers, and nearly all agreed that health care has become too expensive (people are forced to pay for health insurance and are regularly required to purchase medication out-of-pocket, since public clinics are often out of stock). An 18-year-old young woman from Community G reported that health extension workers do not visit her *kebele* often, saying, '*Health extension workers are not assigned to each community and have centres in remote distance from us. They rarely visit our local residents.*' A 20-year-old young woman from Community K noted that she and her family have to pay for health insurance, even though they consider it useless:

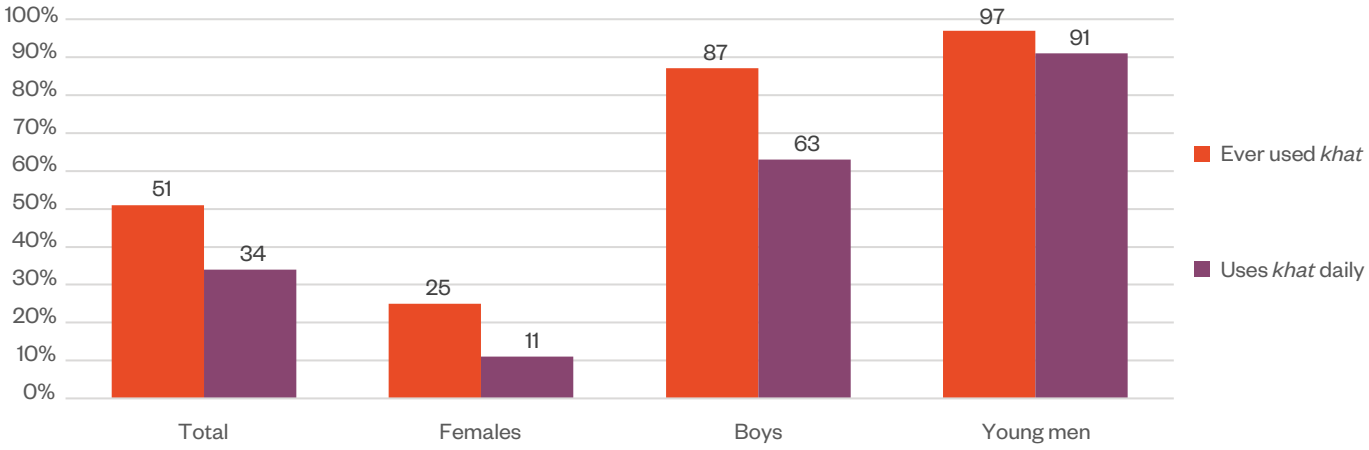
> *We do have health insurance... They force us to pay for insurance. Even they imprison you if you do not pay it... However, here at the clinic, we are not able to benefit from the insurance as they instruct us to purchase medicines from other places, rendering it useless.*

Traditional medicine was often preferred over modern medicine, for ailments ranging from '*budaa*' (evil eye) to malaria to broken bones. Respondents reported using ointments and tonics, some of which were more expensive than the antibiotics offered at health clinics, prepared by local sheiks. They also reported being burned with hot nails. An 18-year-old mother from Community K noted that families are willing to pay for treatments they consider efficacious: '*If you see your child get cured, you will pay him what he wishes.*' A 15-year-old boy from that same community, who was treated for malaria by being burned, explained, *'It is very painful... but it is better than going to the health centre... It is cured soon.*'

## Substance use

The endline survey found that although no young people reported using alcohol, nearly all young males in East Hararghe regularly chew *khat* leaves. Of young men, 97% reported that they had ever used *khat*, and 91% reported that they used it daily (see Figure 16). Of adolescent boys, figures were 87% and 63% respectively. *Khat* use was less common among young females: only 25% had ever used it, and only 11% used it daily.

**Figure 16: *Khat* use at endline (by gender and cohort)**



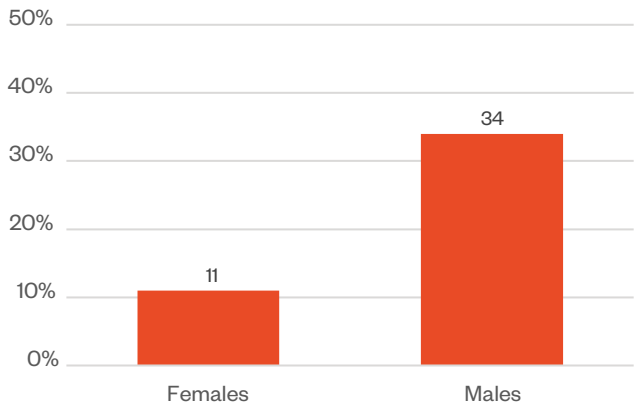
*Khat* use climbed between Round 2 and endline. Of young males in the panel sample, 44% were chewing *khat* daily at Round 2, versus 78% at endline – a 34 percentage point increase (see Figure 17). For young females, analogous figures were 6% versus 17%.

A minority of young people (22%) reported that they had ever been provided with information about how drugs impact the mind and body (see Figure 18). Young males (30%) were nearly twice as likely to have been provided with this information as young females (17%), probably because of their greater uptake of formal education.

In line with survey findings, qualitative research found that young males' use of *khat* is nearly universal, despite the government's recent efforts to reduce use by raising taxes[6]. A health extension worker from Community F declared, '*All of the youths chew khat. You cannot stop them.*' Boys and young men reported that they chew to help them focus on their schoolwork, to give them energy to farm, and to socialise with friends. A 15-year-old boy from Community I stated that he uses *khat* daily: '*When I want to do my homework, I chew first, then I do my homework.*' A 17-year-old boy from Community J reported that he chews for hours each day: '*My friends and I chew khat together and sit together… We start chewing khat at 7 pm and chew until 10 pm.*'

Qualitative research suggests that young females may use *khat* more often than the survey results suggest. Although even adolescent girls agreed that girls' use of *khat* is 'unethical' (17-year-old girl, Community K), quite a few admitted that they chew '*where my parents can't see me*' (15-year-old girl, Community F). Young females' use of *khat* increases after they become mothers – to help them stave off exhaustion. A mother from Community G stated, '*Females do not chew khat until after childbirth.*' A 24-year-old mother of three elaborated, '*If I don't chew it… my mind feels foggy or sluggish. Chewing khat also seems to steady me physically. I feel less dizzy and more grounded, especially during long days of work.*'

**Figure 17: Change in daily use of *khat* between Round 2 and endline (by gender)**




## Puberty education and menstrual health

Most young people (82%) reported on the endline survey that they had had a source of information about puberty (see Figure 19). Gender differences were significant, and the reverse of findings from all other GAGE study locations. In East Hararghe, boys and young men (87%) were more likely to have had a source than girls and young women (78%). For young males, the sources of information about puberty were friends (39%), teachers (35%), non-parental family members (10%), fathers (5%) and mothers (2%). For

**Figure 18: Proportion of young people provided with information about the impact of drugs on the mind and body at endline (by gender)**

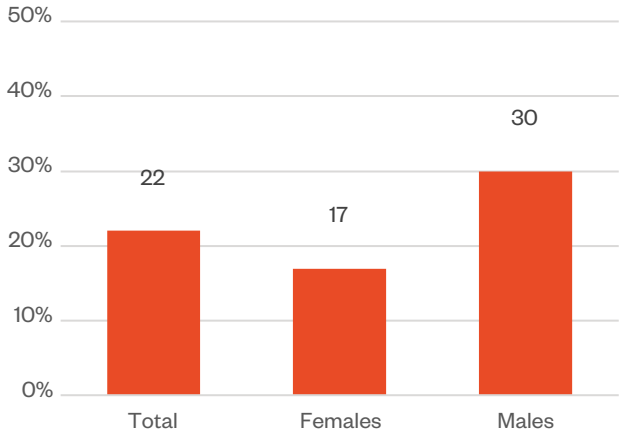
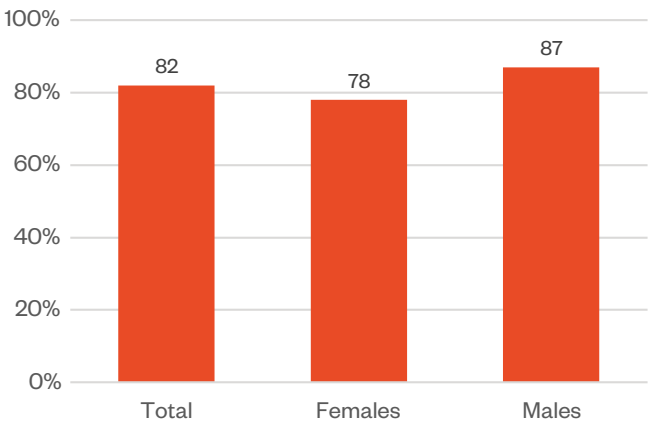
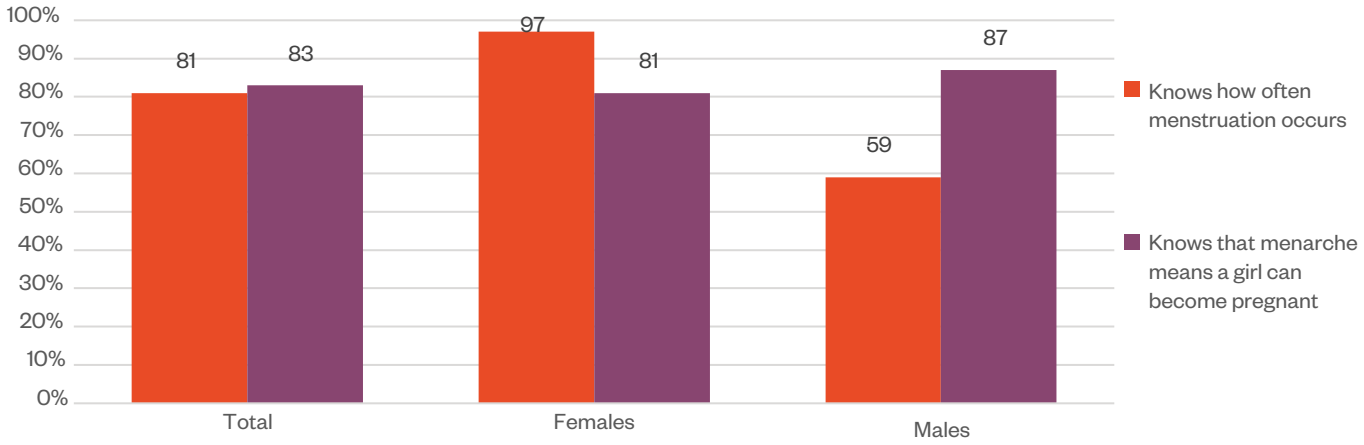



**Figure 19: Proportion of young people with a source of information about puberty at endline (by gender)**




6 Tax rates reported by respondents in the GAGE sample varied – one adolescent boy reported that the tax per kilogram is 35 birr. This is higher than the government's official 22 birr/ kilogram, which was introduced in 2022 (Biyenssa, 2023).

**Figure 20: Young people's knowledge of reproductive biology at endline (by gender)**




young females, the sources were friends (41%), teachers (26%), non-parental family members (17%), mothers (8%) and fathers (1%).

Most young people understand the basics of reproductive biology – albeit with significant gender differences. In aggregate, 81% correctly reported that menstruation occurs monthly, with young females' knowledge unsurprisingly far better than young males' (97% versus 59%) (see Figure 20). A similar proportion (83%) correctly reported that menarche means that a girl can become pregnant. Young males' knowledge on that front was significantly better than young females' (87% versus 81%), presumably because of their better access to formal education.

Adolescents in the panel sample saw significant improvement in their knowledge of reproductive biology between Round 2 and endline. At Round 2, only 68% of young people understood that menarche means that a girl can become pregnant; by endline, this had climbed 15 percentage points to 83% (see Figure 21). Young adults' knowledge did not improve between rounds.

At endline, 100% of young women and 96% of adolescent girls had reached menarche, at a mean age of 13.9 years – 18 months later than the global average of 12.5 years (Lacroix et al., 2023). Approximately half of young females reported that they use disposable or reusable purpose-made period products (49%) and dispose of them appropriately (54%) (see Figure 22). A small minority (11%) reported that their normal activities are restricted

**Figure 21: Change in adolescents' knowledge about the relationship between menarche and pregnancy, between Round 2 and endline**

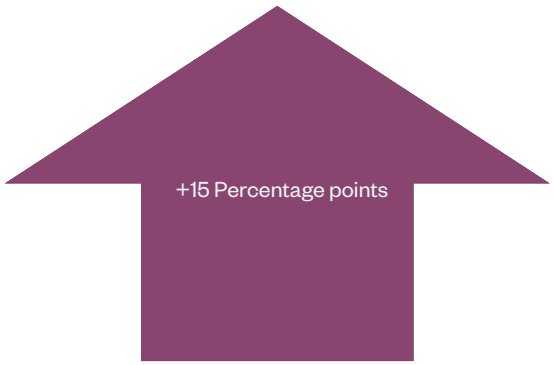
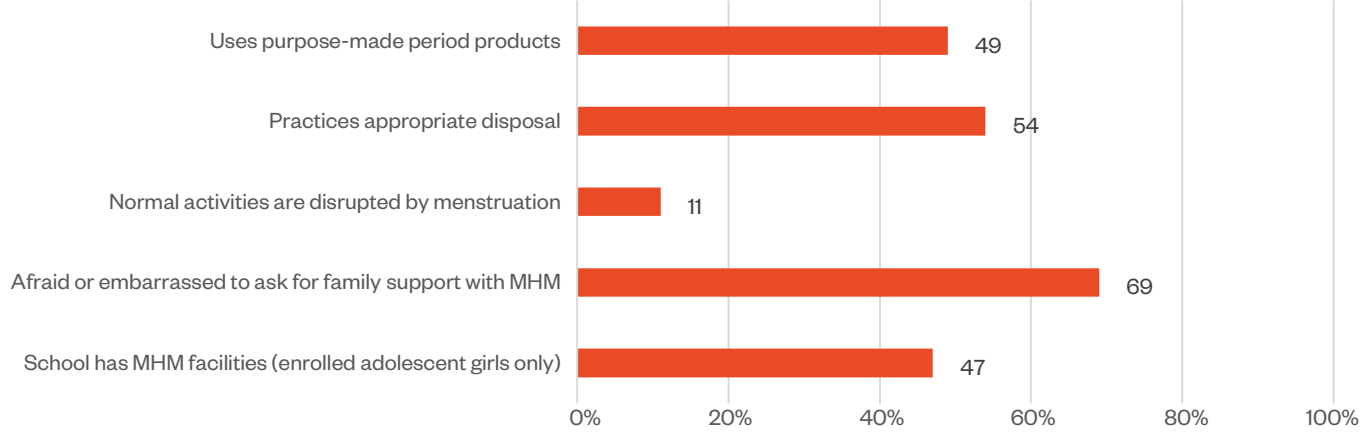



**Figure 22: Menstrual health management indicators at endline**



by menstruation, but most (69%) reported that they are afraid or embarrassed to ask family members for support with menstrual hygiene management (MHM). Of enrolled adolescent girls, 47% reported that their school has facilities to manage menstruation.

Qualitative findings on puberty education were largely in line with survey results. Young people reported learning about their changing bodies at school (if they were fortunate enough to still be enrolled, and to be enrolled in at least 5th grade), from friends, but almost never from parents. A 17-year-old boy from Community F stated that he had learnt about reproductive biology in 8th grade: '*Our biology teachers taught us… If girls have sex after menstrual cycle, they get pregnant… Also, change of sound, growing hair around sex organs and armpit, and others*.' A girl the same age but from Community K, when asked how she learnt about pubertal changes, replied: '*I do not know why, but mother does not advise about adolescence. It is friends who advise you.*' Caregivers confirmed that it is 'not the prevalent tradition' for parents to discuss puberty with their children (father, Community G). Indeed, a father from Community K, when asked how he prepared his son for puberty, recalled, '*When he came to adolescent age, I built him a house for marriage… However, I didn't tell him about the body changes during adolescence*.'

Young females, whose access to education (much less age-appropriate education) significantly lags that of young males, and whose pubertal changes are biologically and socially more disruptive, regularly noted that puberty education was often too little, too late. A 15-year-old girl from Community G noted that although she knew about menstruation prior to menarche, she did not know much: '*I knew about menstrual bleeding, but all I really understood was that it comes and goes*.' A 15-year-old girl from Community I reported that she had literally never heard of menstruation when she got her first period – and did not know how to manage it: '*I didn't know anything. I didn't know what to do when I first saw it. I didn't use anything*.'

Young females reported that not only does their mother fail to provide them with information about menstruation, but they usually also fail to provide them with any support for managing their periods. An 18-year-old young woman from Community K stated that she cannot ask her mother for help: '*We don't talk about menstruation at home… It is taken as taboo*.' Indeed, a 17-year-old girl from that same community shared the same view, and noted that she goes out of her way to make sure her mother does not know when she is menstruating, by privately washing her pads and clothes and then '*drying them in a hidden place*'.

With the caveat that most girls do not have access to girls' clubs qualitative research found that these clubs, as well as programming by non-governmental organisations (NGOs) such as Act With Her (see Box 3), can be critical sources of information and support for adolescent girls. An 18-year-old young woman from Community K recalled that she had learnt how to manage her period – and been given store-bought pads, which are difficult to access in rural communities – from the teacher who runs the girls' club: '*The teacher taught us how to maintain sanitation during menstruation. They taught us that we have to use sanitary pads, pants, and different clothes during menstruation.*' A 17-year-old girl from Community H reported the same and added that schools' support for menstrual hygiene management helps keep girls in school:

> *We used to stay at home during menstrual days because it might be visible, and this caused anxiety about going to school… But now, things have changed. Even if we don't have sanitary pads, we wash a kind of cloth and use it like sanitary pads, allowing us to move freely for school.*

An educator from Community G, whose school no longer has running water, noted that it is important to couple investments in girls' clubs with investments in basic infrastructure, saying, '*The school has pads, but we don't have water… The pipeline broke… When a female sees her period, for example, she needs water for washing.*'

## Sexual activity, and knowledge about and uptake of contraception

At endline, nearly half (47%) of the young people taking part in GAGE had been married and were sexually active (see Figure 23). Given that most young adults were purposively selected into the sample because they had already been married at Round 2[7], young women (93%) and young men (87%) were especially likely to have been married (and to be sexually active). However, among adolescents, nearly all of whom were randomly selected into the sample at baseline (see Figure 3), most adolescent girls (58%) had also been married by endline. Marriage was much less common among adolescent boys (13%). The survey found that it was rare for young people who were not married to have

7 Of the young people added to the East Hararghe sample at Round 2, 62% (293 individuals) were added because they were married.

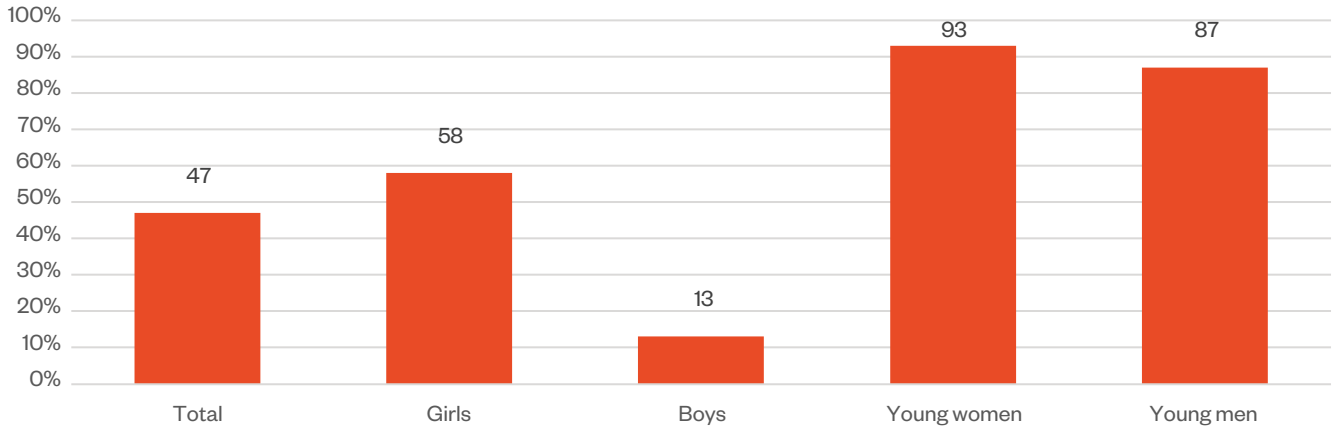
### Box 3: Act With Her supports girls to thrive

The Act With Her (AWH) programme was delivered in four regions of Ethiopia, including Oromia, beginning in 2018. It aimed to support adolescent girls to develop the knowledge and skills they need to thrive during the transition to adulthood. Initially developed as a five-arm randomised control trial aimed at very young adolescents (see Baird et al., 2022; Boudreau et al., 2023), the programme evolved over time to also include girls and boys in middle adolescence. The programme worked with adolescent girls, adolescent boys, and girls' caregivers. It also worked with schools, to develop and strengthen girls' clubs, and communities, to shift the social norms that limit girls' lives.

Girls and young women who took part in AWH programming reported that classes had taught them about their developing bodies, and had normalised menstruation. They also reported learning about the risks of female genital mutilation (FGM), how to avoid child marriage, the importance of a balanced diet, and how to save for the future. A 14-year-old girl from Community I stated, '*They taught us how to use pads and that many girls used to miss school during their periods. Now, thanks to the training, we are not absent during menstruation because we use pads… I learnt about menstruation, early marriage, and saving.*' A 20-year-old young woman from Community H recalled, '*I learnt about personal hygiene. For instance, I used to share sharp materials with others, but after the training, I stopped. I also learnt about balanced diets, including potatoes, eggs and milk, and how to manage my menstrual cycle without missing school. Before the training, I would be absent during my menstrual cycle. Regarding saving, if you have 2 birr, you save 1.*'

Perhaps even more importantly, young females who took part in AWH reported that the programme (which was delivered by near-peer mentors from local communities) had inspired them to believe they could succeed in life. A 16-year-old girl from Community I reported that she and her peers had never met an educated young woman before taking part in AWH: '*We hadn't seen a female who is successful in education.*' An 18-year-old young woman from Community J shared that view, noting that having a role model had inspired her to resist child marriage and stay in school: '*When I was in grade 6, my peers were marrying, but I refused and chose to focus on my education… The training I took when I was in grade 4 influenced my decision… It encouraged me. Since the trainer was female, I was interested in being like her. I learnt that the minds of males and females are equal. The training shaped my perception.*'

**Figure 23: Proportion of young people who have been married at endline (by gender and cohort)**



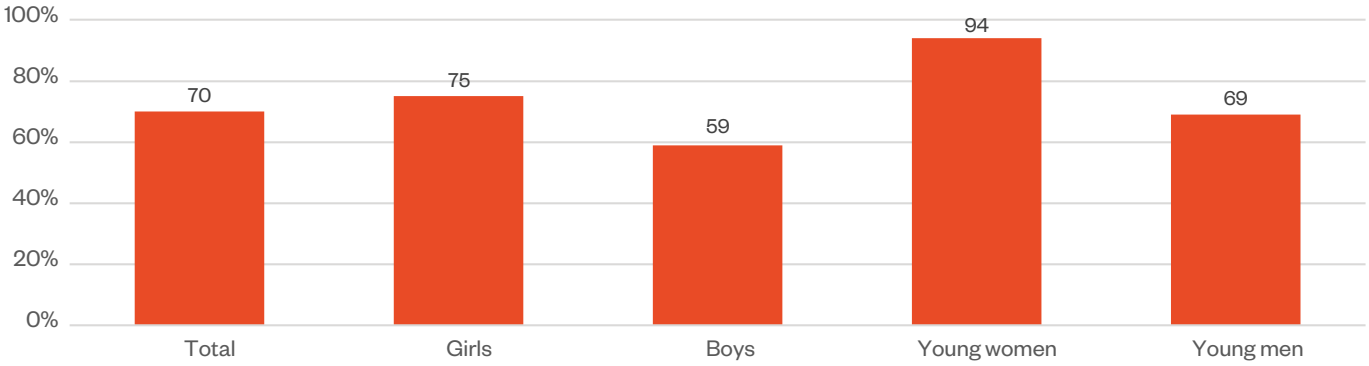

experienced sexual debut. Of those over the age of 14,[8] only 2% of unmarried young females and 3% of unmarried young males reported that they were sexually active.

On the endline survey, most young people (70%) could correctly name a modern method of contraception (see Figure 24). Cohort and gender differences were significant, and in large part reflect young people's odds of marriage. Young women (94%) were the most likely to be able to name a modern method, whereas adolescent boys (59%) were least likely to. Young people's knowledge about the safety of contraception is poor; 56% reported that they believe contraception causes infertility.

Unsurprisingly, given that they were more likely to be married at endline than they were at Round 2, young people's knowledge about contraception improved between Round 2 and endline. The proportion of young females able to name a modern method climbed 59 percentage points – from 18% to 77% (see Figure 25). The

8 This question was not asked of participants under the age of 14 – of whom there were 5 in East Hararghe.

**Figure 24: Proportion of young people who could correctly name a method of contraception at endline (by gender and cohort)**




proportion of young males able to name a modern method rose 35 percentage points, from 26% to 61%.

Contraceptive uptake was rare among the young people in the sample. In aggregate, only 9% of sexually active young people reported having ever used contraception and only 6% reported that they were currently using it (see Figure 26). Cohort and gender differences were significant only for ever-use (due to the small number of young people currently using). Of current users, contraceptive injections (69%) were the most common, followed by the pill (17%) and implants (8%). Limited uptake of contraception is in part explained by young people's desired fertility. The average young person, with no differences by cohort or gender, wishes to have 6.8 children.

At Round 2, only the older cohort was asked about their use of contraceptives. That said, of the 250 young adults who answered this question at both Round 2 and endline, ever use of contraception significantly climbed from 9% to 17% (see Figure 27). Current use among that same group remains unchanged.

During qualitative research, respondents reported that premarital sex is rare, for males and females alike. A 16-year-old boy from Community G explained that this is because '*It is haram* [religiously forbidden] *according to our religion*.' That said, respondents also reported that prohibitions against premarital sex drive child marriage, and sexual debut. A father from Community G stated that parents prefer for their daughters to marry in early adolescence to ensure they do not have sex prior to marriage: '*If a female stays longer before getting married, she will have sex with someone*.' A key informant from Community F reported that boys choose child marriage so that they can have sex: '*It is because having sexual*

**Figure 25: Change in young people's ability to name a method of contraception between Round 2 and endline**

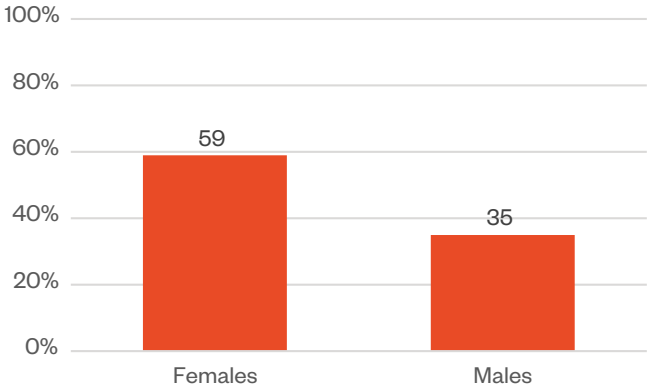



**Figure 26: Proportion of sexually active young people using contraception at endline (by gender and cohort)**

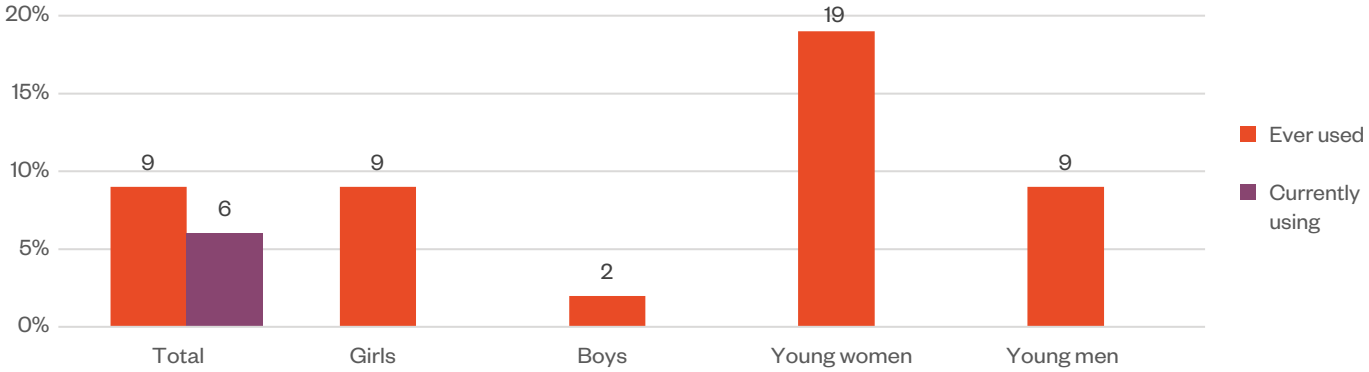
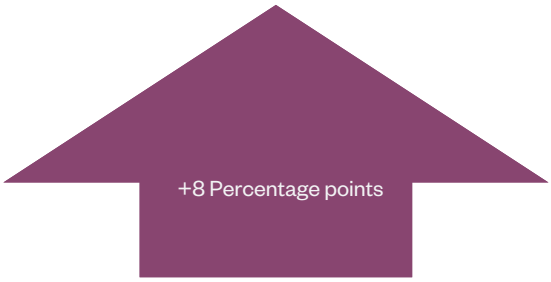


**Figure 27: Change in young adults' ever use of contraception between Round 2 and endline**




*intercourse before marriage is not allowed. He marries early and has sex with his wife.*'

Although most young people were aware of contraception – and understood that it could be used to delay, space and limit childbearing – respondents almost universally agreed that uptake is extremely rare until a couple have at least 5 children. An 18-year-old mother from Community G explained, '*Although I had information about birth control mechanisms, I did not use it. I heard that it is useful for planning family size and giving birth at intervals of time among children to be born.*' A 20-year-old mother from Community K shared that view, but added, '*I will use family planning service if I get more than 7 children.*' Respondents also agreed that it is especially unheard of for young brides to use contraception to delay their first pregnancy. A key informant from Community G explained that this is due to widespread beliefs that '*You don't truly know your wife until she gives birth.*'

In part, limited uptake of contraception is due to concerns about side effects, including infertility. A 22-year-old mother from Community G stated, '*Contraceptives are dangerous… I was afraid of consulting a health professional about the issue.*' Adolescent girls and young women reported that they believe that side effects are especially likely in East Hararghe, due to widespread malnutrition. Several added that these incorrect beliefs are actively reinforced by health extension workers. A 17-year-old mother from Community F explained:

> *Here we do not eat well. We cannot use injectable contraceptives. You have to drink milk and eat well. Here we cannot find good food… The health extension worker also told us that.*

For the most part, however, limited uptake is due to widespread beliefs that only Allah should decide when children will arrive. A 23-year-old mother from Community G stated, '*Sharia didn't allow us to use pills or injection.*' A mother from the same community added that this is the case even in the face of increasing poverty and food insecurity: '*Children are God's gift. Nowadays, many children aren't ideal, but God decides.*'

Health extension workers' efforts to improve contraceptive uptake were varied, in part because of the precarity of their position in the community. In some *kebeles*, even quite young girls reported that they had been targeted for awareness-raising. A 15-year-old girl from Community G recalled:

> *I heard in different meetings held in our kebele that they always advised us to have enough age gaps between our children so that we remain healthy and strong. Otherwise, mothers may become exhausted and more vulnerable to various difficulties.*

A health extension worker in Community K stated that she recognises that most girls and young women are ashamed to even ask about contraception, and she works hard to provide them with education and '*make them confident enough in using family planning strategies*'.

In other communities, however, health extension workers are not advocating for girls and young women to use contraception – or, as noted above, are instead discouraging its use. A 17-year-old mother from Community G, who would like to delay her second pregnancy by two years, stated, '*I haven't heard any information about birth control.*' A health extension worker from Community H admitted that she does not even try to engage the youngest brides, because it is too important that the newly married prove that they are fertile: '*Newly married women do not use it until they have had their first child because they feel contraceptives have the potential to induce infertility.*'

In line with survey findings, qualitative research found that injections are the most common form of contraception. Young women reported that this is primarily because injections are easy to hide from disapproving husbands. A 22-year-old mother from Community G explained:

> *It's me and not him who is suffering from the burden of taking care of the children and the home… Why should I care about him? I don't even want to tell him. I will get the injection without his consent.*

Notably, endline research found that schools in East Hararghe are not providing students with courses that address the importance of delayed and spaced pregnancy or the efficacy and safety of contraception. It also found no efforts aimed at improving young males' demand for contraception.

## Pregnancy and maternal health care

Unsurprisingly, given high rates of early marriage and low rates of contraceptive uptake, early motherhood is common among the girls and young women in the GAGE sample. Of married girls, 74% had been pregnant by endline; and of married young women, 92% had been pregnant by endline. Young mothers had first become pregnant at a mean age of 16.1 years, and 69% reported having received antenatal care for their first pregnancy (mean of 2.4 visits for that pregnancy) (see Figure 28). Facility delivery was less common: 52% of young mothers reported that their first child had been delivered at a hospital or clinic.

During individual and group interviews, young mothers reported important constraints to receiving antenatal care. Outside of more central communities, where visits are regular and care includes exams as well as information on pregnancy and baby care, most young mothers reported only tetanus injections and supplemental feeding aimed at addressing maternal malnutrition. A 16-year-old mother from Community H explained, '*We take vaccines during pregnancy… It helps for the foetus, and if the child has a food shortage, it helps it grow*.' A 24-year-old mother from Community G similarly stated, '*The health extension worker just injects me the vaccine and I go. She doesn't tell me other things*.'

According to the qualitative research, delivery attended by a skilled health care worker was limited by a number of factors. Although a mother from Community G stated that '*giving birth at home is forbidden*', most young mothers noted that distance and time precluded them from delivering in a facility. Indeed, quite a few reported that they did not even have a traditional birth attendant, but instead relied solely on their mother or mother-in-law. A 20-year-old mother from Community H stated, '*We give birth at home because the health centre is far away*.' An 18-year-old mother from Community G recalled, '*I gave birth after a year from the wedding ceremony. I was 13. I gave birth here at home. There was my mother-in-law.*' That said, young mothers are becoming more interested in facility delivery. A 19-year-old mother from Community G, who gave birth to one child at home and another at a health clinic, explained, '*It is better at a health facility. At a facility, there is less labour pain. They will give you an injection. Moreover, no excessive bleeding… at a facility*.' An 18-year-old mother from Community F, who chose to deliver at home, reported that she would have chosen differently if female staff had been available:

> *If you prefer to deliver at the health centre, it is the male nurses that are serving as midwife. They turn you around and let you give birth watching your sex organ publicly. I did not want this at all… Had it been a female nurse, I would have preferred it.*

A few young females reported that they were aware that abortion services are available at health centres in more central communities. However, because of widespread beliefs that '*abortion is a haram act*' (community key informant, Community J), none of the respondents reported knowing someone who had utilised these services. Indeed, several health extension workers noted that they would refuse to even refer a pregnant woman for these services. One, from Community H, stated: '*I will neither abort her nor advise her to abort*.'

Figure 28: Maternity care indicators at endline (first pregnancy only)


An 18-year-old mother of 3, Oromia, Ethiopia © Nathalie Bertrams/GAGE 2025

## Bodily integrity and freedom from violence

### Violence at home

In aggregate, 20% of young people reported having experienced violence at the hands of a caregiver or other adult in the home in the past year (see Figure 29). Cohort differences were significant. Adolescents (22%) were more likely to report such violence than young adults (4%), many of whom were no longer living with their parents.

With the caveat that many young people, especially young women, left their natal homes between Round 2 and endline, young people's exposure to violence at the hands of caregivers (or other adults in the home) fell sharply between Round 2 and endline (see Figure 30). Declines were much larger for adolescent boys (59% to 24%) and young women (36% to 5%) than for adolescent girls (37% to 19%) and young men (24% to 5%).

During qualitative interviews, respondents reported that violence is considered a normal and necessary part of childrearing, as it is how parents teach children how to behave. A 20-year-old young man from Community K stated, '*You raise children by beating them.*' A key informant from Community F agreed: '*No father beats his son to hurt, but to shape him to take his orders.*' Respondents added that although caregivers are less likely to use violence to discipline adolescents than they are to discipline younger children, violence remains a tool used to control young people until they leave the natal home.

That said, as children move through adolescence and into young adulthood, their experiences of violence within the home change, and become far more gendered. For boys, who are disciplined by both their mother and father in childhood and early adolescence, group discipline by older males becomes the norm by middle adolescence (around age 15), when most boys have grown large enough to fight back. Respondents reported that boys and unmarried young men are beaten by their father, uncles and older brothers either because they have disobeyed direct orders or violated social norms. They also reported that this violence can be extreme. A 19-year-old young man from Community H reported that he was so badly beaten for ignoring his family's cattle that he lost consciousness:

> *Last year, my father and my uncle tied me down… They tied my hands behind me, it is a common practice in this area… if your force is stronger than them… They beat me hard for not listening… I felt faint and lost consciousness… their intention was to correct me.*

A 22-year-old young woman from Community F added that young males are at especially high risk of group violence if they violate social norms, which include fighting with their mother:

> *If it is a boy who intentionally made a very grievous mistake or violating the norm, especially insulting or attempting to fight against his mother, he will be not only beaten by the father but also by his uncles.*

Respondents agreed that adolescent girls and young women, on the other hand, are generally beaten by their mother and older brothers. In some cases, this is because young females have not been diligent about household chores. A 20-year-old young woman from Community G recalled, '*Our mother beat us if we did things wrongly.*' In most cases, however, respondents reported that young females are beaten for violating social norms, especially those that limit their mobility and interactions with young

**Figure 29: Proportion of young people who experienced violence from a caregiver (or other adult in the home) in the past year at endline (by cohort)**

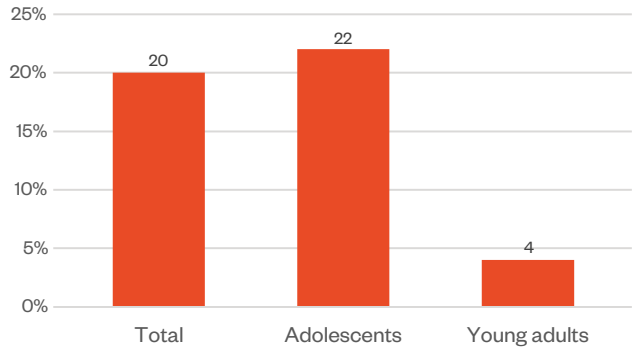
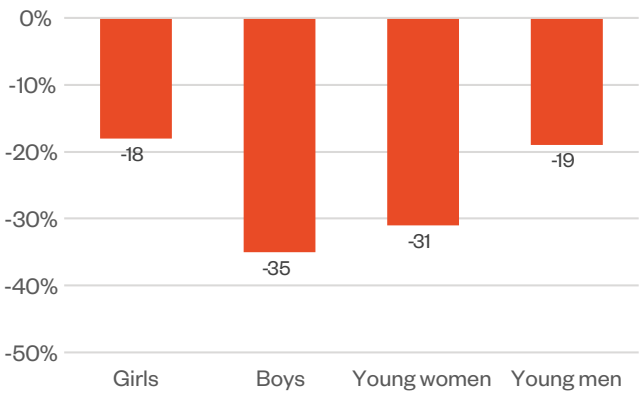



**Figure 30: Change in young people's experiences with violence from caregivers, between Round 2 and endline**



males. A 21-year-old young woman from Community F stated:

> *If a matured girl shamed her family and relatives… she will be beaten by her mom with a stick with many branches that shall not harm the internal body but irritates the external part of her body.*

A mother from that community stated that she uses myriad forms of violence to ensure that her daughters '*follow cultural and moral expectations*' and then added that her older sons also police her daughters' behaviour: '*If the elder brother sees his sister doing something wrong, he punishes her to discipline her… He punishes the girl if she runs after boys*.'

Although rare, a few adults acknowledged at endline that beating children is not the best way to improve their behaviour. A key informant from Community G stated:

> *Hitting a child doesn't make them behave well. A child is like a blank canvas, and hitting them may not stop the behaviour, it may actually continue it. I advise parents to guide their children instead of hitting them.*

## Teacher violence

Of enrolled adolescents, 26% reported having been hit or beaten by a teacher in the past year (see Figure 31). Gender differences were small but significant: boys were more likely to have been hit than girls (29% versus 23%).

Violence at the hands of teachers fell sharply between Round 2 and endline. Of enrolled young people in the panel sample, there was a 30 percentage point decline between Round 2 and endline (57% to 27%) (see Figure 32). Declines were similar for adolescent girls and boys.

Students who took part in qualitative research reported that violence at the hands of educators is extremely common. They noted that they are hit with sticks for misbehaving (including talking in class), for being late or absent to school, for forgetting to do their homework, and for making academic mistakes. Critically, most agreed that corporal punishment is necessary to keep students in line. A 15-year-old girl from Community F stated, '*When students disturb the class, do not complete their homework, or are frequently absent, the abuse is important to bring about behavioural change*.' A 17-year-old girl from Community I elaborated, '*The teacher hits me so that I don't do anything wrong again, but he doesn't cause any harm… The aim of the teacher is to correct me instead of causing me harm*.'

Boys and adults reported that boys tend to be hit more than girls, because girls are more compliant. A 16-year-old boy from Community G stated, '*Females are more malleable than the males. She can be corrected even orally. The male is rigid, this is why they beat the male more often*.' A key informant from Community F agreed, '*Most of the time females don't disturb the class, so mostly the teacher beats male students*.' That said, girls reported that they are regularly beaten for complying with their parents' demands at home, which preclude regular school attendance and prevent them from doing their homework. A 19-year-old young woman from Community G explained that she was trapped between competing demands:

> *Our parents tell us that if we go to school, we must complete all our work at home after we come home at 12 noon. But it is too much to do if we stay at school until 12 noon. We had to go to school, because if we did not then they would imprison our father if we were absent. So I would go to school and then leave early to go home and do works. The next morning, they would beat us at school.*

**Figure 31: Proportion of adolescents who experienced corporal punishment from a teacher in the past year at endline, of those enrolled (by gender)**

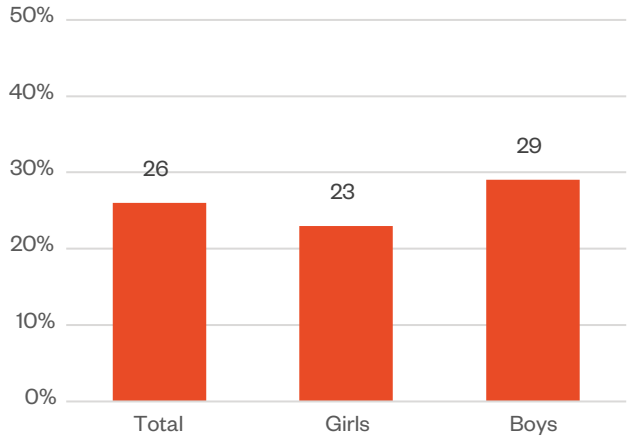



**Figure 32: Change in enrolled adolescents' exposure to teacher violence between Round 2 and endline**

Several students noted that teacher violence has become less common in recent years. Some linked this to policy changes by schools. An 18-year-old young man from Community H, when asked how students are disciplined, replied, '*Now they ask you to bring your parent if you do something wrong. They don't beat you.*' Most, however, observed that violence has declined simply because students are older. A 16-year-old boy from Community G explained:

> *Below 15 years old, he will be advised by a stick. Above the age 15, if you beat him, it will be useless, it will have no result… They will advise him not to make his father ashamed of him by explaining that he is not in the right path, he is in the wrong path, which is unacceptable to the people, and his parents will not be happy with him.*

## Peer violence and community violence

In aggregate, on the endline survey, only 11% of young people reported having experienced peer violence in the past year (see Figure 33). Gender differences were highly significant: young males were three times more likely to have experienced such violence than young females (18% versus 6%).

Between Round 2 and endline, peer violence significantly declined. In aggregate, there was a 12 percentage point drop (22% to 10%) (see Figure 34). All age and gender groups saw their risk of peer violence roughly halved between rounds.

With the caveat that girls and young women are highly vulnerable to sexual violence perpetrated by their peers (see below), only boys and young men reported fighting with their age-mates. These fights were almost exclusively over resources. As classrooms are poorly equipped, male students noted that they regularly fight over who gets a desk, and who must sit in the dirt. A 17-year-old boy from Community J explained, '*In this school, there are not enough chairs, especially for those in grades below 6. Due to this, students often fight for the chairs.*' Older boys and young men also reported that they fight over girls. A 17-year-old boy from Community F explained that these fights can result in serious injury:

> *There is conflict among the youth… This is sometimes caused by issues with a girlfriend. They hit each other with their fists or other traditional hand tools like a menca* [scythe]. *There are times when they break each other's teeth.*

At endline, young males and their families reported that the form of community violence they are most afraid of was forced recruitment by the Ethiopian army. An 18-year-old young man from Community H stated that young males are taken away to fight in other parts of the country, and that some do not return: '*Adolescents are often taken for military purposes during conflicts in the country. But no one cares about them if they come back injured or die.*' Respondents noted that recruitment drives occur every few months (as *kebele* authorities try to meet imposed quotas), that boys as young as 15 are taken, that fear is causing young males to drop out of school and remain confined to the home, and that only bribes can keep young males safe. A father from Community G stated, '*It comes at every three months interval. A person is afraid to walk out when there is military recruitment.*' A 17-year-old girl from Community G added that even staying home does not guarantee safety: '*They take young people out of their homes. When they go around, they take anyone available at that time. You escape it only when you have money, otherwise, you will go.*'

**Figure 33: Proportion of young people who experienced peer violence in the past year at endline (by gender)**

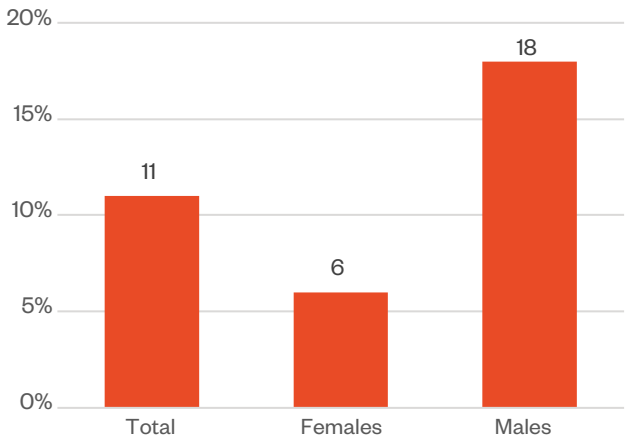
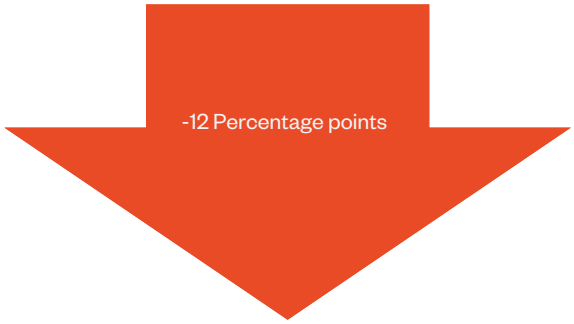



**Figure 34: Change in young people's exposure to peer violence, between Round 2 and endline**



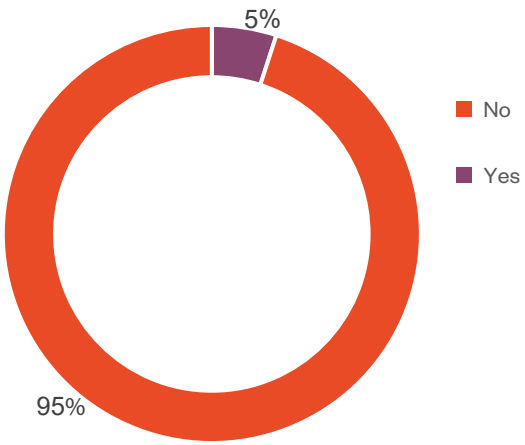
## Sexual violence

It was rare on the endline survey for girls and young women to report having ever experienced sexual violence. Even when allowed to 'silently' report (by placing a picture in an envelope not opened until the end of the day), only 5% of young females did so (Figure 35).

Qualitive research, however, found that sexual harassment is rampant but is not recognised as a form of sexual violence. Nearly all girls and young women reported that they are sexually harassed by boys and young men, often starting even before puberty. Boys accost them as they go to school (or run errands), take their hijab or schoolbooks, tease them for being too old to go to school (if they are en route to school), tell them that they are beautiful, and propose marriage. A 16-year-old girl from Community J explained, '*Males may take girls' exercise books, verbally abuse them, or force them to talk while standing on the road.*' Boys and young men did not gainsay girls' narratives, but framed their behaviour as courtship rather than harassment. A 17-year-old boy from Community H explained that he has pursued a 9-year-old girl in this manner: '*I told her that I loved her… I asked for her phone number… It's been a year since we started talking. Now, we are preparing for marriage.*'

Where constant harassment does not force girls to agree to marriage, boys and young men not uncommonly turn to working with their peers to forcibly abduct the girl who has spurned them. A 16-year-old girl from Community K explained, '*If she refuses to go willingly, they abduct her and put her in a car and take her to a far place.*' An 18-year-old young woman from Community H, who was abducted when she was in 6th grade, recalled, '*He asked me, but I refused… They* [her suitor and his friends] *waited for me on the road in a bajaj* [taxi]*, and some covered my mouth. They forcefully took me to Harar.*' Like harassment, abduction is rarely considered a form of sexual violence, because it almost universally leads girls to agree to marriage. An 18-year-old young woman from Community J, who reported that the practice is declining in that *kebele*, explained, '*Even if the girl did not love the boy, she might be forced to show consent since her name could be defamed.*' A 17-year-old girl from Community I agreed, '*The father doesn't let her come home once she is abducted. If he does, no one will marry her.*'

Figure 35: Proportion of young females reporting sexual violence at endline




Reports of forced abduction were far more common at endline than they were in previous rounds of GAGE research – apparently because shegoye cultural dances, which in previous years served as a venue for young males to entice and pressure girls into marriage, have ceased in many communities due to the efforts of religious leaders and *kebele* officials. A 17-year-old girl from Community F explained, '*Shegoye is currently declining.*'

Although forced marriage is more common in East Hararghe than rape, respondents agreed that rape does still happen. A 17-year-old boy from Community F reported, '*Males may take them* [girls] *to the forest and rape them.*' Respondents also agreed that rape is rarely reported, as the survivor is shamed and required to marry her rapist. A father from Community F stated, '*He has to marry her. The culture forces a boy to marry a girl after having sexual intercourse with her.*'

## Female genital mutilation (FGM)

Nearly all girls and young women (92%) reported on the endline survey that they had undergone FGM (up from 75% at Round 2) (see Figure 36). The average age at which girls had undergone the procedure was 10.5 years. Of the young females who reported that they had not undergone FGM, 2% stated that they had never heard of it and 6% that they had heard of it, but not experienced it. Nearly all of these girls remain at risk of FGM in the future – 97% of uncut girls were not yet married, and (as discussed below), FGM is required for marriage.

In aggregate, 67% of young people reported on the endline survey that they believe FGM is required by religion (see Figure 37). Gender differences were significant, with young males more likely to believe this than young females (79% versus 61%).

There have been significant changes since Round 2 in young people's beliefs about whether FGM is required by religion. These changes vary by gender. Young females in the panel sample were 9 percentage points less likely to

believe that FGM is required by religion at endline than they were at Round 2 (61% versus 70%) (see Figure 38). Young males in the panel sample, on the other hand, were more likely to believe that FGM is required by religion at endline than they were at Round 2 (80% versus 70%).

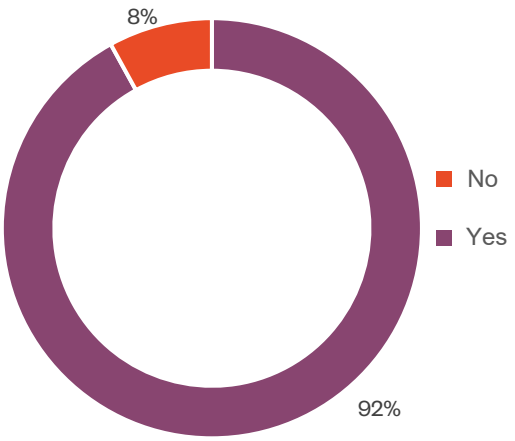
In aggregate, 34% of young people reported on the endline survey that FGM has risks (see Figure 39). Gender differences (and, for females, cohort differences) were significant. Young males (46%) were the most likely to report risks; adolescent girls (26%) were the least likely to (mirroring the gender gap in education, where boys may have been exposed to such messaging – and also capturing the fact that girls are less likely than young women to have given birth). Of those that reported risks, the most common were difficult childbirth (44%), infection (41%), painful sex (33%) and bleeding (32%). There were no significant changes between Round 2 and endline in terms of beliefs about the risks of FGM.

In aggregate, 37% of young people reported on the endline survey that FGM has benefits (see Figure 40). Gender differences were significant: young males were more likely to believe this than young females (53% versus 28%). Of those that reported benefits, the most common were easier childbirth (67%), attracting a husband (21%) and improving girls' behaviour (19%).

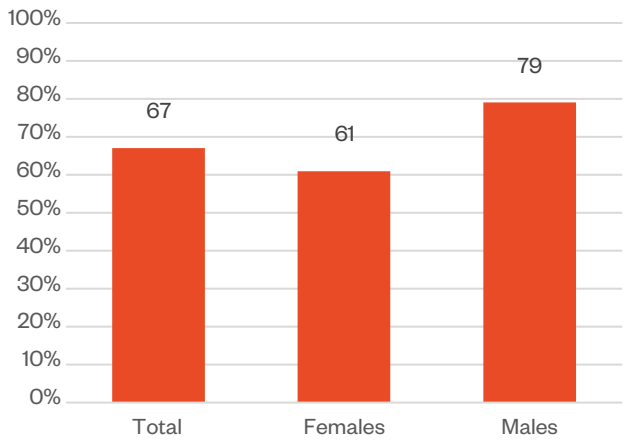
Young females' beliefs about the benefits of FGM were unchanged between Round 2 and endline. This was not the case, however, for young males. Young males in the panel sample were a significant 9 percentage points more likely to report that FGM has benefits at endline than they were at Round 2 (49% versus 40%) (see Figure 41).

Most young people – and especially most young males – are committed to FGM. Only 30% of young males reported on the endline survey that they would be willing to marry a wife who had not undergone FGM (see Figure 42).

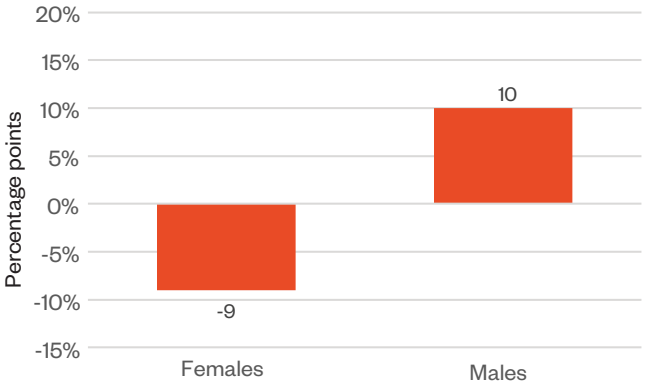
### Figure 36: Proportion of young females who had undergone FGM at endline




### Figure 37: Proportion of young people who believe that FGM is required by religion at endline (by gender)




### Figure 38: Change in the proportion of young people who believe that FGM is required by religion, between Round 2 and endline (by gender)




### Figure 39: Proportion of young people who believe that FGM has risks at endline (by gender and cohort)

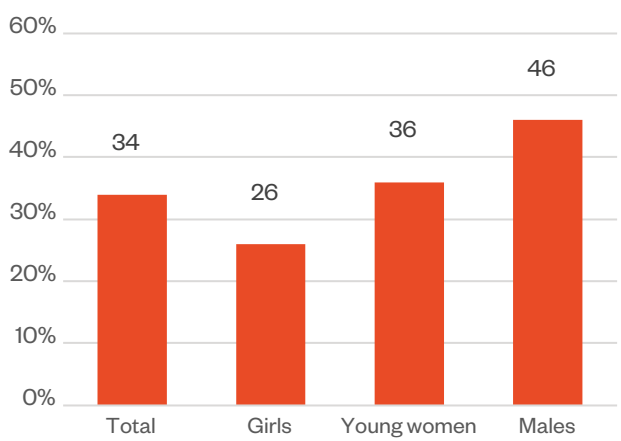


Figure 40: Proportion of young people who believe that FGM has benefits at endline (by gender)

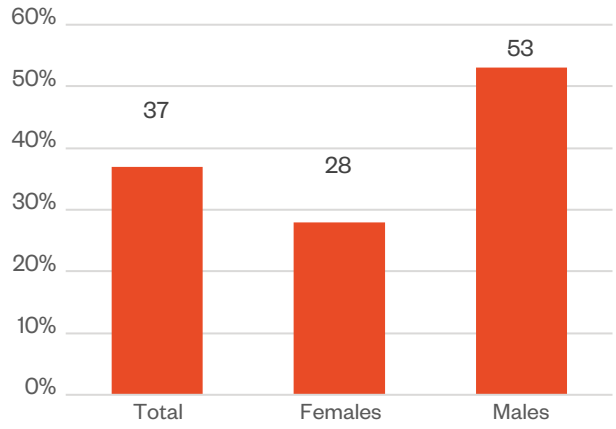



Figure 41: Change in young males' beliefs about the benefits of FGM, between Round 2 and endline

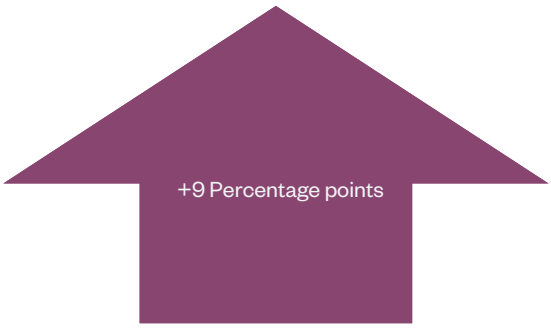
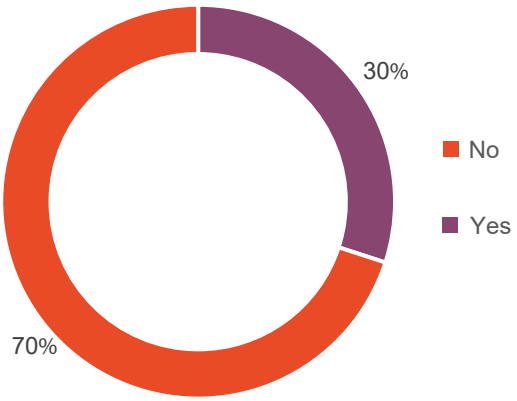



Figure 42: Proportion of young males willing to marry a wife who has not undergone FGM at endline



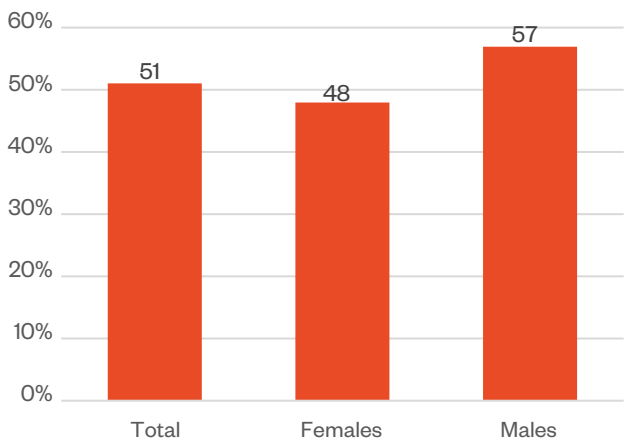

In aggregate, 51% of young people reported that they intend to perpetrate FGM on their own daughters (see Figure 43). Young males were significantly more likely to report this than young females (57% versus 48%).

Qualitative research found that FGM remains effectively universal, with girls undergoing the procedure –usually Type 2 (excision) but occasionally Type 1 (clitorectomy) – between the ages of 8 and 15. A father from Community I stated, '*It is culture. Every human being practices it.*' A 17-year-old girl from Community K, who first reported that practices are shifting due to the efforts of religious leaders, agreed and then added, '*It cannot be abolished.*' Respondents identified two main drivers of FGM: first, the belief that it is required by religion, as a 20-year-old young woman from Community K stated, '*It is haram* [religiously forbidden] *to be not mutilated according to Sharia's rule*'; second, the belief that it is required for marriage, as a 15-year-old girl from Community H reported: '*Our cultural norms prohibit marriage without being mutilated.*'

Beliefs about female sexuality underpin both those drivers of FGM. Respondents agreed that girls and young women who have not undergone FGM have a high sex drive and are prone to premarital and extramarital relationships. A health extension worker from Community H stated, '*Community members believe that if parents leave their daughter uncut, she will misbehave, be sexually unsatisfied, and have sex with several people.*' Boys and young men – none of whom (in the qualitative sample) were willing to marry a wife who had not undergone FGM – spoke at length about how it is impossible for a farmer to sexually satisfy a wife who has not been cut. A 22-year-old young man from Community K explained, '*Men cannot do sex with uncircumcised girls because men do hard labour work. He cannot fulfil her sexual desire if she is not circumcised.*'

Girls and young women, who reported being cut by traditional cutters either as individuals or in groups, with both single-use and shared blades, reported varying levels of input into the decision to undergo FGM. Some stated that they had wanted to be cut. A 17-year-old girl from Community F explained, '*When my friends prepared to have it, I also asked my mother to help me have it… That*

Figure 43: Proportion of young people who plan to have their daughters undergo FGM at endline (by gender)



*brings shame for you to stay without. You want to have it like your friends*.' Others reported having no say in the decision to be cut, and that it was imposed by caregivers. A 24-year-old young woman from Community H recalled, '*It was my mother who forced me. She was not respected unless her daughter got circumcised*.' Regardless, young females reported that they prefer to undergo FGM sooner rather than later, because they are afforded time to heal. Although rare, if a girl is discovered to be uncut on her wedding night, which often takes place in early adolescence (see below) and is sometimes unexpected (because of abduction), she is forced to undergo the procedure immediately – and then to immediately have sex. A 17-year-old girl from Community I explained, '*The pain is so serious if one goes under circumcision on the eve of marriage*.'

In part because Type 3 (infibulation) was traditionally practised in GAGE study sites only two generations ago, awareness of the health risks of Type 2 or Type 1 was overall low. Indeed, although a few adults and young males reported that 'when girls are cut, there is a problem during giving birth' (18-year-old young man, Community H), most young females reported that FGM has no noticeable physical risks. A 15-year-old girl from Community G recalled, '*There wasn't much of a wound. My family gave me milk and other nutritious foods, and the bleeding was minimal. I recovered quickly*.' An 18-year-old young woman from Community K similarly stated, '*It had no effect on me during delivery*.'

That said, awareness of the legal risks of FGM was fairly high at endline. Several key informants reported that traditional cutters are often imprisoned if caught, and several community members noted that this has pushed the practice underground. A 17-year-old girl from Community K stated, '*It is conducted underground because the kebele officials are against the practice. If a woman conducting it is caught, she would face imprisonment, possibly even life imprisonment*.'

## Child marriage

The endline survey found that approximately half of young people know that child marriage is illegal in Ethiopia. When asked to identify the minimum legal age at which girls and boys may marry, 42% identified at least age 18 for girls and 54% identified at least age 18 for boys (see Figure 44).

There have been significant improvements since Round 2 in young people's knowledge of the marriage law. For knowledge of the law about girls' age, the proportion of young people in the panel sample with who identified at least age 18 has climbed 25 percentage points (from 18% to 43%), with similar gains across groups (see Figure 45). Knowledge of the law for boys similarly climbed 32 percentage points (from 22% to 54%) (see Figure 46).

The endline survey found that child marriage is the norm for girls – and that many boys are also at risk. Among adolescent girls, who primarily ranged in age from 16 to 22[9], 54% had already been married (if they were under age 18) or had married prior to age 18 (if they were over age 18) (see Figure 47). Of young women – and with the caveat that, as noted above, young women were disproportionately likely to be selected into the Round 2 sample if they were already married – 85% had married prior to adulthood. Of adolescent boys, who primarily ranged in age from 16 to 21,[10] 6% had already been married (if they were under age

**Figure 44: Proportion of young people who identify at least age 18 as the legal minimum age for marriage for girls and boys at endline**

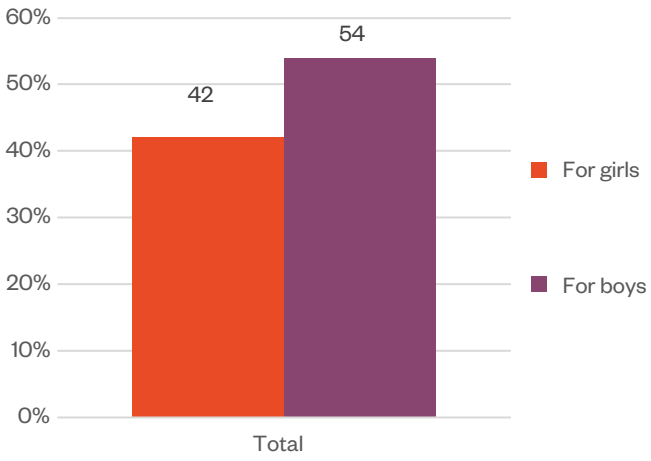
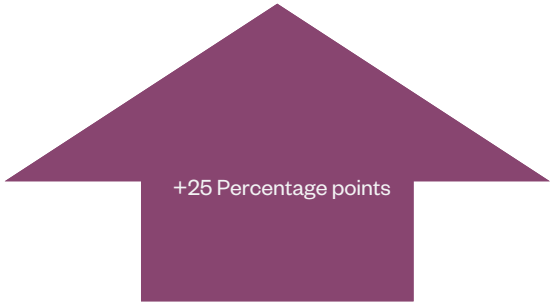
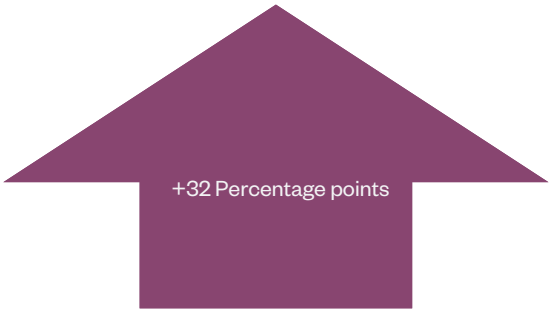



**Figure 45: Change in young people's knowledge of the marriage law for girls, between Round 2 and endline**




9 There are 18 girls who fall outside of this age range.
10 There are 16 boys who fall outside of this age range.

Figure 46: Change in young people's knowledge of the marriage law for boys, between Round 2 and endline




18) or had married prior to age 18 (if they were over age 18). Of young men – who were again disproportionately likely to have been selected into the sample based on having been married – 44% had married prior to adulthood. Girls' and young women's odds of child marriage were much higher at endline than they were at Round 2 – when 'only' 17% and 74% respectively had married as children.

In East Hararghe, most marriages are decided by young people themselves. On the endline survey, 76% of ever-married young people – with no differences by cohort or gender – reported that they had made the decision to marry. Another 22% reported that their parents had made the decision (see Figure 48). Reflecting the pressure that parents put on young males to marry, young males were significantly more likely than young females to report that their parents had made marriage decisions (31% versus 19%). With the caveat that they married on average 2.4 years later, young males were also more likely than young females to report that they had been ready to marry at the time (87% versus 76%) (see Figure 49).

Since baseline (2017–2018), the prevailing narrative about child marriage in GAGE study sites has been that girls choose to marry in early or middle adolescence – due to peer pressure, to escape parents' unrelenting demands on their time, and in the context of relationships formed at cultural dances (shegoye) – and there is little parents can do

Figure 47: Proportion of young people married/married prior to age 18 at endline (by gender and cohort)

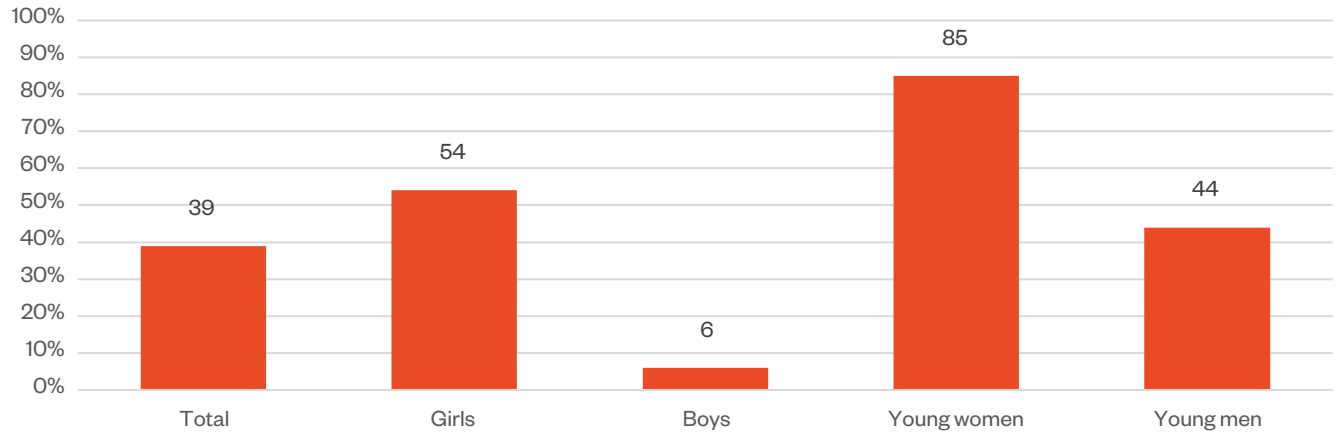



Figure 48: Proportion of marriage decisions made by parents at endline, of ever-married young people (by gender)

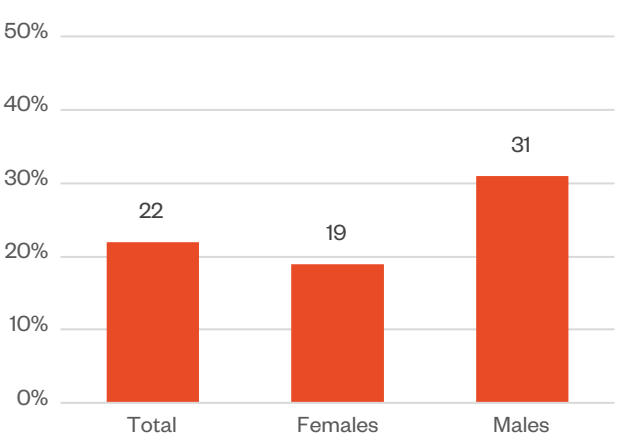
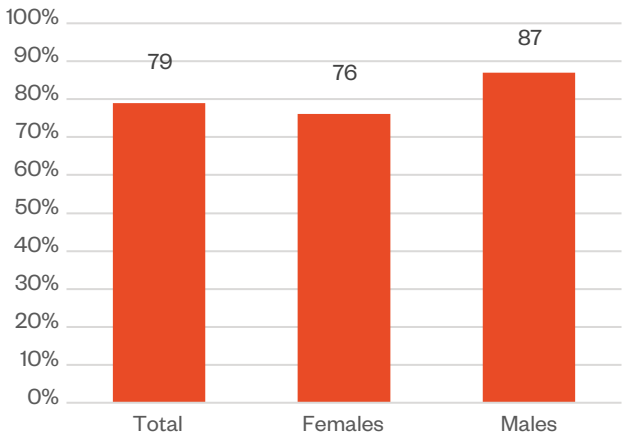



Figure 49: Proportion of young people ready to marry at the time of marriage, at endline, of those ever-married (by gender)



to stop it. A 14-year-old girl from Community J summarised what happens: '*Girls mostly marry between 12 and 15 years old… They think, "My friend is married, I will marry too*"'. Narratives at endline, however, were far more complex.

As noted earlier, in the section on sexual violence, many 'voluntary' child marriages are the result of relentless sexual harassment. Young males pursue girls in the community, and via mobile phone, and some use cash and other gifts to encourage girls to accede to their wishes. A key informant from Community H noted that young males' behaviour has driven down the age at which girls marry in recent years – because the youngest girls are the most vulnerable to manipulation:

> *It is because of the behaviour of males. Ahh… males' behaviour is that they want a girl younger than them… The mind of the young girl is not yet critical on issues. He wants to lead her as per his needs. That is the reason for preferring young girls.*

Young females noted that because they are regularly reminded (both by their female peers and by the boys and young men who are harassing them) that they will never marry well unless they marry young, very early child marriage appears a rational choice, even when it means marrying a boy or young man they barely know. A 15-year-old girl from Community F, when asked why girls choose marriage over school, replied, '*Getting married is better than education… Because otherwise, you will have a chance of only falling in the hands of old husbands, and that is really bad.*' A community key informant from Community G noted that girls' fears are not unfounded: '*When a girl turns age 15 without being married, she is considered non-marriageable*.'

Young females added that even when they resist their peers – and refuse young males' proposals – they often find themselves required to marry anyway. In some cases, as noted earlier, this is because young males abduct them, and once they have been abducted (or sometimes merely made to stay out past curfew), they may not return home, because their honour is assumed to have been compromised. A 20-year-old young woman from Community H, who was abducted at age 14, recalled: '*In our community, returning home is taboo*.' Respondents agreed that abductions are almost always facilitated by other adolescents – usually other young males and sometimes girls' own friends. A 14-year-old girl from Community I reported that she no longer trusts her peers, after a friend tried to help a jilted suitor abduct her: *'I used to have one friend, but after she tried to facilitate my abduction, I don't have any friends now*.'

In other cases, girls are forced by their parents to marry a rejected suitor when he sends his parents to hers with a formal request, because a refusal would be seen as shameful. A 15-year-old girl from Community K stated that she not only refused her harasser, but fled to her grandmother: '*Though I was not interested, I could not resist my parents… I was with my maternal grandmother, and then they brought me back home to give me in marriage*.' A key informant from Community H explained that girls' wishes are ignored by everyone, from parents to local officials: '*They don't support her decision not to marry if she doesn't want to… Because they don't want to abandon old habits*.'

Narratives about parents' role in their children's marriages were highly variable. Some respondents reported that parents are genuinely supportive of child marriage. A key informant from Community H stated, '*The family wants their children to marry at an early age*.' As noted above, for the parents of girls, preferences for child marriage were almost always due to parents' concerns that unmarried girls could bring shame on the family by having sex and falling pregnant. For the parents of boys, preferences for child marriage were generally due to parents' wishes for grandchildren. A 20-year-old young man from Community K recalled that his parents had built him his own house, signalling that they considered him old enough for marriage, in middle adolescence: *'I married when I was 15… My parents decided it. I didn't have the intention to marry at that time… They wanted me to have children, that is why they arranged my marriage*.'

That said, while many parents do appear supportive of marriage prior to age 18, endline research found that some are very unhappy that their children are marrying in early adolescence, but feel they have no way to refuse. A father from Community G, whose 14-year-old son abducted a 9-year-old girl, twice sent the girl back to her family before being made by clan elders – and the girl's parents – to allow the marriage, despite the children's age. He explained:

> *They told me I must let him get married… all the society will campaign against you [if not]. They will make you a crazy person to the extent of marginalising you in a corner… If you send her back home saying 'She is little!', her family will fight you… They will say 'How do you return to us a girl who has already run away?'*

A mother from Community H, whose daughter was abducted at the age of 12, similarly reported that she was pressured by local leaders into allowing the marriage to stand. She recalled:

> *I was determined to bring her back home after the abduction, and we had serious conflicts with the kebele about this issue. However, there is a local norm that doesn't allow a girl to return home once she has been taken.*

## Marital violence

The endline survey found that marital violence is normalised and expected in East Hararghe. In aggregate, 97% of young people believe that a wife should obey her husband in all things; 48% believe that it is acceptable for a man to beat his wife to control her behaviour (see Figure 50); and 71% believe that marital violence is private and should not be disclosed (see Figure 51). For the acceptability of beating, gender differences were significant: young males were more likely to agree than young females (55% versus 43%). For the privacy of marital violence, gender and cohort differences were significant: young men (86%) were the most likely to agree, while adolescent girls (63%) were least likely to agree. Of all young wives, and with the caveat that norms about the confidentiality of violence have an impact on levels of reporting, 7% reported that they had ever been physically assaulted by their husband.

There were some significant changes in young people's beliefs about marital violence between Round 2 and endline. Some of these changes were negative, while others were positive. The proportion of young people in the panel sample who believe that wives should obey their husband in all things climbed 4 percentage points (from 93% to 97%) between Round 2 and endline (see Figure 52). The proportion of young people who believe that beating is an acceptable way for a man to control his wife, however, dropped from 77% to 47% (see Figure 53). Declines were similar across groups. Young females' beliefs about whether marital violence is private did not change between Round 2 and endline; however, young males' beliefs did: they were slightly but significantly more likely to believe that marital violence is private at endline than they were at Round 2 (79% versus 74%) (Figure 54).

Qualitative research found that it is not unusual for marriage to begin with rape. This is particularly the case for the youngest brides, some of whom have not yet experienced puberty. Rape in these circumstances is never considered as violence – even by the adult family members who ask the groom to turn up the music so that they do not have to hear the bride's screams. An 18-year-old young man from Community H explained:

> *During her first wedding week, the boy is having sex by force. She cries for a week as the boy does it without her interest. He is attempting to have sex by force for*

**Figure 50: Proportion of young people who believe that it is acceptable for a man to beat his wife at endline (by gender)**

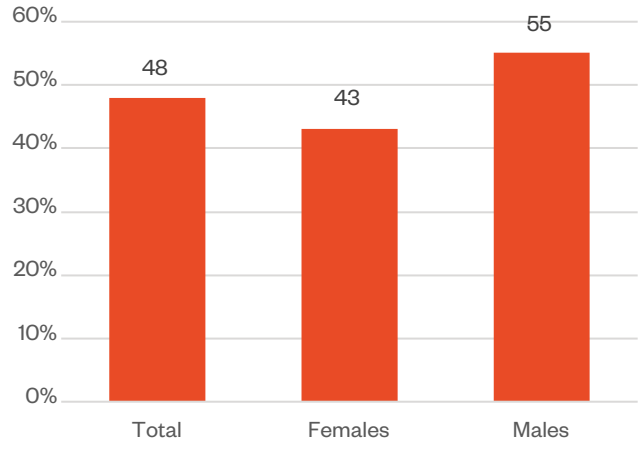



**Figure 51: Proportion of young people who believe that marital violence is private and should not be disclosed at endline (by gender and cohort)**

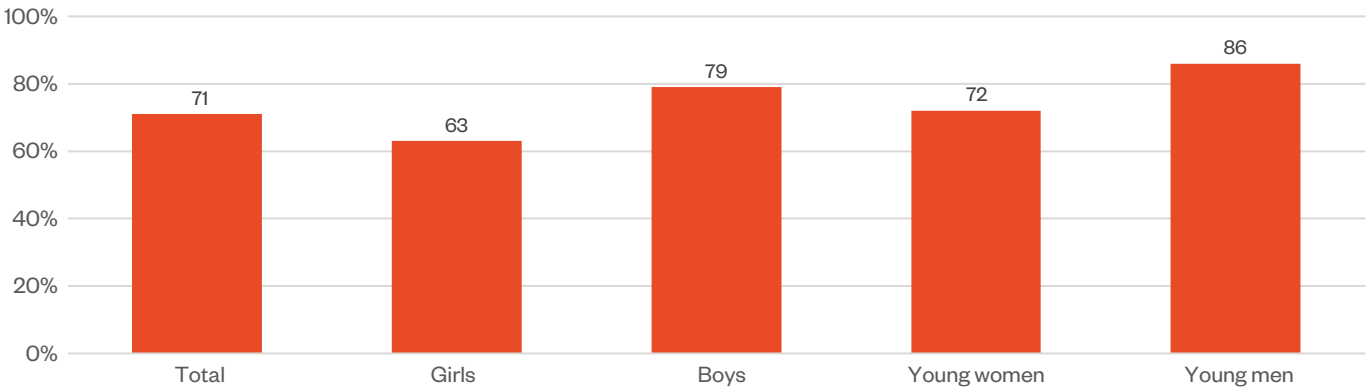


Figure 52: Change in young people's beliefs about wives' obedience, between Round 2 and endline

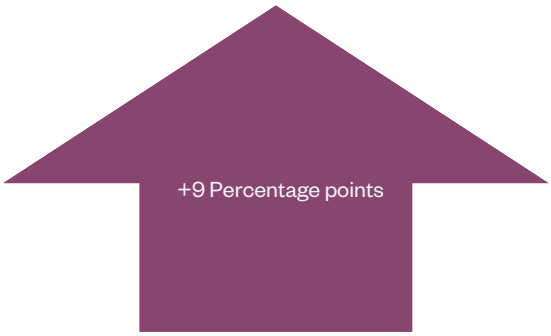
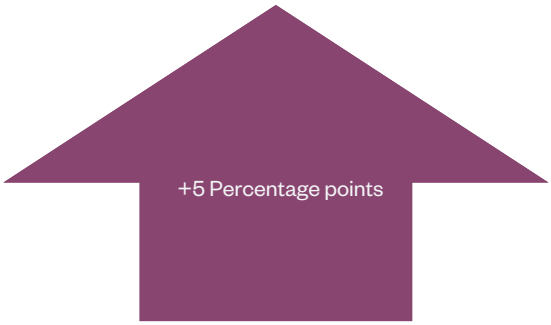



Figure 53: Change in young people's beliefs about the acceptability of marital violence, between Round 2 and endline


Figure 54: Change in young males' beliefs about whether marital violence is private, between Round 2 and endline




*a week and even more… but the girl is small, and she would not be interested in being with him… The girl's inability to handle the circumstance is the problem, not the boy. People know…. No one helps. Even though she cries, the boy continues while she shouts and cries. He opens a big speaker… found in automobiles… so her voice is not heard.*

Participants in qualitative research reported that physical violence is the rule rather than the exception, and that norms about wives' silence shape survey findings about prevalence of violence. Girls and young women reported that they are beaten for various reasons – for not accomplishing all of their work, for delivering lunch or coffee to the fields later than expected, for talking to friends or family and, most importantly, for ever deigning to talk back to their husband. They added that they rarely report such beatings to anyone. A 15-year-old girl from Community H stated, '*If there is any beating, we tolerate and just stay calm.*' Young husbands did not gainsay their wives' reporting. A young male key informant from Community K stated, '*He has full right to beat her. When she disobeys him, disregards his command, or tries to act equally with him. The man is the ruler over the woman.*'

A 23-year-old young man from Community G, who admitted to beating his wife heavily, then added that she never called out for help – to protect his reputation: '*Here, shouting is shame… The woman who shouts is the one who undermines her husband.*'

Respondents reported that marital violence is not only common, but is regularly extreme enough to result in the wife's hospitalisation. A 25-year-old young woman from Community G, who was beaten by her husband for explaining why she was out of the home without permission, recalled:

*I told him, 'I am a mother working to feed our children by gathering firewood, selling khat, and doing whatever it takes. Stop complaining and recognise my efforts.' He struck me with a club, and the force of the blow left me reeling in pain. Following that, my skin turned black from the pooled blood, a constant reminder of the violence I endured. The bruises were so deep that they lasted for weeks, and even now, I still have scars that never fully fade.*

A 14-year-old boy from Community I told a similar story from a different perspective: '*While my parents were fighting, I was hit by a stone my father threw. I had to have surgery for the wound… It was meant for my mother. I was trying to stop their fight when I was hit.*'

Respondents observed that even if young wives do disclose marital violence, they have few sources of support. Young females' parents may provide them with a few days' respite, but then usually tell them to go back to their husband. Young wives' in-laws, who they typically live near to, are also unlikely to intervene. Indeed, a father from Community G, who reported that he was extremely distressed that his son was beating his daughter-in-law, then added that he had solved the problem by '*telling him he can't beat her in front of me*'.

Key informants noted that access to formal justice is extremely rare, because clan elders (who do require perpetrators to pay the medical bills of the women and children they have seriously injured), talk women out of filing complaints. Interviews with three key informants from Community H clarified this. One stated:

> *We would punish the husband. We would advise him to compensate his family by buying butter and meat to help them recover from their injuries. He would also be instructed to take them to a health facility for a full check-up, including an X-ray to check for fractures or other physical damage. Also, we would instruct him to stay away from the household while the wife recovers, allowing her time to manage things.*

Another reported that, '*There is a culture where they send elders to her to prevent her from taking him to legal courts. She can't say no to the elders.*' A third then explained, '*Unless the wife officially presents her case to police for severe injury, police do not want to intervene in family cases.*'

## Support-seeking for violence

Most young people (74%) reported on the endline survey that they knew where a person might seek support if they were experiencing violence (see Figure 55). Gender differences (and, for young females, cohort differences) were significant: young males were more likely to know a place than young females (84% versus 67%) (the latter not shown), and young women were more likely to know a place than adolescent girls (78% versus 66%).

Young people's knowledge of where to seek support for violence had improved a significant 29 percentage points between Round 2 and endline (from 46% to 75%) (see Figure 56). Gains were similar across groups.

Of the young people who reported on the endline survey knowing where a person might seek support if experiencing violence, it was rare for them to have done so. Only 8% of young people who knew a place reported that they had sought support (see Figure 57). Gender and cohort differences were significant: young men were the most likely to have sought support (18%), while adolescent girls were least likely to have (3%).

**Figure 55: Proportion of young people who know where to seek support for violence at endline (by gender and cohort)**

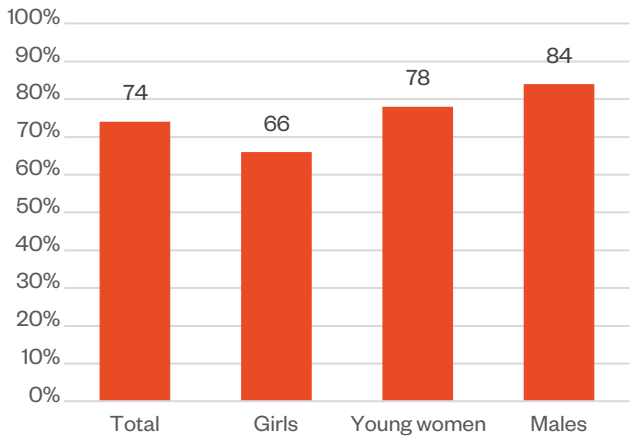



**Figure 56: Change in young people's knowledge about where to seek support for violence, between Round 2 and endline**

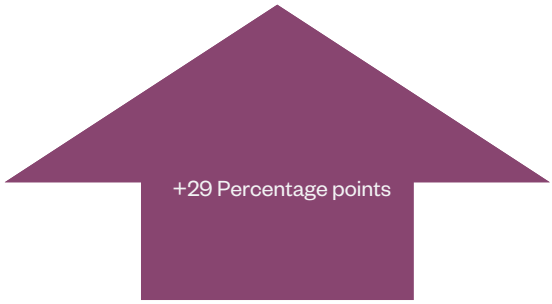
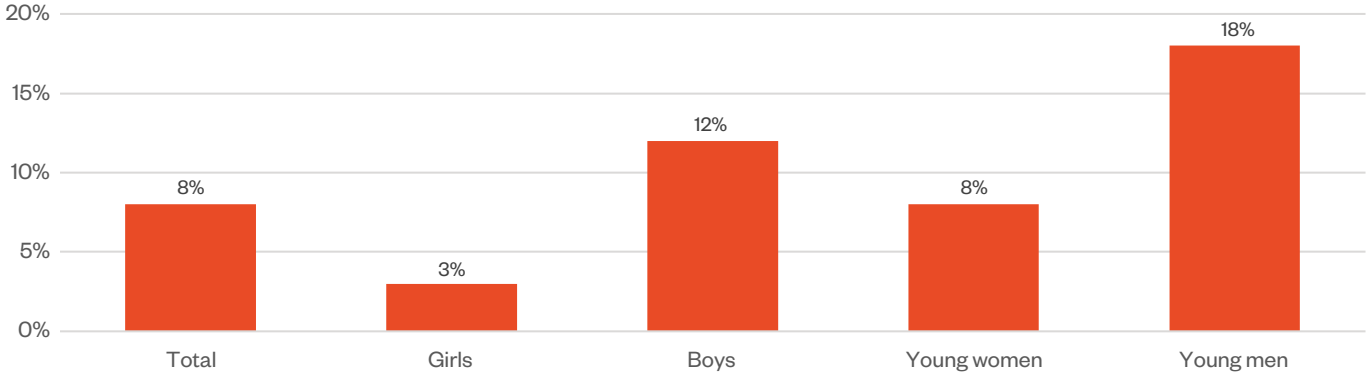



**Figure 57: Proportion of young people who know a place to seek support for violence who have done so at endline (by gender and cohort)**



None of the respondents reported at endline that psychosocial support services are available to young people who are experiencing violence in any venue, despite the existence of a 'one-stop' centre in the town of Harar. They did, however, report that perpetrators are required to pay a survivor's medical bills, which in one case (two adult men fighting) were reported to be 80,000 birr (US$560).

Narratives about access to justice almost entirely revolved around traditional, rather than formal, mechanisms. These mechanisms, however, primarily act to maintain community cohesion, rather than to protect survivors' rights. The mismatch is most glaring in how sexual and gender-based violence is adjudicated. Although a few girls who were being sexually harassed reported telling their father about it, who then approached community elders who worked with the young males' families to put an end to this behaviour, it was far more common for respondents to report that traditional justice mechanisms (which, in the Oromia context, include the Geda House or traditional courts that mediate family and community-related disputes and violence) trade girls' futures for peace. As noted earlier, survivors are made to marry their rapist (who is only fined if he refuses); community elders pressure families into allowing marriage by abduction; and young brides experiencing marital violence are talked out of filing formal complaints and are instead advised to stay with their husband.

Reports of formal justice were rare, and primarily came from key informants, rather than young people and their caregivers. A key informant from Community K reported that security officers are sent to inquire about girls who drop out of school and marry. Another key informant, from Community G, stated that young people are no longer allowed to marry without parental permission. A key informant from Community J reported that girls are not allowed to be forced into marriage, by young males or by their parents. Critically, formal justice usually appears to be more about punishment than support. A 19-year-old young woman from Community G reported that young males and young brides are both '*arrested for child marriage*'.

A 15-year-old girl on her honeymoon, Oromia, Ethiopia © Nathalie Bertrams/GAGE 2025

## 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[11], and the Patient Health Questionnaire (PHQ-9) measures symptoms of depression[12]. A minority of young people – albeit far more of those with disabilities (see Box 4) – had symptoms of either. In aggregate, 15% of young people had symptoms of distress and 9% had symptoms of depression (see Figure 58). Cohort differences were significant for both measures. Young adults were more likely than adolescents to have symptoms of distress (23% versus 14%) and depression (13% versus 9%).

The endline survey also included the Child and Youth Resilience Measure[13] (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) – underscores that young females are markedly disadvantaged compared with young males: they are half as likely to have high resilience (16% versus 31%) and twice as likely to have low resilience (36% versus 18%) (see Figure 60).

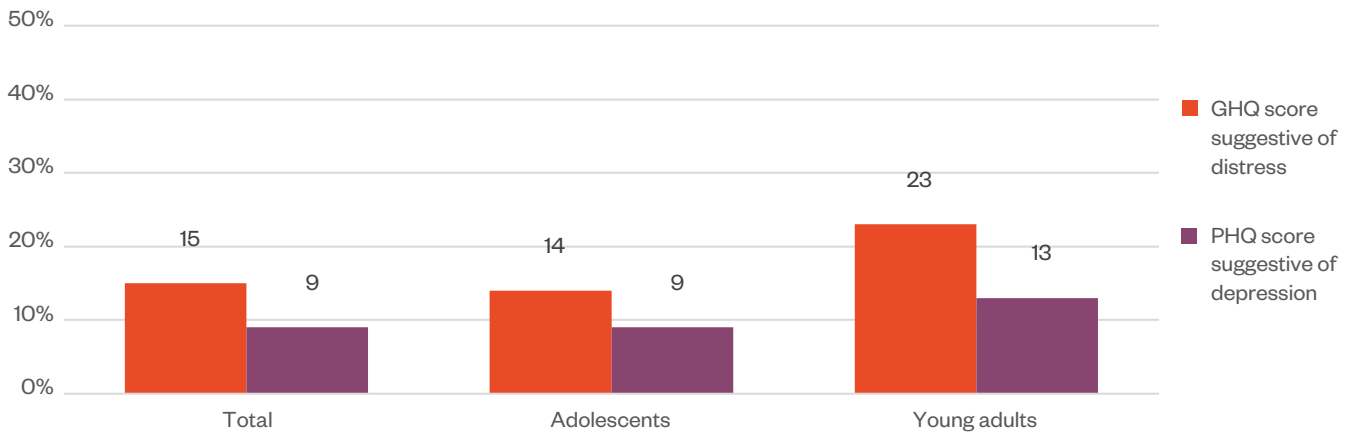
During qualitative research, key informants reported that distress and depression are not uncommon among young people in GAGE study sites, and are entirely related to young people's difficulty transitioning into adult roles. A key informant from Community K reported that '*a boy may become mentally ill*' if his parents do not build him a house so that he can marry. A key informant from Community F noted that '*It is boys who become depressed… due to lack of financial support to engage in income-generating activities*.' A key informant from Community H stated that girls '*might even become mentally unstable… about not being married or being married late… or when they are divorced… the insults can be very worrying*'. A health extension worker from Community F agreed that this is likely if a girl is still unmarried by age 17, and then added that girls also get depressed if *'she cannot afford to buy the clothes that she needs*'.

Young people agreed that they are increasingly worried about adult transitions, but – and explaining why the survey tools did not capture this – they almost exclusively framed this in terms of their survival (primarily economic), rather than their emotional well-being. A 15-year-old girl from Community I, when asked what worries her, replied, '*I worry about how I can get a job to overcome my problems and support my family.*' A 25-year-old young man from Community K, when asked the same question, elaborated:

> *My worry is on high cost of living… From year to year, individuals are unable to maintain their livelihood. Households are unable to raise their children. No one is able to construct a house because construction materials become highly expensive. Life becomes hard.*

As noted earlier, young males and their families also expressed considerable anxiety about forced recruitment

**Figure 58: Proportion of young people with symptoms of emotional distress and depression at endline (by cohort)**

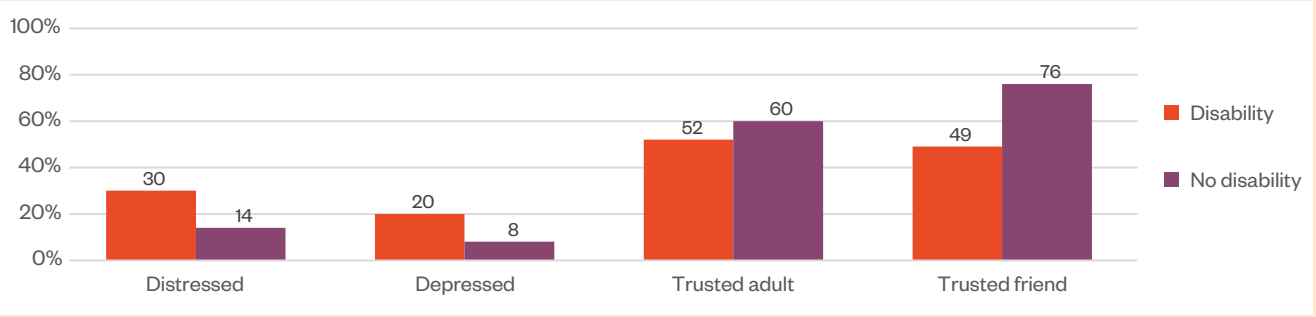



11 Distressed was defined as a score =>3/12 (see Goldberg, 1972; Goldberg and Williams, 1988).
12 Depressed was defined as a score =>5/27 (see Kroenke et. al, 2001).
13 See Liebenberg et al. (2013).

### Box 4: Disability shapes young people's psychosocial well-being

The endline survey found that the psychosocial well-being of young people with disabilities significantly lags their peers without disabilities. They were more likely to report symptoms of emotional distress (30% versus 14%) and depression (20% versus 8%); and they were less likely to report having a trusted adult (52% versus 60%) or friend (49% versus 76%) (see Figure 59).

Figure 59: Psychosocial well-being indicators at endline (by disability status)

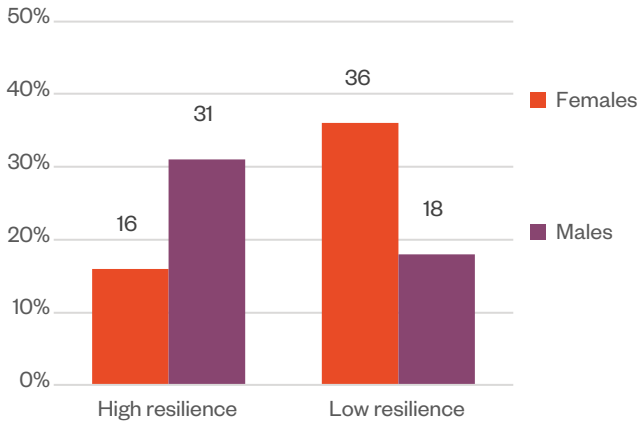



Qualitative research found that the needs of young people with disabilities are almost completely invisible in GAGE study sites, as families struggle to meet basic survival needs and *kebele* officials focus on meeting quotas for military recruitment. A key informant from Community K reported that this invisibility is not only figurative, but literal, because 'Adolescents with disabilities don't even leave the house.'

Respondents reported that access to education – which can afford young people time with trusted adults and peers – is also severely limited for those with disabilities. A 14-year-old girl with a vision impairment, who has never been to school, was surprised to hear of the existence of special needs education: '*I never heard of that. I do not know it… If there is an education for children like me, I could have attended school.*' A teacher from Community F reported that this is unsurprising, because such schools do not exist in GAGE study sites.

Young people with disabilities also reported being excluded by their peers and the broader community, again due to stigma. A 16-year-old boy with a physical impairment stated, '*You know rural children are hooligans, they insult me.*'

Figure 60: Proportion of young people with high versus low resilience at endline (by gender)




into the military. An 18-year-old young man from Community I stated, '*The military is a source of stress for boys.*' Young females not uncommonly reported being distressed by divorce. An 18-year-old young woman from Community K, living at her parents' home after being divorced twice, stated that her siblings tease her mercilessly: '*All the siblings insult me, they said, "you got divorced since you could not manage your home". When they said that I cried.*'

As they were primarily focused on their day-to-day lives, few young people were even able to discuss their feelings, even when queried directly. A 16-year-old girl from Community K, when asked what makes her happy and sad, replied:

> *I do not know what makes us happy or sad. Every day we do the same work. We did this work yesterday. We will do this work tomorrow.*

A 25-year-old young man from Community G, when asked the same question, replied fatalistically: '*Neither I am happy nor do I become sad… It is my fate.*'

The young people most able to identify their feelings – and most confident in their ability to meet life's challenges – were primarily young females who were outliers because they were still pursuing formal education. An unmarried 17-year-old girl from Community J, who was in 10th grade, reported that she is delighted to be afforded an education

and the opportunity to become a role model for her community:

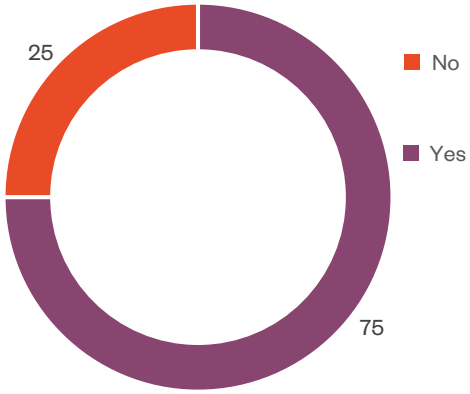
> *I am really excited to get a chance of learning. If a girl, especially an unmarried girl, can join college, our community might see that educating girls is not useless because she will be the wealth of her husband and parents-in-law.*

A 19-year-old young woman from Community G, who failed the 12th grade exam but is studying in a private college with the support of her husband, similarly stated, '*I am very happy… I will achieve my goals… Now, there are parents in the village who say to their daughters, "We want you to attend your education just like* [her]"'.

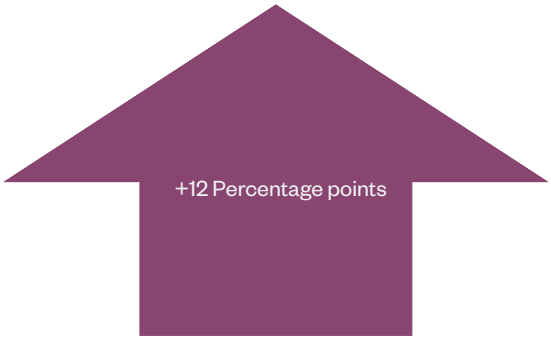
## Emotional support

Reflecting the importance of peer culture in East Hararghe, most young people (75%), irrespective of gender or cohort, reported on the endline survey that they had a trusted friend (see Figure 61). On this aspect, only adolescent boys saw a significant improvement between Round 2 and endline (12 percentage points, from 66% to 78%) (see Figure 62).

### Figure 61: Proportion of young people with a trusted friend at endline




### Figure 62: Change in adolescent boys' access to a trusted friend, between Round 2 and endline




A large minority (41%) of young people reported on the endline survey that they did not have a trusted adult in their lives (see Figure 63). Gender differences were significant: young females, far fewer of whom were enrolled in school and regularly interacting with teachers, were far less likely to have a trusted adult than young males (51% versus 71%). At endline, young people's access to a trusted adult was unchanged since Round 2.

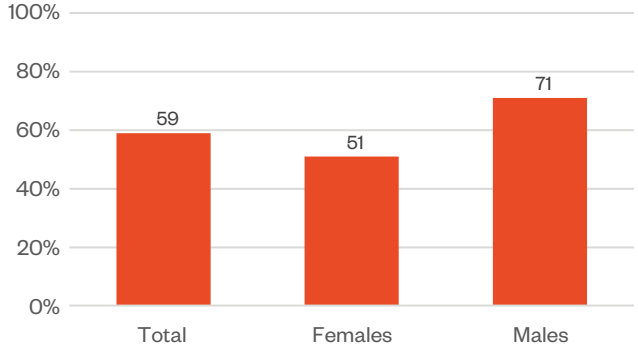
Many young people reported that they cannot talk to their mother or father about their dreams and aspirations. In aggregate, 42% reported being able to talk to their mother and 49% reported being able to talk to their father (see Figure 64). Gender differences were significant and again highlighted young females' disadvantage. Girls and young women, who largely have no pathways other than marriage and motherhood, were less likely than young males to be able to talk to either their mother (30% versus 39%) or their father (59% versus 64%) about their dreams for the future.

Unsurprisingly, given their focus on practical rather than emotional needs, during qualitative interviews young people rarely spoke of feeling emotionally supported by family or other adults. Indeed, with only a few exceptions, the young people who reported feeling supported framed this in terms of support for education. An 18-year-old young man from Community K, when asked who has supported him to succeed, replied:

> *My parents. They encouraged and supported me psychologically and morally to stay engaged in my education… They boosted my morale, appreciated my progress in education, and always prayed for my success.*

A 17-year-old boy from Community J reported similar support from teachers: '*Teachers advise us not to lose our hope on education. They advise us that we will rise above them and we will be role models for the country*.'

### Figure 63: Proportion of young people with a trusted adult at endline (by gender)



A newly wed 14-year-old girl and her 18-year-old husband, Oromia, Ethiopia © Nathalie Bertrams/GAGE 2025

Young females, few of whom were supported to pursue education after early adolescence, were especially attuned to support for education as a form of emotional support. Several singled out their mother as unusually supportive. An 18-year-old young woman from Community J, when asked who supports her, replied, '*My mother supports me. She reduces the domestic activities I engage in, and undertakes most of the household tasks herself and advises me to focus on my education*.' Others singled out their father. An 18-year-old young woman from Community H, who was abducted twice when she was younger and was supported by her father to divorce, replied, to the same question: '*My father was very supportive of my education and refused to let them take me, insisting I wasn't ready for marriage*.' With the caveat that unmarried young females regularly experience violence at the hands of their older brothers (see the section on Violence at home, on page 29), some also noted that their brothers are sources of support – again, for education. A 16-year-old girl from Community F stated, '*My mother always orders me to stop education and help her at home, but my brother tells me to ignore my mother's need and sends me to school*.'

Caregivers' narratives about the support they provide to their children largely echoed those of young people, and primarily revolved around efforts to ensure access to education. A father from Community F stated of his son, '*As much as possible, we stand beside him and support him… I support him in providing educational materials such as exercise books, pens, and others that he needs*.' A mother from Community I similarly reported of her daughter, '*We fulfil her needs, which include money for hair oil soap, pen, exercise book, and supporting her in all areas she faces a need*.'

Most caregivers admitted that they spend little time interacting with their daughters, other than instructing them about what tasks to do and how to behave. A mother from Community G reported that girls and mothers do not communicate much until after marriage, and even then, communication is largely confined to practical matters:

> *Open communication does not exist between mothers and daughters before marriage. We mostly talked after she got married, especially if there was a problem. We would discuss matters that needed attention. When she wanted something, she would come to me and ask.*

A father from Community K, when asked what he talks to his daughter about, replied, '*I don't have time to talk to her. I am too busy to do so*.'

Qualitative research adds nuance to survey findings regarding young people's access to supportive peer relationships. Specifically, it found that young females have far less time with their friends than young males. Adolescent girls, who were the most likely to still be enrolled in school, reported that they do spend regular time with one another, despite the heavy demands that caregivers place on their time. A 16-year-old girl from Community F, when asked what she does with friends, replied, '*We laugh, play together, and share experiences and gossip*.' After girls leave school, however, time with friends becomes rare. A 16-year-old out-of-school girl from Community K, when asked what she does with friends, answered, '*I spend time working at home, where could I meet a friend?*'

In most cases, and especially in more rural areas, marriage further limits young females' access to friends. A 15-year-old girl from Community F explained that she never sees her friends anymore, '*because our homes are far apart, and we are busy with domestic activities*'. An 18-year-old

young woman from Community K noted that even if she could find the time, '*My husband does not allow me to go out.*' Young wives added that when they do see their friends – to deliver food after childbirth or to trade childcare – they often feel uncomfortable sharing their problems and concerns, many of which are related to difficult marital relationships, and so are taboo. An 18-year-old young woman from Community K explained that she shares her problems only with God: '*My intimate friend is God. We are just living alone by giving all our problems to God.*'

Boys and young men, on the other hand, regularly reported that they spend hours each day with friends. Indeed, because parents build houses for their adolescent sons, to demonstrate to their sons that they are old enough to begin assuming adult roles, it was common for unmarried young males to report that they sleep each night not in their parents' home, but with friends (either in friends' homes or in their own home with friends). A 14-year-old boy from Community I stated that he spends every night with his friends:

> *After we finish studying, we talk about our girlfriends. We share what we've talked about with them. We also discuss future plans, like whether someone wants to continue their education or get married.*

A 25-year-old married young man from Community G not only reported spending time with his friends each night, but also – unusually – relying on them for emotional support:

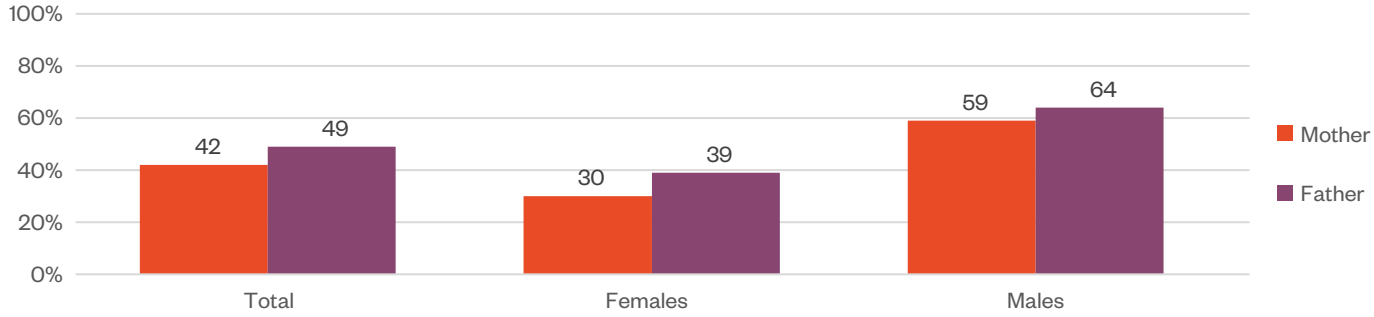
> *We meet every night… We discuss about farming, education, neighbours… I enjoy their company. It's comforting not to be alone. When I'm by myself, I often feel anxious and worried. But when I'm with them, I can forget my worries and feel genuinely happy. Their presence lifts my spirits and brings me a sense of peace and joy.*

Although young people's emotional well-being is improved by time spent socialising with peers, and although peer pressure is a concern across contexts, the negative influence of peers is especially evident in GAGE's East Hararghe study sites. Not only does peer pressure shape young males' use of *khat*, but adolescents' group behaviour is the driving force behind increasing rates of very early child marriage. Adolescent boys and young men reported that they talk constantly about when and whom to marry, and that they often rely on their friends to make the first approach to a girl they are interested in. A 17-year-old boy from Community I explained, '*We talk about the girl we might want to marry… If you feel ashamed or have any fear to talk to the girl… the close friend does it.*' Adolescent girls also reported that their friends pressure them into marriage. A 16-year-old girl from Community J, who refuses to quit education, explained, '*Peer influence is significant… They continually try to convince me, saying that if I miss this chance, I may not find another, and that women cannot achieve anything through education.*' As noted earlier, peer groups are also central to marriage by abduction. Although it is usually young males' friends who help a rejected suitor force a girl into a car, a 14-year-old girl from Community I reported that her female friend was involved in an attempted abduction:

> *A youth sent my female friend to convince me to be his lover, but I refused. Another time, she came to take me to someone who wanted to be my lover. They were preparing to abduct me but I refused to get into the bajaj* [taxi]. *I ran away and hid in a khat farm, escaping them.*

None of the respondents reported that psychosocial support services are available in their community. Indeed, a key informant from Community K stated that although '*There is a plan on physical health… I do not think there has been any plan so far to work with mental health.*' Another key informant from the same community expressed uncertainty that such services are even needed, as '*Allah oversees everyone and holds our fate.*'

**Figure 64: Proportion of young people who can talk to their mother or father about their dreams and aspirations at endline (by gender)**



# Voice and agency

## Physical mobility

Approximately half (51%) of young people reported that they had left the *kebele* at least once in the past three months (see Figure 65). Gender differences were significant, with young males (57%) more likely to have done so than young females (47%).

Using the panel sample, young people's mobility at endline evidences some significant changes since Round 2. Young females' mobility improved a significant 20 percentage points, with 48% leaving the *kebele* at least once in the past three months at endline, versus only 28% at Round 2 (see Figure 66). Adolescent boys' mobility was unchanged over time. Young men saw sharp declines in their mobility, likely related to fears about forced recruitment. At endline, only 53% had left the *kebele* at least once in the past three months, compared to 83% at Round 2.

In aggregate, 52% of young people reported on the endline survey that they need permission to go to the home of a friend or relative, and 72% reported that they need permission to go to the market (see Figure 67). Gender and cohort differences were significant: young females were more likely to need permission than young males, and adolescents were more likely to need permission than young adults. Adolescent girls were the most likely to need permission to go places (e.g. 66% to the home of a friend or relative); young men were the least likely to (e.g. 24% to the home of a friend or relative).

Qualitative research found that survey results fail to capture differences between young females' and young males' mobility. Critically, while girls and young women go to many places – to gather water and fuelwood and to the gristmill and market – young females, unlike young males, only go where they are told to go. A 17-year-old girl from Community K stated, *'I do not go where they* [her parents] *don't want me to go.'* A girl the same age, but from

**Figure 65: Proportion of young people who have left the *kebele* at least once in the past 3 months at endline (by gender)**

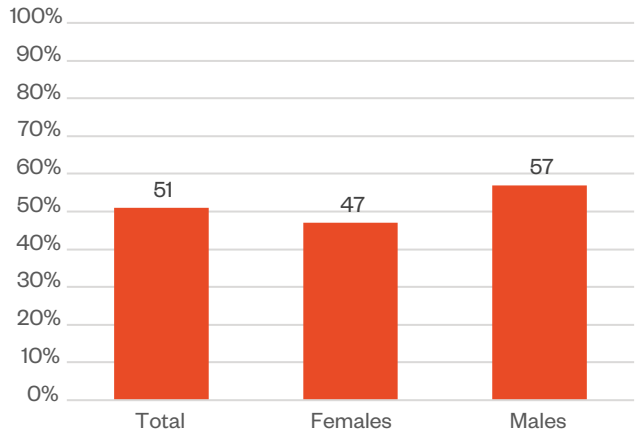



**Figure 66: Change in the proportion of young people who have left the *kebele* at least once in the past 3 months, between Round 2 and endline**

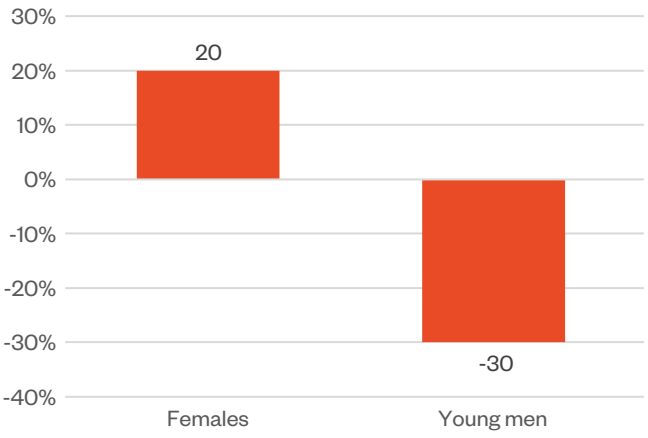
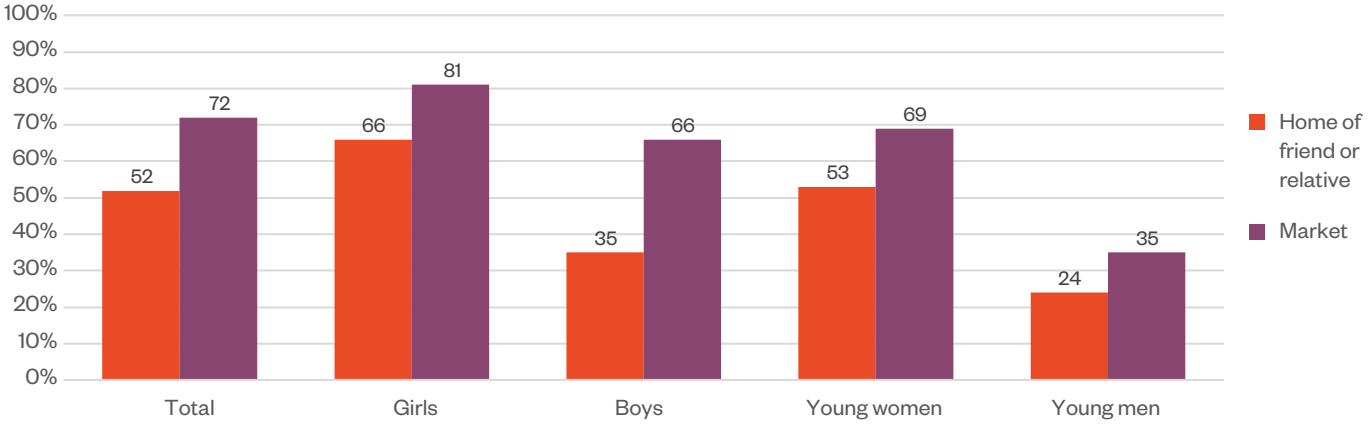



**Figure 67: Proportion of young people who need permission to go places at endline (by gender and cohort)**



A 15-year-old boy herding camels, Oromia, Ethiopia © Nathalie Bertrams/GAGE 2025

Community I, shared that view, noting that in her case, her parents had not wanted her to go to school: '*Girls cannot go outside as they please without the permission of the family. I wish I was a boy… then I could study.*' Although many parents reported that limits on girls' mobility are due to real concerns that girls could be abducted or raped, a mother from Community I reported that demands on girls' time are the primary reason why girls' mobility is restricted. She stated: '*We like to get her help after she returns from school, like bringing firewood.*' Another mother, from the same community, put it even more bluntly: '*After she drops out, she has nothing to do. We make her into a slave just in our own house.*'

Girls and young women added that their mobility, which is often policed by their brothers prior to marriage, becomes even more restricted after marriage. Not only are they busier, because they are no longer sharing chores with their sisters, but many husbands refuse to allow their wife to leave home. An 18-year-old young woman from Community K explained, '*Wives don't have the freedom to go where they please and are obligated to follow their husband's orders.*'

As noted earlier, boys and young men have seen their mobility restricted recently, due to forced recruitment into the military. A 22-year-old young man from Community H reported that young females now have better mobility than young males:

> *In the past, males could walk any time in the neighbourhood, but these days there is a problem related to the defence force. Many youths are not seen around… It is peaceful for girls… The boys are hiding out because of recruitment.*

## Digital access

Although only a minority (20%) of young people have a phone that is connected to the internet, most (66%) reported on the endline survey that they do have a phone for their own use (see Figure 68). Gender differences were significant: young males were more likely than young females to have a phone (78% versus 58%) and to have an internet-connected phone (31% versus 12%).

Young people's access to mobile phones grew significantly between Round 2 and endline. Adolescents' access (48 percentage points, 19% to 67%) improved more than young adults' access (23 percentage points, 44% to 67%), because the latter were more likely to already have a phone at Round 2 (see Figure 69).

In line with survey results, qualitative research found that young people's access to mobile phones has seen explosive growth in the past few years, as satellite technology has expanded coverage and the *khat* economy (see below) has improved incomes. Respondents reported that even young adolescents often have phones, because adolescents pressure their parents after being pressured by their peers; and that some adolescents buy their own phone – by taking on paid work – when parents cannot or will not. A 16-year-old girl from Community I recalled that her parents had bought her her first phone, '*My parents bought me the first one… I enforced them by mentioning a girl who was bought a phone.*' Young people reported using their phone to talk to friends and family, listen to music, watch recreational and instructional videos, study (primarily boys), and stay informed about market prices and current events. Those with internet-connected phones reported also using social media. A 20-year-old young woman from Community F stated:

> *I have a smartphone, it helps you stay informed about the world and to enjoy yourself and communicate by watching and using various social media platforms like Facebook, WhatsApp, TikTok, YouTube. I usually communicate with my sister who is in Saudi Arabia by using imo [an app], and other social media platforms.*

Narratives about young females' access to mobile phones vis-à-vis young males were varied. On the one hand, most respondents agreed that girls are less likely to have a phone than boys – and that they are particularly less likely to have a smartphone. A 15-year-old boy from Community F stated, '*Girls only have regular mobile phones that are not smartphones.*' A girl the same age from Community I elaborated, '*My father believes that if girls get mobile phones, they will lose focus on their purpose in life and spend too much time on social media and communicating with males.*' On the other hand, respondents disagreed about whether marriage improves or reduces young females' access to phones. One group of respondents reported that girls are not allowed to have a phone until they marry. A key informant from Community G stated, '*Unmarried young girls do not have access to mobile phones.*' Another group of respondents, however, reported that husbands refuse to allow their young wife access to a phone. A 15-year-old married girl from that same community explained:

**Figure 69: Change in the proportion of young people with a mobile phone between Round 2 and endline**

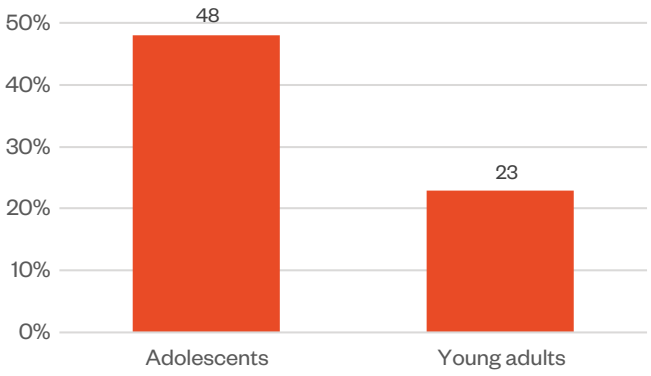
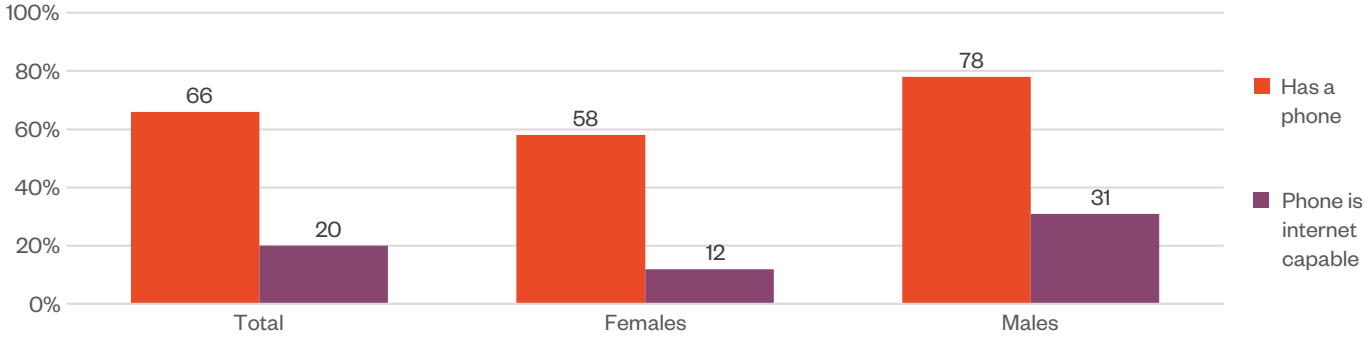



**Figure 68: Proportion of young people with access to ICT at endline (by gender)**



*Your husband will even take your phone… He will say, 'You don't need to have a phone'… Men think that if women have a cell phone, they will start chasing other males. Thus, they don't want their wife to have a cell phone.*

Respondents agreed that although mobile phones are improving young people's lives in many ways, including affording some girls increased mobility because they can check in with parents when outside the home, they are also increasing the risk of child marriage. A 20-year-old young woman from Community K summed this up, saying, '*The mobile triggered all the messes related to under-age marriage*.' A father from that same community, who unusually reported checking his daughter's call and text logs, elaborated:

*Mobile phones have great benefits for individuals and society. But they also facilitate easy connections between young boys and girls. In the past, interactions between boys and girls were limited, but today, communication is instant. A boy can simply call and say, 'Come meet me now'.*

Notably, despite some respondents' protestations that unmarried girls do not have access to phones, boys and young men reported communicating with – and wooing – girls as young as 9. Boys and young men also reported using their phone to watch pornography, which several then linked to unsafe sex and child marriage. A 19-year-old young man from Community F explained:

*Watching pornography can lead to initiation into harmful behaviours… Males may watch it with their girlfriends to initiate them… Boys may try to practise what they see in pornography.*

Respondents also reported that mobile phones are interfering with young people's attention span and learning, despite a secondary school ban on phones at school. Unsurprisingly, adults were the most scathing. A mother from Community F stated, '*They waste too much time on their phones*.' A father from Community K agreed and added, '*The phone is becoming an obstacle to their education*.' Many young people, especially those with smartphones, admitted that adults are not wrong. A 17-year-old boy from Community F stated, *'It kills your time badly.'*

## Decision-making, voice and participation

Less than half of young people reported that they have a great deal of say in day-to-day decisions such as how to spend their free time (42%) and whom to befriend (36%) (see Figure 70). Cohort differences and, for adolescents, gender differences were significant, if small. Interestingly, and perhaps speaking to girls' extremely low expectations about decision-making, adolescent girls reported more say than adolescent boys in how to spend free time (45% versus 36%) and whom to befriend (39% versus 29%).

Young people's reported input into the big decisions that shape their lives varies. In aggregate, and with the caveat that most young people have been out of school for years, 57% reported that they have a great deal of say in how much education to obtain (see Figure 71). Interestingly, given how marriages in Oromia are transacted (and given earlier results about married young people's readiness to marry), far fewer reported a similar level of say in when (15%) and who (12%) to marry. Gender and cohort differences were not significant for any decision.

Most young people reported on the endline survey that they are comfortable expressing an opinion to a peer (87%), and almost half (47%) reported that they are

**Figure 70: Proportion of young people reporting a great deal of say in day-to-day decisions at endline (by gender and cohort)**

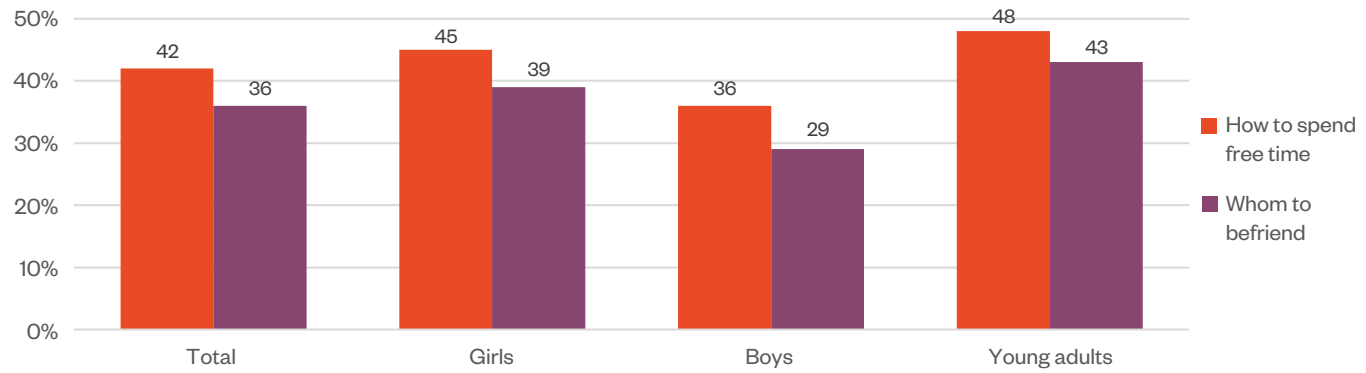
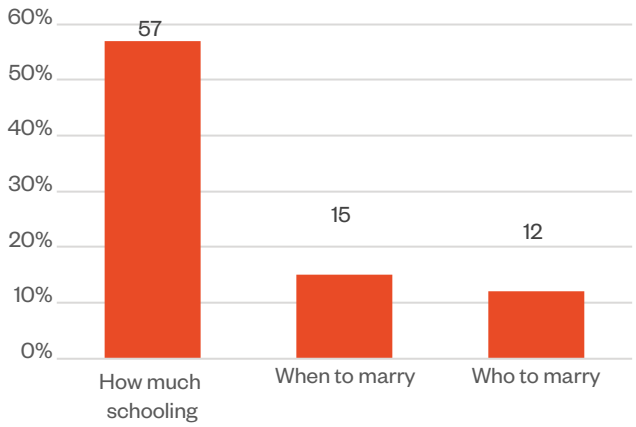


**Figure 71: Proportion of young people reporting a great deal of say in big life decisions at endline**




comfortable expressing an opinion to an older person (see Figure 72). Cohort differences and, for adolescents, gender differences were significant. Young adults (91%) and adolescent boys (89%) were slightly more likely than adolescent girls (84%) to feel comfortable expressing an opinion to a peer, and young adults (69%) were much more comfortable expressing an opinion to an older person than both adolescent boys (54%) and adolescent girls (36%).

There were significant improvements between Round 2 and endline in terms of young people's ability to express an opinion to a peer or an older person. For expressing an opinion to a peer, there was a 7 percentage point improvement (80% to 87%), with gains similar across groups (see Figure 73). For expressing an opinion to an older person, there was an 11 percentage point improvement (36% to 47%), with much larger gains for young adults (32 percentage points, 38% to 70%) than for adolescents (7 percentage points, 36% to 43%) (see Figure 74).

A small minority of young people reported on the endline survey that they had ever spoken with (17%) or taken action with (8%) others about a serious community problem (see Figure 75). Gender differences were highly significant: young males were far more likely than young females to have done either.

**Figure 72: Proportion of young people comfortable expressing an opinion at endline (by gender and cohort)**

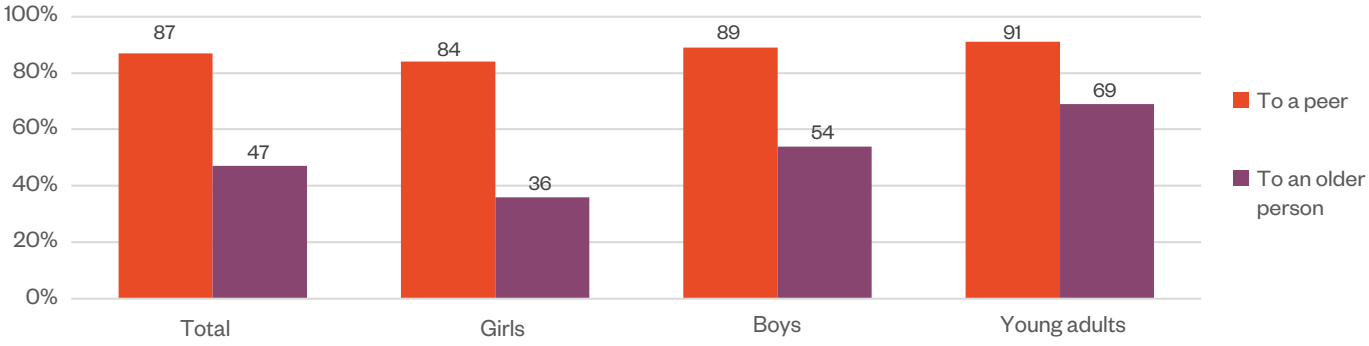



**Figure 73: Change in young people's ability to express an opinion to a peer, between Round 2 and endline**

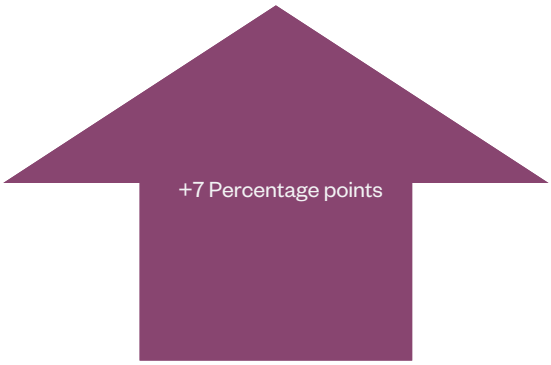



**Figure 74: Change in young people's ability to express an opinion to an adult, between Round 2 and endline**

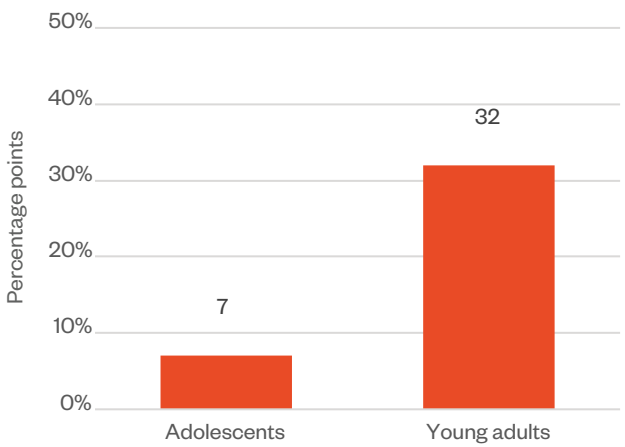
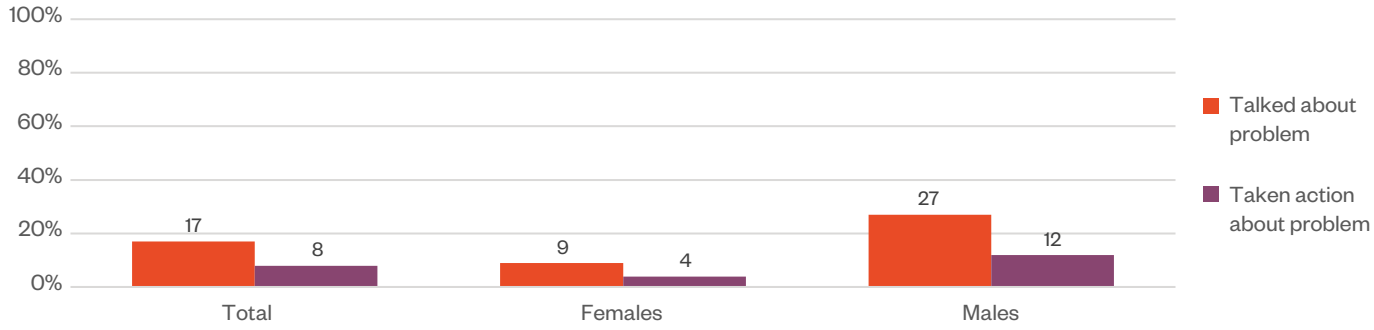


Figure 75: Proportion of young people who have ever spoken with or taken action with others about a serious community problem at endline (by gender)




Most young people (64%) reported on the endline survey that politics are irrelevant (see Figure 76). Gender differences were significant: young females (71%) were more likely than young males (53%) to report that politics are irrelevant.

During qualitative interviews, most respondents reported that caregivers largely make the day-to-day decisions that shape young people's lives, just as caregivers assign the household tasks (young females) and agricultural tasks (young males) that occupy young people's time. A 16-year-old girl from Community K stated, '*I obey what they* [my parents] *order me to do.*' A key informant from Community G shared this view, noting that even young men remain largely under their parents' control, because of the way land is allocated: '*They obey the words of their parents… as long as they use farmland in common, he remains in their command.*'

Largely in line with survey findings, most young people reported that they – rather than their caregivers – make decisions about their education. An 18-year-old young woman from Community H stated, '*It was my own decision to leave school, not influenced by my family.*' That said, as was noted earlier, narratives about school-leaving were almost always more nuanced than initially presented. Some young females who first insisted that they dropped out of their own accord then added that they only did so because they lacked the time for school. A 15-year-old girl from Community H, who left school at age 10, summarised, '*Girls drop out because they have too much work.*' Similar pressure is brought to bear (albeit less often) on young males. A mother from Community G first reported that her 16-year-old son had '*taken the decision himself*' to leave school. She then added, '*The pressure is from our side… He knows the state of our livelihood… He had decided to do so by considering our basic reality of not being able to afford his education cost.*'

Survey findings regarding young people's input into marriage decision-making are poorly aligned with broader narratives, at least on the surface. With the exceptions discussed earlier (the girls forcibly abducted or forced to marry by their parents), most respondents reported that young females make their own decisions about when and whom to marry. A mother from Community G stated of her 14-year-old daughter, '*She married by her own consent. We had no involvement in her marriage.*' Pressure from peers (and occasionally brokers) notwithstanding, most young females claimed agency. A 15-year-old girl from Community K, who married at age 12, recalled, '*I made the decision myself, even without my family knowing.*' Young males also asserted that they make their own decisions regarding marriage, only involving family once the young female in question has agreed. A 15-year-old boy from Community I explained, '*We* [he and the girl in question] *agree first. I tell my family that this girl is comfortable for me, and they go and see her.*' That said, beneath the surface of young people's claimed agency is at least some understanding that their 'choices' had not been their own. Several young brides reported that they had been manipulated into marriage, sometimes with money; and several young grooms admitted that although they had chosen their wife, it was their parents and peers who had driven decisions on timing. The 15-year-old girl cited above clarified of her choice to marry at 12, '*My husband and his friends gave me 3,000 birr, and then they manipulated me.' A 20-year-old young man from Community F, when asked why he had married at age 17, replied, 'My friend forced me to marry… When your friend gets married, you follow his footstep and marry… Your friends say, "Why do you sleep alone?"*'

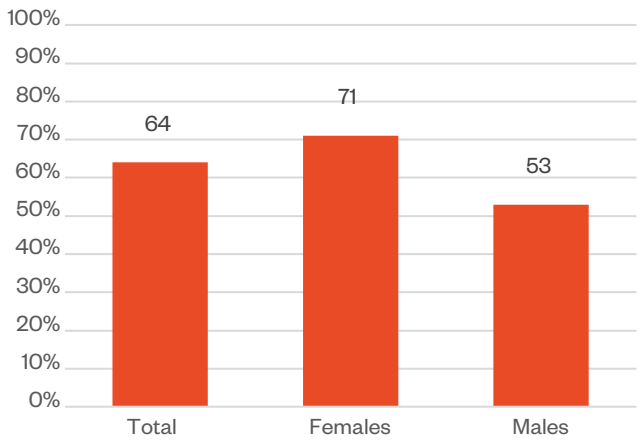
Respondents reported that young people have relatively few opportunities to contribute to decision-making in their home, school or community. At home, this is primarily because most decisions are made by fathers and

male heads-of-household, leaving unmarried adolescents and married young females with little input. A 22-year-old young woman from Community G explained, '*The man decides on big issues that women can't decide on.*' At school, whether formal or religious, young people reported that classrooms use teacher-centred pedagogies that revolve around memorisation and do not encourage young people to ask questions or express their own opinions. Indeed, a 17-year-old boy from Community F stated that a main theme in religious education is, '*Respecting elders and respecting fathers and mothers.*' In the community, respondents agreed that only older adults are invited to take part in community meetings. A 23-year-old young man from Community G stated, '*At the village level, my age doesn't allow me to participate.*' A key informant from that same community agreed, '*They don't involve the youth, the adults will do it themselves.*'

The young people who were (atypically) afforded opportunities to participate reported that these had been very meaningful to them. For young females, opportunities were almost exclusively tied to school-based girls' clubs, which in Community G, Community H and Community J offer girls in grades 6–8 not only information about their developing bodies, and reasons to resist FGM and child marriage, but also encourage collaborative learning. A 16-year-old girl from Community J stated, *'I enjoy sharing my thoughts with others and learning from others.*' For young males, opportunities to participate were primarily related to community volunteerism. A 23-year-old young man from Community G reported that he had organised his peers to build roads and help those who are less fortunate:

> *We created a work association that has eight members... We can easily build roads, dig ponds, build houses for helpless people... People bless me since I raised this idea. My idea makes kebele leaders have hope.*

Figure 76: Proportion of young people who report that politics are irrelevant at endline (by gender)




Qualitative research found that young females' interest in, knowledge about and engagement with politics is limited. Indeed, many were unable to name the Prime Minister and stated, when queried directly, that they have no interest in the electoral process. Young females usually attributed their disengagement to their lack of time – and to their poor education. A 19-year-old young woman from Community G stated, '*I don't have enough information about an election... It is the men who study their education further and further. The women don't attend education that much.*'

Young males, on the other hand, were generally well-informed about politics, and interested in it as a concept, but often sceptical of engaging in that arena themselves – despite the area's recent history with youth-led political groups (*qeerroos*). A 22-year-old young man from Community G reported that young people should engage:

> *I believe that the youth should be well-informed and organised, taking an active role in our community's development. It's important for us to gather information, stay connected, and work together towards common goals.*

An 18-year-old young man from Community H, however, noted that young people – even young adults – are not encouraged to participate in the political process: '*Adults elect. Children like us are not involved in that.*' Other young males observed that even were they to be invited to participate, there is little point in doing so. Explanations for this were diverse. A 19-year-old young man from Community H stated that this is because the Oromo already 'won', by having Abiy Ahmed elected Prime Minister in 2018, saying, '*Politics was dangerous before and there were many things to watch, now it is not useful... There is no problem now.*' A 24-year-old young man from Community K, on the other hand, stated that this is because regional decision-making is not democratic:

> *Everything is done by force instead of through dialogue and discussion... Here in Oromia, you have no right either to speak or to do based on your will. There is corruption. I am in a dilemma because the election of our country has no meaning.*

# Economic empowerment

## Household economic status and access to social protection

The endline survey asked young people whether their household owns 16 different assets, as a way to gauge household poverty. It found that most households owned few – a mean of only 3.9/16 (most commonly a mobile phone, a mattress, a solar panel, and a plough)(see Figure 77). Gender differences were significant: girls and young women (3.8/16), most of whom were married, lived in households with slightly fewer assets than boys and young men (4.1/16).

Although 17% of young people reported that their household had ever received support from the country's flagship Productive Safety Net Programme (PSNP) (not shown), it was extremely rare (3%) for them to report that their household was receiving support from the PSNP at the time of the endline survey (see Figure 78). Cohort and, for young adults, gender differences were significant: young women (4%) and adolescents (3%) were more likely to report that their household was currently receiving support from the PSNP than young men (1%). It was also extremely rare (1%) for young people to report that their household had received emergency aid (for drought or conflict) in the past three years. Young people with disabilities were no more likely than their peers without disabilities to report living in a household benefiting from PSNP or emergency aid.

Respondents reported that local livelihoods revolve around agriculture, with most households growing sorghum, maize, groundnuts and *khat*. They explained that the latter is primarily sold as a cash crop, to help them buy not only household necessities but also food, when their own harvests are exhausted. A 25-year-old young man from Community K explained, '*Most of the people sell khat and buy food for their families daily. Their life depends on khat.*'

Endline research found that while Oromia's agricultural sector may be thriving, in GAGE's East Hararghe study sites, most households are struggling financially. Although just a few years ago, production and sale of *khat* was booming, transforming household economies, multiple forces are now working in tandem to reverse past progress. The drought in 2023 devastated many households' livestock holdings and cost them their harvest. A 17-year-old boy from Community F recalled, '*Many of our animals were killed during the drought, and that was my miserable life.*' Plagues of locusts, invasive weeds, and (ironically) too much rain have also impacted harvests. A mother from Community K reported that, '*The grasshopper destroyed the sorghum… and all the khat too.*' High inflation and high taxes have further impoverished households. A 15-year-old boy from Community H stated, '*The government taxes us heavily. For example, they might ask for 10,000 birr for a single hectare of land, even if the land is not very productive.*' Respondents noted that recent taxes on *khat*, which the government introduced in 2024 to reduce consumption, have been especially damaging. A father from Community K explained, '*We are living dreadfully… We make a living by selling khat… The price of khat is low this year… The tax has increased a lot.*'

Figure 77: Household assets, on an index of 16, at endline (by gender)

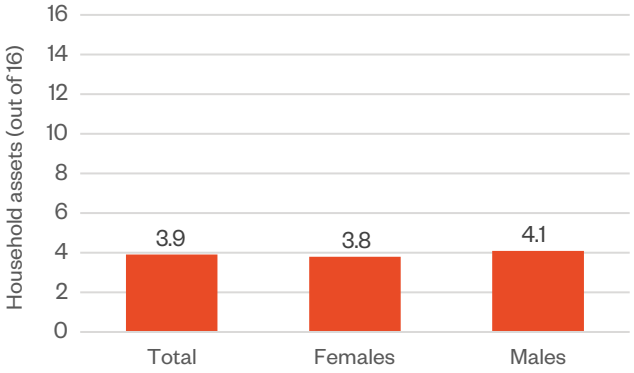
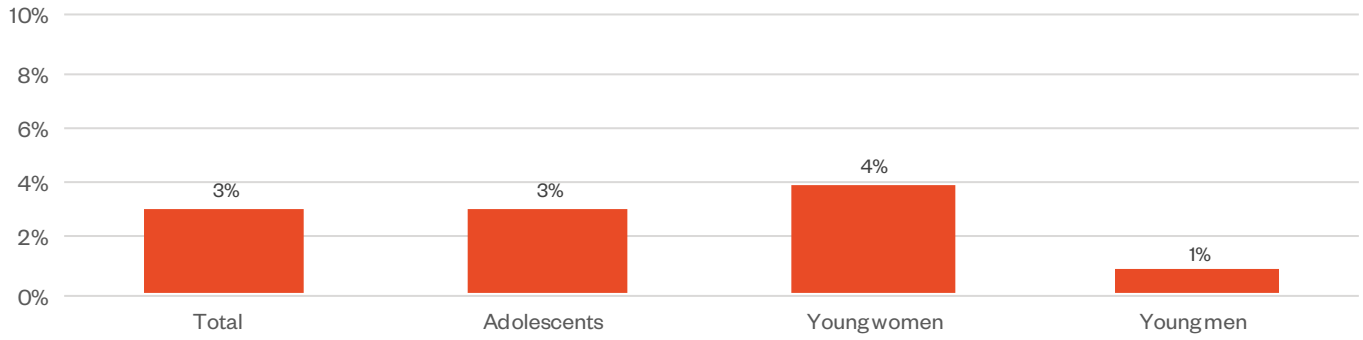



Figure 78: Proportion of young people reporting that their household is currently receiving PSNP at endline (by gender and cohort)



Respondents agreed that the PSNP is failing to help them make ends meet. Although a few households reported receiving food support twice in the past year, most reported that programming has effectively ended. A mother from Community K stated, '*They give us wheat and food oil according to family size. I received 75 kg of wheat flour. Last year, they gave it to me twice.*' A male community key informant from Community J reported that the programme now exists in name only: '*There is a safety net programme… Over the last three years, the support has declined. Now the programme is not actively working. It is stopped.*' A father from Community K agreed, '*This year, there is no safety net at all.*' Young people with disabilities noted that they are also not benefiting from the PSNP. A 24-year-old young man with a physical impairment stated, '*We don't get any support.*'

Respondents' reports about community-based health insurance (which the government rolled out on a national basis in 2022 to help the country achieve universal health coverage by reducing out-of-pocket costs) were more mixed. Some respondents felt that health insurance is good value, improving access to care by reducing costs. A 17-year-old mother from Community F, when asked how she feels about health insurance, replied:

> *Health insurance is a very good service. I think most community members are using health insurance… When you have no health insurance, you suffer to get money when you or your child is sick. When you have health insurance, you take your paper and go to a health facility. We are not worried about money.*

Other respondents reported that health insurance is further contributing to impoverishment. In some cases, narratives revolved around the cost of insurance, which community members are forced to buy – or risk having their assets seized, being publicly beaten, or imprisoned. A 20-year-old young woman from Community K stated, '*They force us to pay for insurance. They even imprison you if you do not pay it.*' Respondents also noted that while insurance is meant to reduce the cost of seeking health care, it often fails to do so because public clinics are so poorly staffed and stocked (especially with medications) that patients are often forced to turn to private clinics and pharmacies. An 18-year-old young man from Community H reported, '*Only if you show money will you get medicine.*'

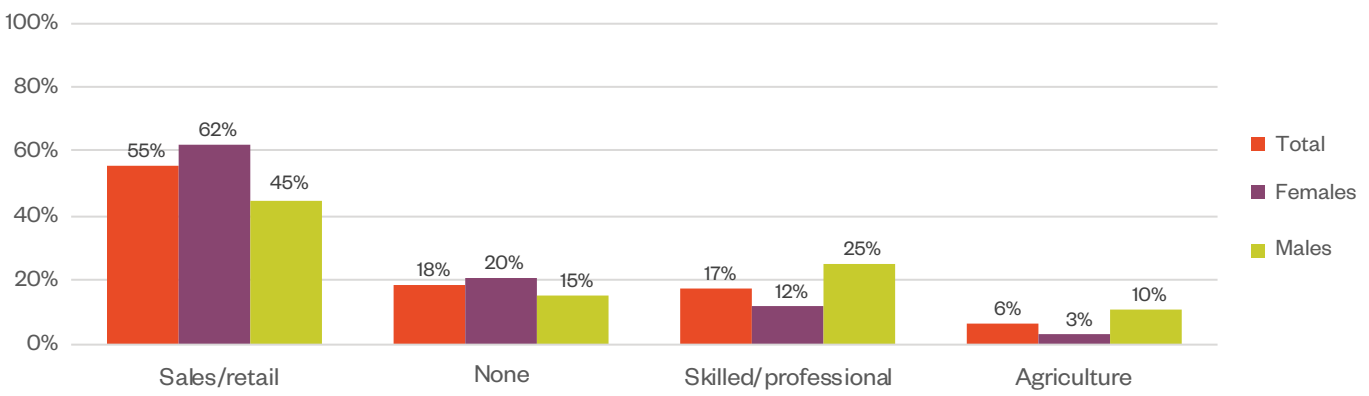
School feeding programmes have also either become community-supported – with the children of those unable to 'voluntarily' contribute made to sit on the floor – or ended in recent years. A key informant from Community F explained, '*The school collects sorghum flour from the community for school feeding. They collected sorghum flour from each household and it became around 2 quintals. The school was feeding* [the students] *that.*' A 16-year-old girl from Community J similarly stated, '*The support was collected from the community. After the community support stopped, the school feeding stopped.*'

## Occupational aspirations

The endline survey found that young people's occupational aspirations primarily revolve around trade. In aggregate, 55% reported that they wish to work in the retail sector; 18% reported that they have no particular aspiration; 17% wanted skilled or professional work; and only 6% preferred agriculture (see Figure 79). Gender differences were significant, with young females more likely than young males to prefer sales/retail (62% versus 45%) or to have no occupational aspiration (20% versus 15%), and young males more likely than young females to prefer skilled or professional work (25% versus 12%) or agriculture (10% versus 3%).

A large minority (42%) of young people reported that they face a barrier to realising their occupational

Figure 79: Young people's occupational aspirations at endline (by gender)



A 16-year-old girl sells onions in Oromia, Ethiopia. © Nathalie Bertrams/GAGE 2025

aspirations (see Figure 80). Gender differences were significant: young males were more likely to report a barrier than young females (50% versus 36%). Of those who reported a barrier, 75% reported that the barrier was economic.

Between Round 2 and endline, the proportion of young people who aspire to skilled or professional work fell by 58 percentage points (from 75% to 17%) (see Figure 81). Declines were large for all groups, albeit smaller for young women, whose aspirations at Round 2 were already limited. Young people in the panel sample were also significantly more likely to report economic barriers to their occupational aspirations at endline than they were at Round 2 (75% versus 53%) (Figure 82).

In aggregate, 28% of young people reported on the endline survey that they may need to migrate to achieve their occupational aspirations (see Figure 83). Gender and cohort differences were significant: young males were more likely to report needing to migrate than young females, and young adults were more likely to report needing to migrate than adolescents. Young men (45%) were the most likely to report needing to migrate; adolescent girls (22%) were the least likely to.

Young people's occupational aspirations mirrored their educational aspirations. Adolescents enrolled in school, primarily boys, often reported actionable plans to become a teacher or doctor. However, most young people with lofty occupational aspirations were poorly

**Figure 80: Proportion of young people reporting a barrier to achieving their occupational aspirations at endline (by gender)**

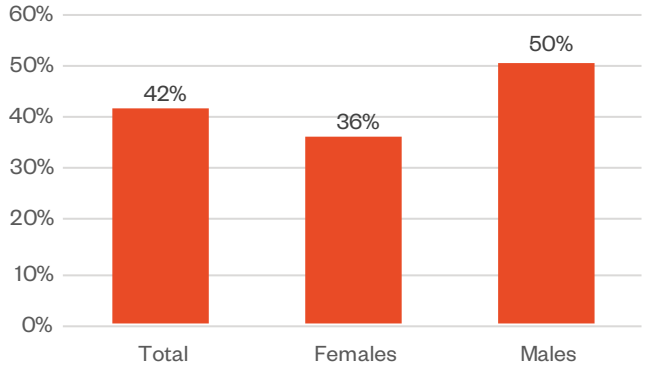



**Figure 81: Change in the proportion of young people aspiring to skilled or professional work, between Round 2 and endline**

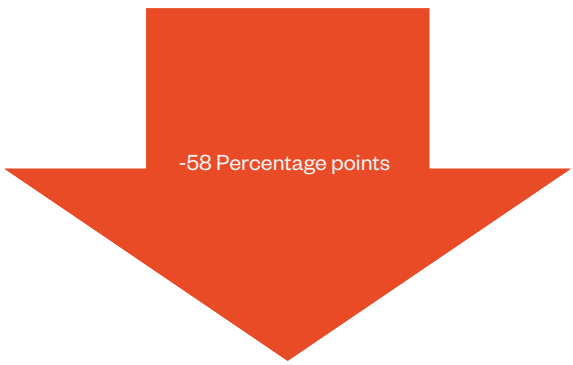
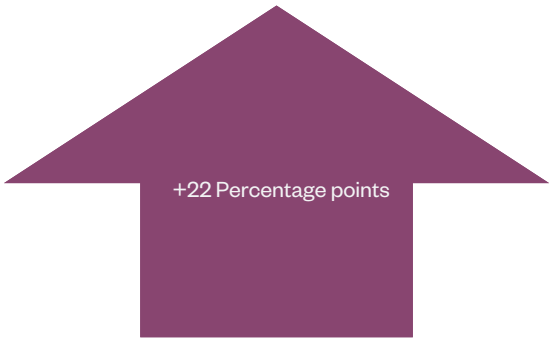


Figure 82: Change in the proportion of young people reporting economic barriers to aspirations, between Round 2 and endline




placed to achieve them. A 13-year-old out-of-school boy from Community I reported, '*I want to be a professor*.' In line with survey findings, most young people reported that they want to work in sales/retail trade of some sort, if they can only find the start-up capital to do so. A 20-year-old young woman from Community G stated, '*I want to do business. I can do it when I get start-up capital. I may trade khat, eggs and peanuts*.' Key for nearly all young people is that they want a job that allows them to improve their own – and their family's – standard of living. A 20-year-old young man from Community K explained, '*I want to be independent and improve my livelihood so that I don't ask people for a loan, so that my family will not be in trouble. I want to work hard and get out of problems*.' An 18-year-old young woman from Community G shared that view, saying, '*I want to change our life*.'

According to respondents, migration is increasingly the most viable pathway through which young people can hope to change their lives. With poor harvests, *khat* sales down, and high youth unemployment, many young people are migrating to urban areas of Ethiopia or to the Middle East, looking for decently remunerated employment. A 17-year-old boy from Community G explained, '*If my life becomes harsh, I will move somewhere in search of work and better income. I will not stay here if life becomes difficult. I will not stay here unless life is good*.'

## Livelihoods and paid work

In aggregate, 26% of young people reported on the endline survey that they had had paid work in the past year, and 19% reported that they had had paid work in the past week (see Figure 84). Cohort, but not gender differences, were significant: young adults were more likely than adolescents to have had paid work in both the past year (41% versus 24%) and the past week (32% versus 17%). The type of work that young people reported doing varied by gender. Most young females (53%) sold *khat*; the remainder sold other products (mostly food). Young males grew or sold *khat* (22%), grew other crops (21%), engaged in daily labour (15%), or were involved in transporting goods (10%).

Figure 83: Proportion of young people reporting that they need to migrate to achieve their occupational aspirations at endline (by gender and cohort)

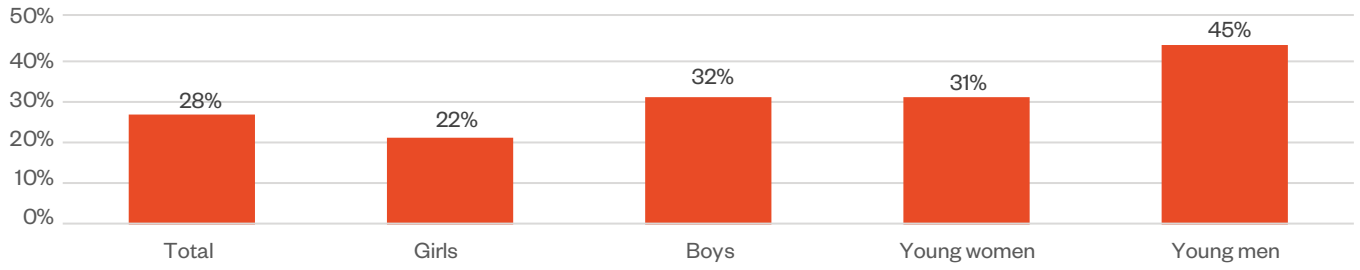
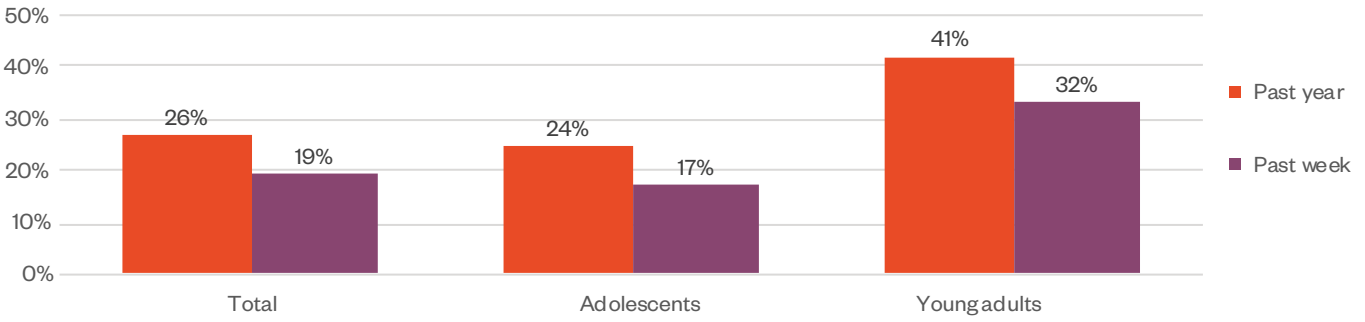



Figure 84: Proportion of young people with paid work in the past year and past week at endline (by gender and cohort)



Young people in the panel sample were significantly more likely to report paid work in the past year at endline than they were at Round 2. For young males, the proportion nearly doubled, from 16% to 30% (14 percentage points) (see Figure 85). For young females, it climbed only 4 percentage points, from 19% to 23%.

Of the young people who had had paid work in the year prior to the endline survey, median earnings in a typical week were 1,300 birr (US$9.4) (see Figure 86). Cohort and, for young adults, gender differences were significant: young men (2,300 birr) earned twice as much as adolescents (1,200 birr) and young women (1,000 birr).

Of those that had had paid work in the past year, under half (42%) reported on the endline survey that they were able to keep at least some of their own earnings (see Figure 87). Gender differences were significant, with young females (47%) more likely to keep some of their own earnings than young males (38%).

It was unusual for young people to report that they had actively looked for work. Of those without current paid work, 13% reported that they had looked for work in the past year (see Figure 88). Gender differences were significant, with young males more likely to have done so than young females (17% versus 11%).

Qualitative research underscores that survey findings on young people's engagement with paid work do not adequately reflect their lives. Young people in GAGE study sites spend their days working, but are often not paid for that work. Boys and young men work alongside their father, growing the food and *khat* that sustains their families. An 18-year-old young man from Community H stated, '*Since my childhood, I started working on the farm. I began farming when I was in grades 5 and 6.*' Girls and young women work alongside their mother and sisters, or alone, undertaking the many tasks that keep households going. An 18-year-old young woman from Community K summarised this, saying:

> *Women have many responsibilities. I have been doing different household chores like fetching water, collecting firewood, preparing meals for the family, and taking care of children. Also, I have been washing my family's clothes... I started helping my mother with different household chores at the age of eight. I have been helping my parents with different tasks. Nowadays, I do all the household work at home.*

Figure 85: Change in access to paid work in the past year, between Round 2 and endline

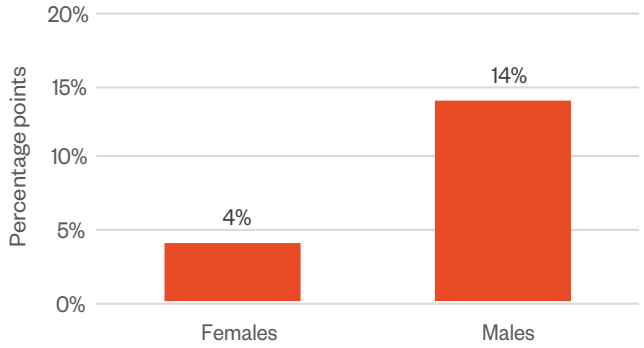



Figure 86: Median earnings in a typical week at endline, of those with paid work in the past year (by gender and cohort), in Ethiopian birr (ETB)

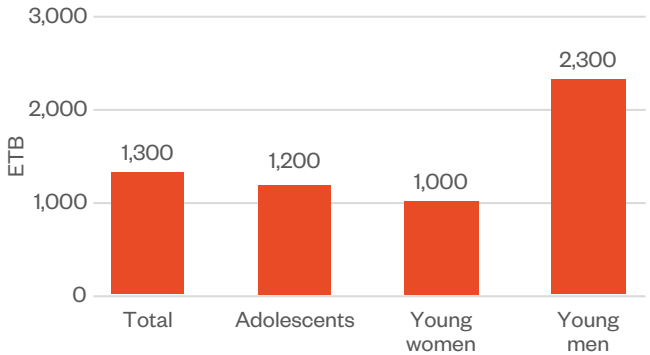



Figure 87: Proportion of young people reporting that they were able to keep at least some of their own earnings at endline, of those with paid work in the past year (by gender)

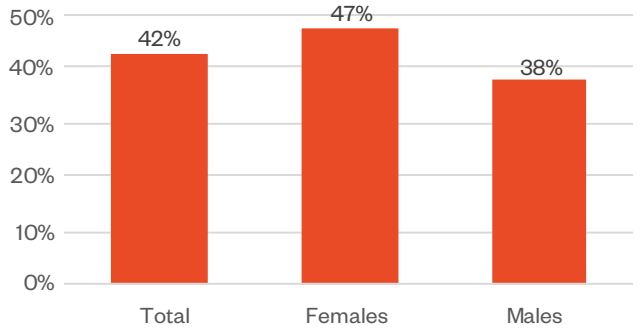
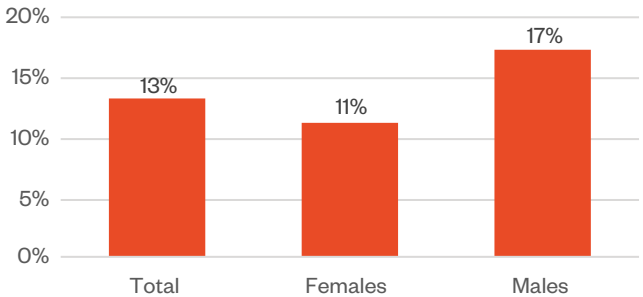



Figure 88: Proportion of young people who have actively looked for work in the past year at endline, of those without paid work (by gender)



Girls and women in a market in Oromia, Ethiopia © Nathalie Bertrams/GAGE 2025

Survey findings do, however, capture how most young people make money: growing (young males) and selling (young males and young females) *khat*, and selling food (young females). A few young people reported occasional work on the *khat* farms of others; most, however, reported growing their own *khat* on family land. A 17-year-old girl from Community G reported, '*I depend on selling khat. I sell my own khat at the market.*' A 25-year-old young man from that same community noted that it is not possible to sell other crops, because the soil is not fertile enough to produce a surplus: '*Our land is infertile to produce adequate crops, so people sell khat and buy cereals for food.*' Young females also reported that they sell a variety of foodstuffs, from eggs to biscuits. An 18-year-old young woman from Community J recalled: '*I used to buy eggs for 6 birr and sell them in Boko for 8 birr, making a profit of 2 birr.*'

Narratives about young people's control over their own incomes reflect the fact that most households are poor and many are food insecure. Young people do keep some of their own earnings, covering their own expenses and thus reducing household spendings (see below). But unmarried young people also turn their earnings over to their caregivers. A 16-year-old girl from Community H reported that she turns her money over only when her parents have none: '*I give* [my money] *to my parents when they face problems, if I have it. If they don't have money, it is all our problem.*' A 15-year-old boy from Community K noted that he turns all of his earnings over, '*I give it all to my father and he will give me back a part of it… He tells me to buy some stuff with it.*' Respondents noted that young females' having more control of their own earnings (vis-à-vis young males) is primarily due to the fact that young females earn less than males. A 16-year-old girl from Community G explained, '*My husband sells the bigger khat and I sell the small khat. So, I keep the money from this for myself.*'

Most young people reported that they would happily take on more paid work than they currently have. However, they noted that not only are there few people (especially in rural areas) who hire paid labourers, but that many households are now being forced out of the *khat* business, due to declining prices (driven by higher taxes). A 17-year-old girl from Community K stated, '*Those who hire are the ones that have no one to work for them, they are not many.*' An 18-year-old young man from Community G noted, '*I tried and stopped* [selling *khat*] *since it is not profitable.*' Respondents also noted that adolescents and young adults only rarely have access to the occupational training and financial education that would help them establish and run their own small business. Indeed, although a 15-year-old girl from Community F reported that an NGO had run a single class, on '*beekeeping and animal fattening*', most young people reported only that '*there are no such kinds of trainers*' (21-year-old young woman, Community F).

Respondents reported that many young people leave East Hararghe, especially rural communities, to find work. A religious leader from Community G explained that, '*Due to lack of employment opportunity for youths, they migrate to other places in search of jobs.*' Some, as noted earlier,

migrate to more urban areas within Ethiopia – usually local towns but also cities in other regions. A 17-year-old boy from Community G, interviewed by phone from his new home in Jigajiga (in Ethiopia's Somali region), explained that he migrated to improve his parents' lives: '*To provide food for my parents and to improve livelihood of my parents, I migrated from my locality*.' Others, most often recently divorced young females who are fleeing stigma as well as seeking an income, migrate to Saudi Arabia and other countries in the Middle East, often with the help of brokers. A key informant from Community J explained that brokers consider young females more lucrative:

> *Brokers are more interested in females than males in order to hire them as domestic workers in Saudi Arabia because a broker can earn a salary equivalent to five or six months of what a girl would earn in wages as a domestic worker. Her wage is directly deposited into the broker's bank account.*

Almost without exception, respondents reported that irregular international migration brings the risk of exploitation and even death. However, many noted that between the push of '*expanded desert weather conditions... and lack of food*' (teacher, Community F) and the pull of '*new houses and... materials like motorcycles*' (19-year-old young woman, Community G), young people often feel that the risks are outweighed by the potential rewards.

## Access to assets

In aggregate, 36% of young people reported on the endline survey that they had had control over money in the past year (see Figure 89). Gender and cohort differences were significant, with young males more likely to have this control than young females, and young adults more likely than adolescents. Young men (60%), who were the most likely to have had paid work and were also more likely to be a head of household, were the most likely to have control over money in the past year; adolescent girls (28%) were least likely to have.

Young people in the panel sample were significantly more likely to report having controlled spending in the past year at endline than they were at Round 2. Gains for young males (24 percentage points, 43% versus 19%) were much larger than those for young females (8 percentage points, 30% versus 22%) (see Figure 90).

In aggregate, 32% of young people reported that they have savings (see Figure 91). Gender and cohort differences were significant. Although 92% of young people reported that they believe women and girls ought to have savings, the endline survey found that girls (19%) and young women (27%) were less likely than boys (34%) and young men (46%) to have savings.

The proportion of adolescents with savings has plummeted by 39 percentage points since Round 2 (from 67% to 28%) (see Figure 92). The proportion of young adults with savings has not changed over time.

Figure 90: Change in young people's spending between Round 2 and endline

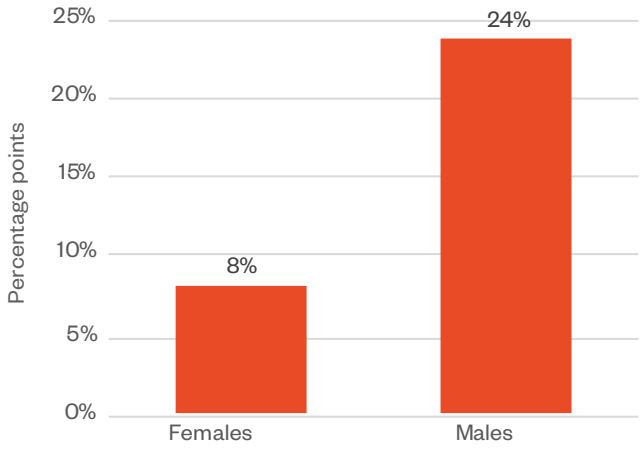



Figure 89: Proportion of young people who have controlled spending in the past year at endline (by gender and cohort)

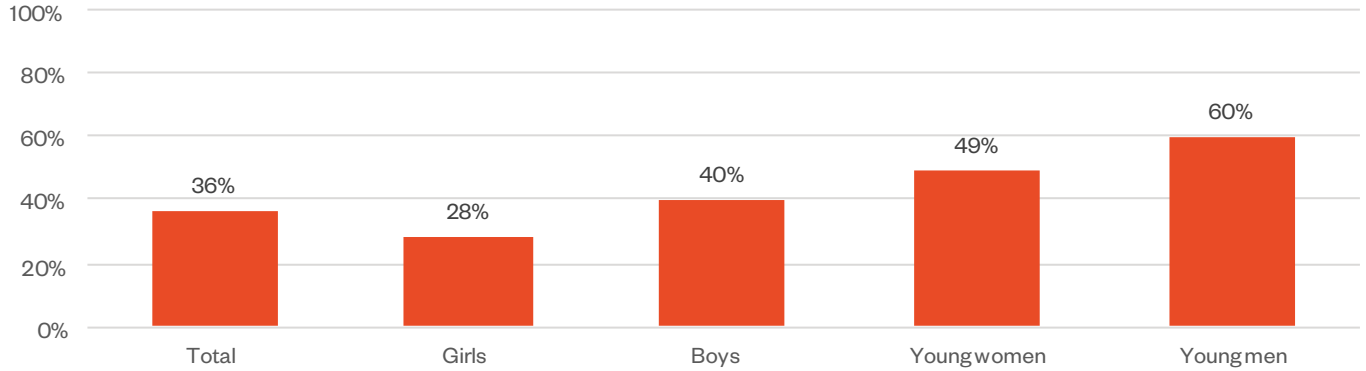


Figure 91: Proportion of young people with savings at endline (by gender and cohort)

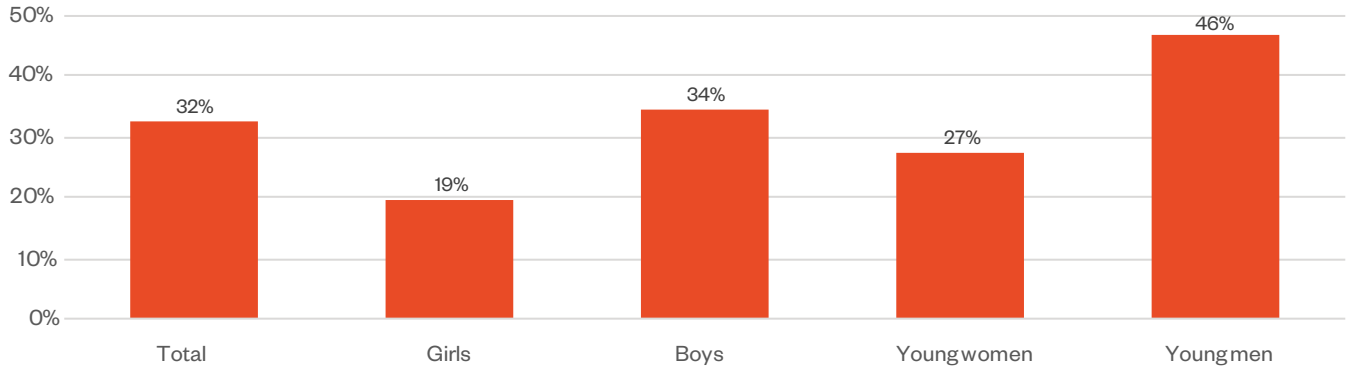



Figure 92: Change in the proportion of adolescents with savings between Round 2 and endline


Just over half (56%) of young people reported on the endline survey that they would be able to take out a loan (either by themselves or with a co-signer) should they need one (see Figure 93). Cohort and gender differences were significant: young adults were more likely to be able to take out a loan than adolescents, and young males were more able to access credit than young females. Again, reflecting their status as earners and heads of household, young men (79%) were the most likely to report having access to credit; adolescent girls (47%) were least likely to.

Just under one-fifth (18%) of young people reported on the endline survey that they had ever taken out a loan (see Figure 94). Cohort and, for adolescents, gender differences were significant: young adults (24%) and adolescent boys (25%) were more likely than adolescent girls (12%) to report having access to credit.

During individual and group interviews, most young people reported having and spending money – usually earned but occasionally gifted by parents – on things they wanted and needed. In some cases, spends were relatively small. A 16-year-old girl from Community K reported spending her earnings on '*whatever my heart desires, like pasta*'. A 17-year-old girl from Community I reported spending hers on '*exercise books and pens at school*'. In other cases, spends were more significant and required saving over time. A 15-year-old boy from Community I explained, '*I buy my clothes and shoes with my money*.' An 18-year-old young woman from Community G recalled, '*I bought the phone myself. I bought it with the money I made by trading groundnut and khat*.'

Respondents agreed that there is a strong culture of saving in East Hararghe. Because formal banking institutions are not available in rural areas, most young people save at home or through rotating savings groups known as equubs. A 17-year-old girl from Community G stated that she saves at home:

> *I have saved 4,000 birr at home. I have been saving the money at home because there is no bank in this area. The nearest bank is in Boku, and I don't have a bank account. I have been saving money to buy a goat.*

A 16-year-old boy from Community I explained that he saves through an equub, saying:

> *With my friends, we contribute 50 birr each week, which is given to a member in rotation… We collect about 1,000 each week… This year, I bought a school bag with the money.*

Respondents noted that they can borrow from family and local shopkeepers (food) if they have emergency needs. An 18-year-old young woman from Community G reported:

> *Sometimes when I have urgent needs, I can borrow money from close relatives and friends. I use that money to meet my household needs and also to expand my business activities. Then, I return the borrowed amount to the lender as per the terms of our agreement, without harming my business.*

Although a key informant from Community G reported that young people with solid business plans can '*get*

Figure 93: Proportion of young people able to take out a loan should they need one (by themselves or with a co-signer) at endline (by gender and cohort)

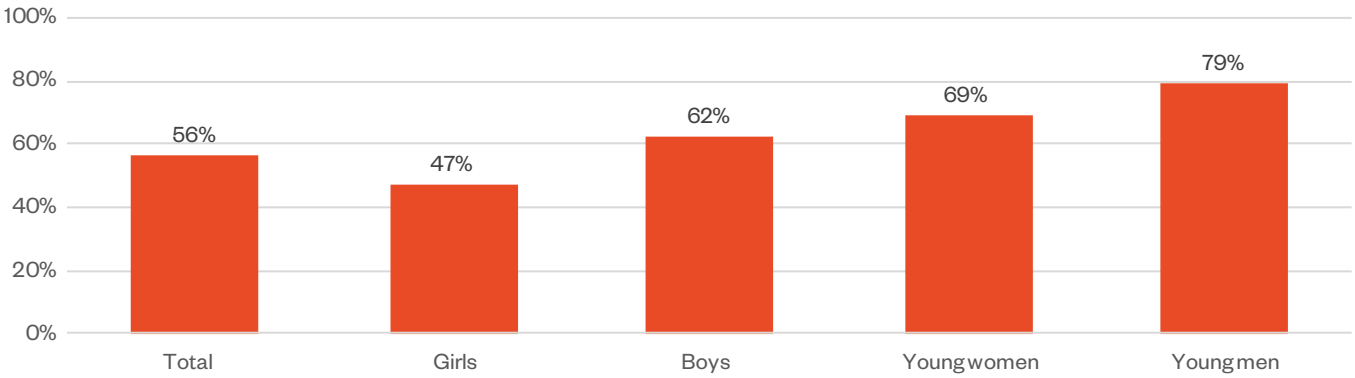
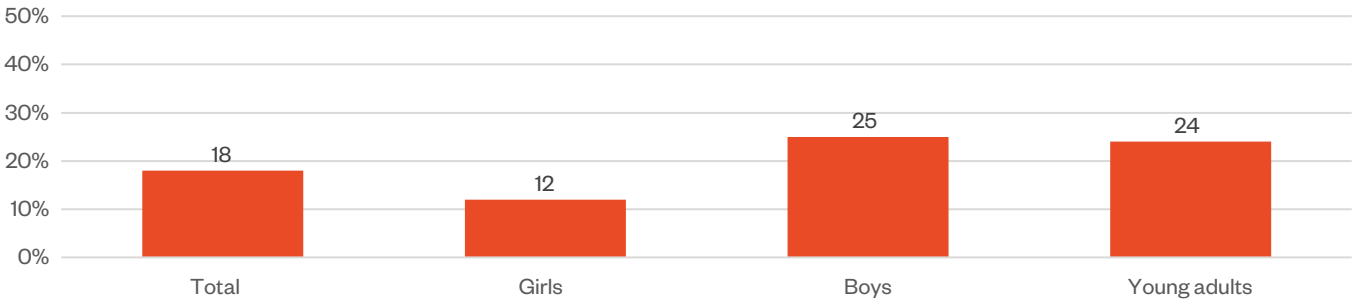



Figure 94: Proportion of young people who have ever taken out a loan at endline (by gender and cohort)




*support from the micro and small enterprises office*', other respondents agreed that formal credit, and the larger sums needed to build more lucrative businesses, are not available. A key informant from Community K reported that loans from the government, like access to social protection, have ceased in recent years:

> *The credit service had been provided well in previous times but it isn't being provided adequately for the youths for job creation in the current time. In the last two and three years especially, there has been no credit provision at all.*

Indeed, a 21-year-old young man from Community G noted that the loan he was promised five years ago has still not materialised: '*They also registered us to get a loan in the group we were organised in. It has been five years since we were organised and asked for a loan. But no one gave us a loan.*'

Farmers club, Oromia, Ethiopia © Nathalie Bertrams/GAGE 2025

# Conclusions and implications

GAGE endline research underscores that young people living in East Hararghe, Oromia – especially young females and those with disabilities – are at risk of being left behind as Ethiopia works to become a lower-middle-income country. Despite some promising practices as *kebele* level (see Box 5), access to quality secular education and decent work are extremely limited; food insecurity and malaria are spiking as social protection and affordable health care are rolled back; the threat of myriad forms of violence is ubiquitous; and trust in the government is low.

Despite Oromia being Ethiopia's largest and most populous region, young people's access to quality education continues to lag. Especially in rural communities, children tend to enrol late, learn little – because classrooms are overcrowded, learning materials (including textbooks) are in short supply, and parents tend to prioritise Qur'anic classes over formal education – and drop out before completing middle school. Uptake of secondary education is particularly limited, because secondary schools are almost entirely located in more urban areas, and necessitate either lengthy daily commutes or expensive boarding. As evident in the panel data, girls' access to education lags boys at all levels, due to heavy demands on girls' time for domestic and care work (limiting both attendance and study time) and due to preferences for girls to marry by middle adolescence (to ensure that they do not have sex prior to marriage). Special needs education is entirely absent in GAGE study sites and many young people with disabilities have never had the opportunity to attend school.

Young people's physical health is also at risk. Food insecurity has climbed in recent years, as *khat* profits have declined and the Productive Safety Net Programme (PSNP), designed to ensure food security in lean months, has been rolled back. Many young people are regularly hungry and most report limited consumption of the

### Box 5: Promising practices at *kebele* level

GAGE's longitudinal qualitative research has identified a number of *kebele* level promising practices in supporting adolescents' – especially adolescent girls' – access to education to education and learning. Some of these promising practices are also reducing girls' risk of child marriage.

- **Nega Umer Kule** *kebele* has done a good job reducing shegoye, which was not only distracting adolescents from education (because they were awake all night dancing), but also facilitating child marriages. Nega Umer Kule also deserves recognition for having parents come to school to meet with teachers to discuss their children's truancy and misbehaviour, rather than beating students. The *kebele*'s construction of water points – for both drinking and irrigation – has also reduced the work burden on female students and contributed to an increase in girls' school enrolment.
- **Risqi** *kebele* has recently constructed quality school buildings and provided drinking water inside the school compound, both of which are contributing to increased enrolment. Critically, the *kebele* has active girls' clubs and offers boarding to girls preparing to sit 8th grade exams. This provides girls with needed encouragement and also ensures they have enough time to study.
- **Bidibora** *kebele* publicly recognises students (and parents) for good attendance – and several respondents reported proactive efforts to tackle child marriage.
- **Melka** *kebele* has recently constructed quality school buildings and recruited well-trained teachers. This is contributing not only to increased enrolment, but higher quality education. Melka also fines parents whose children are regularly absent from school.
- **Anani** *kebele* has organised tutorials for girls above grade 5, is encouraging parents to support girls' access to education by reducing the domestic work demanded of them, and to raise awareness about the risks of child marriage.
- **Belina Arba** *kebele* has made strides in the past few years in terms of helping girls stay in school longer. Girls are now more likely to attend and complete middle school and to transition into secondary school. An increase in role models as well as active government awareness raising about the importance of girls' education is behind progress.

protein and micronutrients required for good health. In addition, because of climate change and the government's underinvestment in bed nets and DDT, malaria has exploded in the past three years – just as families are being forced to pay for health insurance that does a poor job covering services and medications. Young people with disabilities are especially vulnerable. They report more food insecurity and less access to health care – in part due to household poverty and in part due to the stigma that surrounds disability. Young males are also at high risk (and, based on the panel data, growing risk) of *khat* addiction.

Sexual and reproductive health stands out as a particular challenge for young people in East Hararghe. The plurality of young people learn about puberty from their friends, because of taboos that prevent parents from discussing sexual topics with their adolescent children and because of limited access (especially for girls) to school and the health education it affords. Most young females report poor access to period products and are afraid or embarrassed to ask for family support managing menstruation. Although panel data shows that young people's knowledge about contraception has improved over time, uptake is extremely limited, because of beliefs that it is *haram* (forbidden by Islam) and/or causes infertility, as well as because of preferences for early and high fertility. Unsurprisingly, given high rates of child marriage and low rates of contraceptive uptake, early motherhood is common among the girls and young women in the GAGE sample. Access to and uptake of antenatal care and facility delivery is climbing, albeit from a low base, and with the caveat that services are difficult for rural females to access.

Age- and gender-based violence is endemic in East Hararghe. Although panel data highlights that violence has declined over time, young females and young males remain at risk of corporal punishment even in mid- and late-adolescence, because it is widely understood to be necessary in order to teach young people how to behave. Girls and young women, who tend to be physically punished less than boys and young men because they are more compliant, are most often punished by their mother (for failing to complete domestic tasks), their older brothers (for violating mobility restrictions), and by teachers (for being late to class or not doing their homework, because of domestic responsibilities). Boys and young men are at risk from their father, uncles, older brothers, and teachers – with violence at home often perpetrated by groups of older male relatives, as boys grow larger and stronger, and not uncommonly resulting in injuries extreme enough to require medical treatment.

Other forms of violence are even more heavily gendered. Girls and young women are at risk: of FGM (which remains effectively universal because it is believed, especially by young males, to 'tame' females' sex drive and to be required by religion); of sexual violence (which is rarely considered violence because it is a courting behaviour); of child marriage (which is often presented as voluntary on girls' part but is fundamentally driven by

A family prepares *khat* leaves for sale © Nathalie Bertrams/GAGE 2025

sexual harassment and, in some communities, forced abduction in a context where premarital sex is taboo); and of marital violence (which is commonly understood to be acceptable and private, and can be extreme). Boys and young men are at risk of peer violence, as they fight over resources (including mates), and face forced recruitment into the military. Support for survivors is not only rare, but also heavily gendered – because traditional justice mechanisms prioritise community cohesion over survivors' rights. Panel data underscores that progress towards reducing violence has been, and is likely to continue to be, highly uneven. On the one hand, peer violence has declined and young females are more aware that FGM is not required by religion. On the other hand, young males are more likely to believe that FGM has benefits at endline than they were at Round 2 and young females' awareness of the marriage law is barely changed.

Although survey tools designed to screen young people for mental ill health found that few have symptoms of depression and anxiety, and qualitative research found that it is rare for young people to recognise their emotional needs (because they are more focused on survival needs), it was common at endline for young people to express worry about their social and economic transitions into young adulthood. With incomes low and declining, young males and young females were worried about how they would support themselves and their families. Many young people – disproportionately young brides (due to demands on their time and restrictions on their mobility) and those with disabilities (due to stigma) – are juggling these worries without adequate emotional support. Critically, while panel data indicates that adolescent boys are more connected to peers at endline than they were at Round 2, this is not the case for adolescent girls.

Most young people report limited agency over their own lives, including how much education to get and when and whom to marry. They also report few opportunities to contribute to household, school or community decision-making. Young females are disadvantaged compared to young males in terms of freedom of movement (they go many places, but only when instructed), access to ICT (they are least likely to have a smartphone), and opportunities to volunteer (due to other demands on their time). Although most young people are disengaged from politics, believing them to be either irrelevant or corrupt, young females are again particularly disadvantaged. Many were not even able to identify the Prime Minister. Although panel data highlights that young people's agency over their own lives does tend to improve as they enter young adulthood, there is an important (and recent) exception to this: young men's mobility has become very restricted due to fears about forced recruitment.

Health post in Oromia, Ethiopia © Nathalie Bertrams/GAGE 2025

It was rare for young people to report being economically empowered. Households were poor and getting poorer due to climate change, inflation, new taxes on *khat*, new expenses for health insurance and school feeding, and the effective end of credit schemes (necessary for people to create and grow their own small businesses) and the PSNP. Young people, although they begin working in childhood (girls at home alongside their mother, and boys in the fields alongside their father), report only limited access to paid work (mostly trading in crops and food products), few savings (despite a strong tradition of savings groups), and a growing belief that migration (to urban areas inside Ethiopia and to the Middle East) will be necessary for them to exit poverty. Panel data further underscores young people's limited economic opportunities; occupational aspirations have fallen sharply over time.

Based on our endline research, we suggest the following priority actions to better support Oromo young people's transitions through adolescence and into young adulthood:

**To improve young people's access to quality education:**

- Step up awareness-raising about the importance of education, particularly for girls and adolescents and young people with disabilities. Pair this with community recognition ceremonies (for regular attendance and achievement) and fines (for truancy), depending on community context.
- Incentivise school attendance for students from the poorest families by providing government-funded school feeding programmes and free school supplies.
- Build more schools, providing more grades of education in rural communities, working to ensure that these are well-staffed and well-supplied (e.g. books and water). As an interim measure, expand boarding opportunities for students at middle and secondary levels, prioritising the semesters in which students sit gateway exams.
- Provide girls with tailored empowerment programming aimed at raising their educational aspirations and strengthening their ability to recognise and challenge the gender norms that limit their access to education (and broader opportunities).
- Provide tailored special needs education in *woreda* towns, and support rural schools and teachers to offer at least basic accommodations for students with disabilities, including by providing adaptive devices to the young learners who need them.
- Provide out-of-school adolescents and young adults with a route back into formal education, and safeguard children by ensuring that age gaps in classrooms are small, by offering night school in more locations and by offering accelerated learning programming that enables older students to cover multiple grades of content in a single year.
- Harness new decentralisation of *woreda*-level experts to *kebeles* to support proactive implementation and monitoring to ensure that educational policies and curricula are being effectively implemented.

**To improve young people's physical health:**

- Restore funding for school feeding and the PSNP.
- Restore funding for bed nets and DDT, and mobilise communities to prevent malaria by eliminating mosquito breeding grounds.
- Ensure that the poorest households are provided with health insurance for free and that public health clinics are reliably stocked with the medications and supplies necessary to make health insurance a valued product.
- Provide young people, especially boys and young men, with education about the risks of regular *khat* use.
- Provide young people with school- and community-based comprehensive sex education that addresses puberty (including the stigma that surrounds menstruation, as well as offering practical instruction on how to make safe and sustainable period products), and the value and safety of contraception. Pair this with programming aimed at supporting parents to openly discuss sexual topics with their children.
- Target young people and their broader communities with education about the benefits (for babies, mothers and families) of delayed, spaced and limited pregnancies. Work with religious leaders to counter beliefs that contraception is un-Islamic, with health extension workers to disseminate accurate health messages, and with classroom and club-based programming to reach students. Tailor programming to address the concerns of females and males.
- Build demand for and access to antenatal care and skilled delivery by ensuring that regular care is available in rural villages, that care includes more than vaccines and cursory exams (e.g. allowing mothers to hear the foetal heartbeat and providing them with education on infant care and child development), and that ambulance transport is available to labouring mothers.

**To reduce young people's exposure to violence:**

- Raise young people's awareness (at school and in the community) about their right to bodily integrity – including at home from parents, siblings and spouses – and how to access support (including at one-stop centres, which should be expanded across East Hararghe).
- Provide parents with parenting education courses that address adolescent development and gender norms and offer non-violent discipline strategies, ensuring that parents are encouraged to prevent their sons from policing their daughters' behaviour.
- Prosecute the fathers and adult male relatives who use group violence to inflict serious injuries on boys and young men.
- Ensure that young people have an anonymous way to report teacher violence and that the ban on corporal punishment at school is enforced, including through regular visits by *woreda* education officials.
- Provide young people with school- and community-based programming aimed at reducing peer 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, including raising awareness about the availability of one-stop centres.
- Work with religious and traditional leaders to develop messages and programming aimed at reducing support for FGM. Efforts should directly address the perceived benefits of FGM (not merely reiterate risks) and should include mothers (who arrange cutting), fathers (who could refuse to allow it), girls (to reduce peer pressure and related demand), and young males (to address their beliefs about female sexuality and preferences for wives who are cut).
- Raise awareness about the myriad risks of child marriage and pair this with strict enforcement of the child marriage law, including fining the parents of under-age partners and religious leaders who officiate, to provide them with a clear justification for refusing.
- Strengthen the rule of law regarding marital violence, ensuring that perpetrators are prosecuted and imprisoned (rather than relying on traditional justice systems); and educate parents that their responsibility to their daughters does not end with marriage.
- Eliminate quotas for military recruitment and ensure that only those who wish to join the military do so.

**To improve 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, and the risks and opportunities open to girls and boys (and women and men).
- 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, and expose them to role models and programming aimed at fostering self-confidence and voice.
- Develop courses for young couples, helping them learn to communicate with one another better, and learn about the rights and responsibilities of marriage, potentially organised in partnership with Shariah councils in line with promising practice from Jordan.
- Invite young people to attend *kebele* meetings and expand opportunities for them to volunteer in the community.
- Invest in awareness-raising campaigns to address the stigma that surrounds disability, and the gender norms that leave girls and women with limited say over their own lives.

**To help young people become economically empowered:**

- Invest in creating jobs for young people (including by providing them with skills training and credit to start their own small businesses) by helping them form cooperative work groups, and by expanding their access to markets. Ensure that efforts are inclusive of young females and the trading activities that they prefer.
- Provide Oromo female high-school graduates with free post-secondary education and training in exchange for serving as educators and health care workers in rural areas.
- Raise awareness, among young people and their caregivers, about how to make migration safer.
- Renew investments in the PSNP, using the public works component to tackle standing water (and reduce the spread of malaria) and the invasive weeds that are impacting agricultural production, and to provide direct support to meet the needs of adolescents and young people with disabilities.
- Ensure that households' total tax burden is kept manageable and does not contribute to poverty.

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## 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.

GENDER & ADOLESCENCE: GLOBAL EVIDENCE

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## Disclaimer

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