Improving Children's Lives through Research

Children, Youth and Women Research and Practice Forum

Ministry of Women and Social Affairs

Summaries from Presentations at the Monthly Seminar Series
of the Children, Youth and Women Research and Practice Forum in 2022

Improving the Lives of Children, Youth and Women through Research and Dialogue

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Summaries from Presentations at the Monthly Seminar Series of the *Children, Youth and Women Research and Practice Forum* in 2022.

Foreword by H.E. Dr Ergogie Tesfaye,

Minister, Ministry of Women and Social Affairs

Edited by Alula Pankhurst

Addis Ababa

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Improving the lives of Children, Youth and Women through Research and Dialogue

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Foreword

H.E. Dr Ergogie Tesfaye, Minister,

Ministry of Women and Social Affairs

The Children, Youth and Women Research and Practice Forum (CYW-RPF) has been hosted by the Ministry of Women, Children and Youth since 2010 and continues to be hosted by the Ministry of Women and Social Affairs.

In 2023 various stakeholders suggested that the mandate and scope of the Forum should be expanded to include youth and women rather than only children. A survey poll of mailing list members held in July endorsed this view so that the name of the Forum was changed in August 2023 into Children Youth and Women – Research and Practice Forum (CYW-RFP).

The CYW-RPF has organised monthly seminars for over fourteen years and has provided a useful network for discussion and dialogue concerning children and youth in Ethiopia with a view to promoting improvements in policy and practice.

The CYW-RPF provides an important regular opportunity for research findings on children's and adolescents issues to be presented at our Ministry on a monthly basis to stimulate discussion between our experts, those of other ministries, development partners and non-government and research organisations about issues facing children and young people in our country. The discussions have been contributing to the designing and implementation of better policies, strategies and programmes to improve the lives of women, children and youth.

The CYW-RPF has a mailing list of over 1,300 subscribers and produces quarterly newsletters highlighting key findings from presentations at the monthly seminars. The Forum also prepares annual books with summaries of the research presented during each year.

This collection of summaries of presentations made at the Children, Youth and Women Research and Practice Forum in 2022 is the twelfth annual summary produced by Young Lives. The earlier summaries (2011 to 2021) are available on the Young Lives Ethiopia website (www.younglives-ethiopia.org/child-research-and-practice-forum).

This edition comprises 12 summaries of presentations covering a wide range of issues relevant to children and young people in Ethiopia, many of which are very relevant to the current context, including on Sexual and Reproductive Health, child marriage and FGM/C, girls migration, as well as recent crises including COVID, climate change and conflict and how these have affected children and young people, notably in terms of mental health effects.

Most of the presentations address gender issues either directly or indirectly. This includes child marriage and FGM/C, adolescent sexual and reproductive health, girls migration from rural to urban areas, female children that have faced sexual abuse and support networks for them.

There are important thematic contributions on the following issues: Sexual and Reproductive health, education, migration, mental health and child and social protection.

Our Ministry would like to thank the United Kingdom Foreign and Commonwealth Development Office which has covered the costs of running the CYW-RPF and the production of this collection, Young Lives that has produced this and earlier edited collections, and UNICEF that has sponsored the monthly events.

We look forward to further regular presentations, newsletters and annual summaries from the CYW-RPF and further collaboration with UNICEF, Young Lives and other partners in continuing the important work of the Forum.

Preface

Dr Aboubacar Kampo

UNICEF Representative in Ethiopia

The Children, Youth and Women Research and Practice Forum (CYW-RPF) provides a valuable network and a regular venue for research findings on children, youth and women to be discussed on a monthly basis and can contribute to improvements in policy and practice.

UNICEF has been supporting the Forum since its inception 14 years ago and has collaborated with the Ministry of Women, Children and Youth (MoWCY) and with its successor the Ministry of Women and Social Affairs (MoWSA) in the organization and management of the Forum together with Young Lives.

The CRPF sends the presentations made at the Forum to its members that number over 1300 individuals and organizations. The CRPF has been publishing quarterly newsletters and annual summaries which are printed and distributed through the network and are also posted on the Young Lives Ethiopia website (www.younglives- ethiopia.org).

This annual book includes 12 summaries of presentations held in 2022 which address many important issues. These include presentations by research organisations Including three presentation on longitudinal research by Young Lives and Gender and two by Gender and Adolescence Global Evidence (GAGE), and one by Population Council, as well as a number of international NGOs such as Pathfinder and Plan International and a local NGO the Organization for Prevention Rehabilitation and Integration of Female Street Children (OPRIFS).

The presentations address important issues relating to child protection including sexual violence and adolescents' sexual and reproductive health, girls' migration from rural to urban areas, child marriage and FGM/C. The presentations have also addressed important crises that have affected Ethiopia recently including COVID, climate change

and conflicts, including the effects on adolescents' education and mental health. Factors which provide young people with support are also addressed including peer and friendship networks.

UNICEF has supported the production of earlier books of summaries and continues to support the regular meetings of the CRPF. We are pleased to see this book of summaries with findings that are relevant to current policy and practice published. We look forward to collaborating further with MoWSA and Young Lives in the production, discussion and dissemination of research results through the Children, Youth and Women Research and Practice Forum meetings and publications.

Aboubacar Kampo
24 Nov 2023

National Adolescents and Youth Health Strategy (2021-2025)

Abiy Hiruye and Eyob Getachew

Federal Democratic Republic of Ethiopia Ministry of Health and Pathfinder[1]

Introduction

Globally, there are over 1.8 billion adolescents and youth aged 10-24 years, 90% of whom live in developing countries. In Africa, 32% of the population belongs to the age group of 10-24 years. In Ethiopia, adolescents and youth of the age group 10-24 years account for 33% of the total population and over three-quarters of them live in rural areas. Adolescents and youth constitute a wide age range with diverse interests, problems, and capacities that require further disaggregation for targeted and successful interventions. Adolescence and Youth is a period in which an individual undergoes enormous physical and psychological changes in social expectations and perceptions.

A strategic response is vital to address their physical, social, and mental development needs thereby harnessing the critical demographic dividend expectations. Meeting their diverse and dynamic needs of health, education, economic empowerment, and participation calls for broader investment in health infrastructure, socio- cultural and economic domains.

A critical, overarching reason to invest in the health of adolescents and youth is that it is adolescents and youth's fundamental rights to life, development needs, and fulfilment of the highest achievable health standards through access to health services. In addition, the investment in adolescent and youth health will bring a triple health dividend for adolescents, now, for their future adult lives, and for the next generation's health and

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wellbeing which are engines of change in the drive to create healthier, more sustainable societies.

To address these key adolescent and youth health issues, the government of Ethiopia has taken several measures through its youth policy, the Health Sector Development Program I-IV, the Health Sector Transformation Plan I-II, the National Adolescent and Youth Reproductive Health Strategy (AYRH) in 2006, Adolescent and Youth Health Strategy 2016-2020, and many other responses. As a result, encouraging outcomes have been achieved such as improved youth responsive health facilities, adolescent and youth awareness, utilization of health services, reduced unsafe abortion and its complications, age disaggregation of routine service data, etc.

However, adolescents and youth are still facing multiple challenges starting from the emerging health threats, through to preventable causes of morbidity and mortality. As a result, this strategy is developed through a consultative process involving stakeholders including sector ministries, regional health bureaus, and adolescents and youth.

Strategic Framework

The Strategic Framework is based on an integrated and comprehensive adolescent and youth healthcare package that comprises health promotion, preventive, curative, and rehabilitative interventions across all levels of care. The package promotes a focus on consolidating gains from the previous strategic document implementation. It holds onto key basic principles of program planning, implementation, and monitoring and evaluation at all levels and stages.

As depicted in the framework below, the national AYH strategy entails four interlinked strategic objectives that lead to the achievement of the desired targets and outcomes by 2025 and the realization of the HSTP II goals. Under all the strategic objectives a total of eight priority areas are identified. For each priority area, a list of potential interventions and sub-activities is identified with a timeline of the implementation period. The targets and monitoring frameworks to measure these objectives are listed separately.

Vision: Healthy, Productive and Empowered Ethiopian Adolescent and Youth

Goal: By 2025, attain full health and well-being of adolescents and youth through ensuring equitable access and utilization of comprehensive health services.

Enhance health literacy among adolescents and youth	Improve equitable access to adolescent and youth health services	Improve the quality of adolescent and youth health services	Strengthen leadership and accountability
SP1: Positive youth health development	SP3: Expanding Adolescent and youth health service package and delivery outlets (Youth centres, education settings, universities, Industrial parks etc.	SP4: Mainstream Continues Quality improvement in all Service delivery settings	SP6: Strengthen and scale up of financing for adolescent and youth health
SP2: Adolescent and youth leadership and engagement in health		SP5: Enhance Adolescent and youth health competent workforce	SP7: Strengthen Adolescent and youth Health information management
			SP8: Enhance multi-sectoral approach, programming and Regulation

Key Interventions for Each Strategic Priority

The key interventions are:

- ✓ Multisectoral approach interventions for Adolescent and Youth Health (AYH) service access
- ✓ Strengthening school health program with the Ministry of Education
- ✓ Programming with the Ministry of Women, and Social Affairs
- ✓ Programming AYH with Industrial Park Development Corporation and Development Corridors
- ✓ Programming of AYH at TVETs and Higher Educational Institutions
- ✓ Adolescent and youth health interventions in humanitarian and fragile settings
- ✓ Coordination and collaboration on AYH intervention at all levels

Implementation Arrangements

The implementation of this strategy requires the availability of skilled professionals, adequate supplies, commodities, and equipment, proper information management systems, sound governance and management, a sustainable financing mechanism, and appropriate service delivery outlets. Moreover, new service delivery outlets including industrial parks and megaproject sites need infrastructure arrangements. Adolescent and youth health services selected indicators need to be integrated into the planning and reporting system (HMIS) for routine evaluation and monitoring including in the new service provision outlet.

Monitoring and Evaluation

Monitoring and evaluation of the AYH strategy will rely on various systems and data sources (routine and periodic), supported and maintained by numerous stakeholders. A comprehensive list of key performance indicators from the strategic document will be integrated within routine data collection mechanisms such as DHIS II, the MNCH

scorecard, and associated monitoring tools. This strategy learns from the past and the current on-going practices for better programming. Additionally, the AYH is backed up through continuous monitoring, evaluation, research, and outcome harvesting of the changes and paying attention to building capacity to increase participation and adopt both proven and innovative youth systems. The following will be the key areas the strategy will focus on in adding to the routine means like monitoring, review meeting, and supervision.

- ✓ Health Information Management System
- ✓ Young People Engagement in Data Demand and Use
- ✓ Performance Measurement Strategy
- ✓ Learning and Research

Improving Young People's Sexual and Reproductive Health in Ethiopia: Two decades of evidence from Young Lives

Alula Pankhurst and Patricia Espinoza Revollo

Young Lives Ethiopia[2]

Introduction

This report summarises key findings from 27 Young Lives publications on sexual and reproductive health (SRH) across five themes: female genital mutilation/ cutting (FGM/C); marriage and cohabitation; contraception knowledge and use; pregnancy, childbirth, and parenting; and SRH services. The report also presents a new survey and qualitative analysis focusing on inequalities based on gender, generation, age and cohorts, family composition, household circumstances, personal characteristics, marital status and residence. This Young Lives report has been produced to understand health equity gaps in sexual and reproductive health (SRH) and contribute to the National Health Equity Strategy Plan launched by the Ethiopian Federal Ministry of Health in 2021. Young Lives is an international longitudinal study of childhood poverty carried out in four countries: Ethiopia, India, Peru and Vietnam. The study, which is run by the University of Oxford with core funding from the UK's Foreign, Commonwealth & Development Office (FCDO), has followed 12,000 children for over 20 years. In each country, 2,000 children have been tracked from birth to early adulthood (the Younger Cohort), along with of 1,000 children who are seven years older (the Older Cohort). The research has documented and analysed inequalities based on gender, location, family circumstances, education, work, wealth, and marital and other statuses.

New research findings

The new analysis of Young Lives data involved: first, quantitative analysis of findings from earlier survey rounds and data from the COVID-19 phone survey in 2021; and second, qualitative analysis of relevant aspects of the fifth wave of research in 2019 relating to the five selected themes which have not yet been covered in Young Lives publications.

Quantitative survey findings

This analysis is based on a descriptive exploration of SRH domains not covered in the Young Lives publications reviewed. It uses two survey rounds for the Younger Cohort and three for the Older Cohort, including the fourth phone survey (conducted in August 2021 in Ethiopia). These were analyzed in relation to: marriage and cohabitation; knowledge of fertility and sexually transmitted diseases; access to contraception; pregnancy and childbirth (including place of delivery and antenatal care visits); and fertility attitudes and preferences.

Marriage and cohabitation and attitudes towards marriage

> ➢ Marriage was more common for young women (82 per cent) than for young men (18 per cent). While most partnerships happened from the age of 18 onwards, for 37.1 per cent of married women, marriage happened between the ages of 13 and 17.
> ➢ For young people who were married by age 22, the average age of first marriage or cohabitation was 18.4 years, with no significant differences between men and women.
> ➢ A little over half (52.4 per cent) of young women said they thought they were married too young, 46 per cent thought they were married at the right age, and 1.6 per cent thought they were married older than usual.

> The incidence of partnerships by age 22 was greater in rural areas than in urban areas and in poorer households than in richer households (both showing significant differences).

Knowledge about fertility and sexually transmitted diseases (STDs)

> Among young Lives children at ages 15 (in 2016) and 19 (in 2013), there was less knowledge on fertility issues than for STDs and little overlap in knowledge of both topics. However, knowledge on these topics increases with age, especially on fertility issues.

> There were no significant differences between 15-year-old girls and boys or between urban and rural respondents in their knowledge of fertility or STD issues. However, strikingly by age 19, knowledge about both fertility and STDs showed significant differences by sex in favor of boys.

> Furthermore, children from richer households, whether 15 or 19 years old, had more knowledge on both fertility and STD issues.

Contraception: access and methods

> Gender, location, and socio-economic differentials were observed: boys/men, those living in urban areas and from richer households, were more likely to access contraception from shops, street vendor or pharmacies; women were more likely to get them from family members or their spouses or partners; and young people in rural areas and from poorer households were more likely to access contraception from health facilities or family planning services.

Fertility, childbirth, services, and attitudes towards fertility

> Regarding fertility and childbearing, 8.8 per cent of 19-year-old girls and 1.2 per cent of 19-year-old boys had had at least one child. Of these births, 52.6 per cent were delivered either at their own homes (36.8 per cent) or another home (15.8 per cent), 23.7 per cent in a government health centre, and 15.8 per cent in a government hospital.

> Births at home were significantly more likely to happen in rural areas and poorer households.

Qualitative research findings

The fifth wave of qualitative research carried out in 2019 was analyzed on selected topics related to five themes.

Female genital mutilation/cutting

- ➤ FGM/C was no longer practiced in four out of nine sites: two sites in Addis Ababa and two in Tigray. In the sites in Amhara and SNNP the practice was clearly declining through proactive interventions, though there were differences between and within sites.
- ➤ The practice was only widespread in the rural site in Oromia, with young women from the qualitative sample having arranged their own cutting, and many also planning to cut their daughters when they reached marriageable age. Some young women wanted to be circumcised prior to marriage to avoid the insults towards uncut girls within their community and even arranged their own circumcision ceremonies at night.

Marriage by forced and voluntary abduction

- ➤ Forced abduction has been decreasing and was not considered to be a serious issue in urban areas, unlike rape. While there were a few mentions of the issue in sites in Tigray and SNNP, in Oromia sites the issue was still a concern.
- ➤ There has also been an increasing tendency in 'voluntary abduction' or elopement also in Oromia by young women in cases where parents' disapproved of suitors, or their boyfriends could not pay the customary marriage payments, or when daughters were suspected of having had sexual relations.

Family planning and contraception access and use

- ➤ There were regional and location differences in the types of contraception provided. In the urban site in Amhara, many women did not want to use contraceptives until they had a child, and they then preferred using longer-term methods, notably implants in the arm rather than loops in the uterus: in contrast, in the rural site most women preferred injectables in the arm. In a SNNP rural site

with a Muslim majority, husbands were resistant to using contraception until their wives had a child and some feared that contraception could lead to infertility. In the Tigray rural site, women preferred longer-term contraception, including loops that can be used for up to 10 years, whereas urban women feared that these may have health risks.

Unmarried adolescents' contraception access and use

➢ Unmarried young women's access to contraception was constrained by their lack of knowledge and fears of family or the community finding out.

➢ Health extension workers (HEWs) often had ambivalent views about providing contraceptives to unmarried girls, fearing this might be seen to be encouraging sexual activity.

➢ There were gender differentials in rural areas, with young men able to get condoms but young women having to go to towns to obtain other forms of contraception from private providers.

Pregnancy, cohabitation, and marriage

➢ There was a notable difference regarding pregnancies between urban areas, where this often led to cohabitation, and rural sites, where it generally led to marriage.

➢ Young women who became pregnant prior to marriage often had to or wanted to consider abortion, especially if they were still living with their parents and were not ready for cohabitation or marriage. In rural areas they often had to go away to urban areas, incurring serious risks.

➢ Young Lives documented notable changes regarding institutional delivery between young women and their mothers, older siblings, and even among Older Cohort women between their first and subsequent children.

➢ There was evidence of trying to enforce institutional delivery though threats of fines in three regions: Oromia, SNNP and Tigray.

Policy implications

➢ Better social protection is required, particularly for poor and vulnerable households and categories most at risk, such as teenage and less-educated mothers, who were found to be more likely to have undernourished infants.

➢ Gendered differences in knowledge about SRH and access to contraception suggest a need for better information and awareness raising campaigns, involving HEWs, in schools and through the media.

➢ Improvements in the quality of services are required, including contraception access, abortion, delivery, and childcare, especially for categories at risk, notably unmarried adolescents and single mothers who face multiple challenges regarding SRH.

➢ Wide gaps between urban and rural sites and between richer and poorer households suggest more efforts are needed to ensure that SRH service provision promotes greater equity.

➢ Pervasive and persisting patriarchal norms need challenging, especially around customs including FGM/C, child marriage and marital payments, and regarding gender-based violence.

➢ Improvements in gender relations and more equal decision making in marital affairs need promoting, particularly over the sexual division of labor and childcare, including when marriages break up, in order to ensure that mothers obtain child support.

"Newly Arriving Girls' Experiences at Bus Terminals and Transitioning to Workers" – Preliminary Findings from In-depth Interviews and Interventions

Henock Markos and Eyasu Hailu

Population Council[3]

Introduction

Rates of urbanization in Ethiopia are high and adolescent girls and young women are predominant among those who move from rural to urban areas. Young women frequently undertake rural-urban migration on their own or with a friend, and with little planning for their initial settlement in the city. They frequently rely on job placement brokers to place them into jobs upon arrival, with positions such as domestic work normally including accommodation.

Methods

This is a qualitative study undertaken at the two largest bus stations (Lambert and Autobis Tera) in Addis Ababa, which are points of arrival for a large number of migrants from rural areas. Three categories of respondents were interviewed in-depth: 34, migrant young women who had arrived within the last few days, 11, job placement brokers who are located in and around the bus station, and 10, market women /vendors at the bus stations who interact with both migrants and brokers.

Results

Migrant girls' point of arrival was an inflection point of risk, especially among girls who were on their own, not accompanied or met at the bus terminal and lacking in plans or preparation of accommodation. Such girls were targeted by thieves at the bus station and by unscrupulous brokers, some of whom forced girls into sexual relations before placing them into paid work. In contrast, market women and some well-meaning brokers took steps to protect girls such as providing temporary accommodation.

Conclusion

This research underscores the need for intensified support to rural-urban migrants to ensure safety and security at the time of arrival at their destination. This includes promotion of pre-migration education and planning; safety assets including sufficient money, cell phones and alternative contacts in the city; and arrangement for immediate, safe and secure accommodation. As a result of the study, a pilot program has been developed, using local resources to extend support for newly arriving migrant girls and young women.

The Assessment of Protection and Support Services for Sexually Abused Female Children: in the case of OPRIFS Safe Home

Sara Abebe

Addis Ababa University[4]

Introduction

This study illuminated the protection and support services for sexually abused female children with a particular reference to children from the Organization for Prevention Rehabilitation and Integration of Female Street Children (OPRIFS) safe home. The research assessed the psychosocial support and the legal protection provided for these vulnerable female children. The effectiveness of the service and challenges of service provision in the centre were examined too.

Method

The research design applied for this study was qualitative research. The data was collected from the month of May to June 2021.

- ➢ Purposive sampling was employed to identify participants from the target groups to get a better understanding of the services at the shelter.

- ➢ 10 sexually abused female children between age 12-18 under OPRIFS was selected as the target group and 6 key informants, four from OPRIFS and two from government office (Nefas Silk Sub-City police office and the expert from woreda 6 women and children affair) were selected as key informants based on their expertise.

Conclusion

This study found that the provision of protection and support services for sexually abused female children at a safe home to help them meet their emotional, social, and spiritual needs with provided significant service efficiency despite the challenges. All-inclusive psycho-social supports and legal protections at the safe home was part of the holistic approach of the Centre in providing services. The provision of resources s from the donors to the beneficiaries to serve the children enhanced social work practice at the safe home.

Regarding the protection and supports provided at the safe home, the study found that there are significant physical and psychological changes in the lives of survivors compared to their situation at the time of admission. The level of recovery of sexually abused female children who have been receiving the services at the safe home revealed the effectiveness of the services. However, there were challenges notably inability to complete and close cases by law enforcing bodies in a short period and lack of adequate resources and skilled manpower. To sum up, the finding revealed the contribution of OPRIFS Safe Home in saving the lives of sexually abused female child survivors through protection and support regardless of the challenges.

Recommendations

Based on the findings the researcher recommended the following points for the improvement and quality protection service provisions at the safe home (shelter) and other stakeholders.

➢ Implementing a minimum standard for shelter quality nationally can increase the quality of the services at the shelter.

➢ Increasing financial capacity can improve services provision.

➢ Granting land from the government for the shelters can alleviate the strain on the organization.

➢ Legal bodies should give priority to sexually abused girls while investigating and give decisions as fast as possible.

- ➢ Better coordination, cooperation, and synergy among stakeholders increase the quality of the service to a better stage, making use of the existing shelter network.

- ➢ Strengthening the participatory (bottom-up approach) approach while dealing with the sensitive issue can help address the root cause of the problem.

- ➢ Hiring skilled professionals who have the expertise, core value, ethics, and principles to help vulnerable children heal emotionally and spiritually.

- ➢ Providing up-to-date job training continuously will help the experts to apply their skills to assist the survivors to rehabilitate and re-join society to be better citizens.

Collaborative Child Marriage Cancelation Intervention. Adolescent Girls' Hope: Experience from Act With Her Project, South Gondar

Masresha Soressa, Abiy Hiruye, Bekele Belayihun

Pathfinder[5]

Background and Purpose

Ethiopia is home to 15 million child brides with one of the world's highest rates of early marriage, according to UNICEF. Some areas of Amhara, Oromia, and SNNP regions are among the regions considered hotspots. There are 50 hot spot child marriage woredas identified in Ethiopia of which 23 are in Amhara region.

In South Gondar, the prevalence of child marriage had increased tremendously due to school closure and COVID State of Emergency (SoE) restrictions from March to August 2020. Because of school closure, girls faced a greater risk of being illegally forced into marriage. In woredas where Pathfinder's Act With Her project is operational, the government structure resumed late after the lifting of the SoE and hence the cancellation intervention became very challenging.

Until the end of December 2020, a total of 878 arranged child marriage cases were reported in five woredas of South Gondar (Ebinat, Laygaynt, Tachgaynt, Simada and Libokemekem).

Methods

To mitigate and cancel these arranged child marriages, Pathfinder International through its Act With Her Project, identified key strategies to intervene and facilitate the cancellation processes. These were justice sector led law enforcement at community level, continuous community engagement activities, revitalizing school administration

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responses, integrating child marriage cancellation tasks into sectors routine political priority agendas, preparing safe and convenient shelters to admit and retain targeted girls, and ensuring safety and security of admitted girls before and after cancellation (during reunion and aftermath).

Results

Through a collaborative intervention with key sectors and stakeholders in community, between October 2020 and mid-February 2021, from the 878 arranged child marriages cases identified, 632 cases were cancelled as a result of the implemented interventions. The remaining 204 girls have been married and 42 cases were confirmed as eligible.

Key Changes

Adolescent Girls Agency

- ✓ Roll Back Early Marriage (RBEM) initiative has enhanced girls' school club members voice and confidence

- ✓ Enhanced agency for girls to say no to Child Marriage.

- ✓ Increased trend to report cases from girls themselves

- ✓ "Secret Box" utilization has increased from time to time to anonymously report cases

- ✓ Positive changes in adolescents in knowledge, attitudes, and practices regarding child marriage.

- ✓ School clubs engage boys as active members of the RBEM clubs

- ✓ Improvements in girls' academic performance

- ✓ Social Analysis and Action (SAA) group members became 'agents of change' to eliminate child marriage.

- ✓ Religious leaders also have been becoming champions and agents of change

- ✓ Iddir leaders have been enforcing laws by issuing social sanctions against child marriage.

Institutions

- ✓ Social protection institutions at lower level have been strengthened in their response capacity

- ✓ School communities including parents and teachers committees, school principals and gender club facilitators are taking the lead in speaking out against child marriage.

- ✓ Knowledge sharing and collaboration has been strengthened through the initiatives of roll back early marriage (RBEM) club coordination platforms.

- ✓ Child marriage and gender equality have been integrated in development plans of the government key sectors.

Lessons learned

What has worked well?

- ✓ School club strengthening has enhanced adolescent girls' voices and agency

- ✓ Adolescent capability enhancement programs such as Act With Her curriculums builds on girls' awareness on existing HTPs

- ✓ Community led social behavioral change initiatives such as Social Analysis and Action (SAA) can supplement to counter negatively entrenched negative gender and societal norms

- ✓ Secret boxes in schools have given option for students to report unlawful acts and practices

- ✓ School directors and management play a vital role in cancellation process at promise and preparation stages

- ✓ Law enforcement measures from justice sectors can influence parents' decision to proceed to wedding ceremonies

- ✓ Multisectoral integrated teamwork at woreda and kebele level can support the cancellation process

- ✓ Shelters to retain adolescent girls until the end of marriage season can help cancellation efforts

- ✓ Engaging community and religious leaders, boys, elderly people, traditional healers, and renowned persons is helpful in influencing positive changes

What didn't work?

- ✓ Interventions during wedding/marriage and cohabiting stages can have a socioeconomic loss and impact on the parents, community, and the social system.

- ✓ Reversing/cancelling child marriages arranged for either priests or deacons is very difficult for actors and the communities.

- ✓ In case of parents whose economic security relied on issue of marriage, it was not be possible to cancel the wedding

- ✓ Managing issues for parents with entrenched views is very difficult

Major Challenges

- ✓ Child marriage drivers are very complex to understand and mitigate

- ✓ Economic insecurities at household level are key drivers for child marriage

- ✓ Age verification examinations at health facilities are problematic

- ✓ Deep rooted gender, social and religious norms on marriage prevail

- ✓ Economic insecurity and vulnerability increase the risks

Conclusion and Implications

It is critical to continue monitoring child marriage as the Covid-19 situation progresses especially in 'hotspots' areas such as South Gondar. Besides, child marriage cancellation needs a wise and genuine collaborative engagement of all actors. Schools, community

leaders, health facilities, legal sectors, social protection institutions at kebele level must strengthen their networking especially during the traditional marriage seasons.

Child Marriage Cancellation in Bahir Dar Zuria and Kewet Woredas of Amhara Region: Experiences and Implications

Abeje Berhanu

Addis Ababa University[6]

Introduction

This report presents the results of a study conducted within the *Yes I Do* programme in some of the intervention areas in Amhara region in Ethiopia in 2019 (Bahir Dar Zuria and Kewet woredas). The purpose of the study is to provide insights about the scope and the implications of child marriage cancellation with a focus on the experiences of adolescent girls and boys. Child marriage cancellation is an existing practice that required deeper exploration in order to inform programs aimed at eliminating child marriage and therefore it was selected as the focus theme for this qualitative research.

Ethiopia is one of the countries characterised by high rates of child marriage. About 40% of women aged 20-24 were first married or in union before turning 18, which is higher than the average for Eastern and Southern Africa (35%) and nearly two times the global average (21%) (UNICEF, 2018). According to the 2016 Ethiopian Demographic and Health Survey, the median age at first marriage among women aged 20-49 is 17.5 at the national level and 16.2 in the Amhara region. In Ethiopia, child marriage is more common among adolescent girls in rural areas, from the poorest wealth quintile and among those with lower education levels.

There is evidence of a declining trend in the prevalence of child marriage over the last ten years in Ethiopia. With an average annual rate of reduction of child marriage of 4.2, Ethiopia is one of the countries with the strongest progress in reducing the practice (UNICEF, 2018). The Amhara region is one of the regions that has made most progress.

However, in order to eliminate child marriage by 2030, progress in Ethiopia will need to be 6 times faster than in the last 10 years (UNICEF, 2018).

In recognition of this situation, various actors are working to further advance the elimination of child marriage. In 2013, the government of Ethiopia launched a National Strategy and Action Plan on Harmful Traditional Practices against Women and Children to tackle child marriage and FGM/C. In 2015, a National Alliance to End Child Marriage was established as a response to the commitment made by the Government of Ethiopia at the Girl Summit held in UK in July 2014 to end both practices by 2025. The *YES I DO* program was introduced in 2016 in the Amhara region of Ethiopia as well as in other six countries. *YES I DO* is a strategic alliance of five Dutch organizations and their national counterparts, the main aim of which is to enhance the decision making space of young women about if, when and whom to marry as well as if, when and with whom to have children.

Methods

- ➢ The study is based on a qualitative research design.
- ➢ Four study sites were selected:
    - ✓ Two rural kebele from Kewet woreda (Tere and Sefeberet)
    - ✓ Two rural kebeles from Bahir Dar Zuria woreda (Gombat and Wonjeta
- ➢ In-depth interviews were conducted with fourteen young women and men (11 females and 3 males).
- ➢ Twelve Focus Group Discussions were conducted with young women and men as well as parents.
- ➢ A total of 24 key informant interviews were conducted

Findings

Child marriage cancellation was common although the exact number of cases is unknown. The main drivers were an increased awareness about the negative

consequences of child marriage and about its illegality together with young people's desire to continue with their education instead. Child marriage cancellation can take place before the wedding ceremony - at the proposal or planning stage - or after the wedding ceremony. When cancellation happens influences not only how cancellation is done and who intervenes but also the implications for adolescent girls in terms of reactions towards them and alternatives after the cancellation.

Adolescent girls play a central role in the cancellation although they cannot do it by themselves. They generally express their refusal first to their parents and relatives. When this does not work they turn to teachers, health workers or even the police. The intervention of the police can imply financial fees and detentions. In these cases the community and family reactions towards girls is more negative. Peers and teachers are the most supportive actors for girls.

Evidence coming from program implementations showed that some girls cancelled their early marriages with the involvement of members of the anti- harmful traditional practices (anti-HTP) committee, which include all levels of civil society actors. Generally, however, there was very limited support for adolescent girls and boys after child marriage cancellation despite the emotional burden they often carry. The alternatives after child marriage cancellation were similar to the ones available to youth in general; education, limited job opportunities, migration in the case of Kewet, or marriage.

Key Recommendations

➢ Strengthen the capacity of the women's affairs office and anti-HTP committee on collecting and compiling data on child marriage cancellation in coordination with the different key stakeholders involved in child marriage cancellation and its identification. This would facilitate having a complete overview of all child marriage cancellations and increasing accountability.

➢ Carry out further research to clarify what is considered child marriage cancellation, especially in the cases when the cancellation happens after the ceremony.

- Inform young girls on how they can cancel their child marriage. This could be provided by the members of young girls' clubs. Capacity-building trainings could be provided to the members of the groups.

- Provide schools, NGO workers and health workers with the tools to help adolescents coping with the emotional stress that they go through before, during and after the cancellation of their marriage. They also need to be able to inform adolescents about the possibilities and consequences of cancellation.

- Implement psychosocial interventions to support adolescents during and after child marriage cancellation.

- Sometimes it is difficult for girls to express their rejection of the marriage. Girls' clubs could work with girls on how to improve intergenerational communication. Strategies to also involve out of school youth are also important.

- Role models have a great influence on a girl's cancellation of her marriage. Girls see it as inspiring and as something they want to aspire to do. Linking role models with parents could be used in the same way. Parents and other family members involved in the planning of the marriage could learn about the role model's stories and experiences.

- Awareness raising among parents on young people´s right to know about and consent to the marriage arrangements.

- Train key actors such as teachers and the women's affairs officers on how to accompany or support girls after the cancellation of their marriage.

- Carry out sensitization activities with fathers in particular, as fathers can be more reluctant to child marriage cancellation. These activities need to take into account the multiple factors that make fathers resist cancellation.

- Analyse the side effects that punitive strategies have on adolescent girls whose marriage is cancelled with the intervention of law enforcement actors as in these cases the reactions from community members can be more negative. Consider

strategies to ensure support and close sensitive monitoring of these cases after cancellation.

➢ Train staff of the legal and judicial sector to better informs adolescents about the legal status and implications of traditional marriages and promised marriages.

➢ Strengthen the role of the anti HTP committee and its unit responsible for child marriage cancelation.

➢ Strengthen the coordination between stakeholders and ensure alignment of child marriage cancelation interventions with the National Costed Roadmap to End Child Marriage and FGM/C 2020-2024.

➢ Carry out awareness raising about cancellation of child marriage amongst family members, elders and religious leaders. It is important to sensitize community members and parents about the burden that girls are placed under when cancelling their marriage.

➢ Develop programmes that address how child marriage cancellation affects boys. Masculinities influence boys' reactions to and experiences of child marriage cancellations. Moreover, the study found that it was more difficult for boys to continue with education after child marriage cancellations.

➢ Implement tailor-made educational programmes that include vocational training. They could specially focus on married or divorced young women who are still interested in having an education but are not able to follow school programmes.

'When I Play Football with My Friends … There is No Time that I Feel Sad': An Exploration of Adolescents' Friendship Networks in Ethiopia

Nicola Jones, Kate Pincock, Kassahun Tilahun and Workneh Yadete

Gender and Adolescence: Global Evidence (GAGE)[7]

Introduction

The second decade of life, from 10–19 years, is a key juncture in the life course, when the importance of peers is accentuated. The rewiring of the brain that happens during adolescence means that the threats and rewards that adolescents consider most salient are social and that adolescents who have strong friendships are less sensitive to later experiences of social rejection. However, evidence on the role of peer relationships in adolescents' experiences of well-being and agency in low- and middle-income countries (LMICs), including sub-Saharan Africa, remains thin. In exploring the nuances of these relationships and their role in adolescents' trajectories, from young people's own perspectives, this paper aims to counter the negative 'crisis childhoods' framing that continues to dominate research in Africa.

Drawing on a relational understanding of participation and agency to foreground adolescents' peer networks, the paper highlights how gender (including marital status), location and disability status shape friendships in a range of social domains, including neighborhoods, schools, workplaces, online networks, organized clubs and adolescent-only cultural traditions.

Methods

The analysis draws on qualitative data to address how social characteristics (gender, marital status, age, disability, location) shape the patterning and role of adolescents' peer

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networks. Data was collected in late 2018 and early 2019 and included in-depth individual and group interviews with 209 adolescent girls and boys and their peers from two age cohorts- younger adolescents (10-14 years) and older adolescents (15-19 years). Research participants were from three diverse rural regions: South Gondar (Amhara); East Hararghe (Oromia); and Hari Rusa/ Zone 5 (Afar); and an urban area, Dire Dawa City Administration.

Findings

Friendship networks and social connectedness

Findings show that most adolescents have a friend whom they trust, and that friends play a key role in offering emotional support and sharing information about school, work, puberty, and sexual and reproductive health. Friendship networks span various domains, including neighborhoods, schools, workplaces, organized clubs and online.

Neighborhood friendships

➢ Many young people underscored the importance of friendships with neighbors, explaining that shared recreational time helps foster strong emotional bonds.

➢ Adolescents also placed considerable value on the quality of friendships and certain character traits among peers.

➢ For girls in particular, neighborhood friendships can offer vital support in navigating social norms, especially pressures to marry. However, some girls noted that it is difficult to maintain friendships after marriage, due to time, poverty, mobility restrictions and conservative gender norms around the intra-household gender division of labor.

➢ In some contexts, adolescents explained that their ability to forge friendships beyond their immediate neighborhood was circumscribed by language barriers and ethnic tensions, with some consciously restricting their friendship circles to avoid emotional hurt.

➢ Adolescents from a pastoralist community in Afar (which has seen recurrent conflicts with neighboring clans as well as communities of different ethnic

backgrounds in recent years) emphasized that friendships with neighbors from the same clans were key to ensuring their safety.

School peer relationships

➢ Adolescent reflections on friendships with school peers focused on shared educational interests and aspirations, with some emphasizing information sharing and support with school life.

➢ School friendships are important for sharing career aspirations for students they could not necessarily share with family.

➢ For adolescents with disabilities, peer interactions at school appeared to be especially valued. Those attending special needs classes emphasized how important these were in enabling them to develop friendships that community-level discrimination and stigma too often preclude.

Workplace peer relations

Adolescents in the research sample who were working tended to be engaged in urban informal sector work or paid and/or unpaid agricultural activities. Because of these challenging work environments, relationships with workplace peers emerged as important sources of support.

Organized adolescent clubs

➢ In urban areas, youth groups organized by sports clubs, youth centers, churches and mosques provide valuable opportunities to connect with peers, although predominantly for adolescent boys.

➢ On a small scale, school-based girls' clubs offered empowerment and life skills training, emerged as valued and powerful spaces for peer interaction and mentorship for girls fortunate enough to have access to such clubs.

Online peer networks

> In urban Ethiopia in particular, Facebook is popular and used as an extension of in-person friendship groups, especially among boys, who are much more likely than girls to own a mobile device and have internet access.

> While rural adolescents had significantly less access to online networks, the findings suggest that this is changing quickly, with boys in pastoralist communities gaining increased access to mobile phones given their migratory lifestyles.

Conclusions

Overall, the findings on adolescent friendships in urban and rural communities in Ethiopia underscore the importance of paying more attention to the critical role of adolescent peer networks and children's cultures in shaping young people's development and wellbeing during the second decade of life. Drawing on a relational understanding of participation and agency to foreground adolescents' peer networks, the research highlights that the peer networks available to young people are highly context-specific and shaped by location, gender and other social characteristics - not least education, marital status and disability status.

Access to inclusive safe spaces and recreational opportunities - especially for adolescents who are out of school (temporarily or permanently) and for girls and adolescents with disabilities - can play a critical role in fostering adolescents' emotional resilience and social connectedness. However, a nuanced understanding of peer networks and children's cultures necessitates a recognition that such spaces are also venues of cultural production and may serve to enforce dominant social norms that perpetuate existing inequalities.

Living through COVID, Conflict and Climate Change

Young Lives phone call surveys: key findings

Alula Pankhurst

Young Lives Ethiopia[8]

Introduction

Research from the research on Listening to Young Lives at Work: COVID-19 Phone Surveys, in Ethiopia, showed that widening inequalities and ongoing socio-economic impacts of the Covid-19 pandemic were derailing prospects for a generation of young people, affecting those from poor households and marginalized groups hardest.

Two years on from the start of the pandemic, countries around the world were facing significant economic and social challenges, and rapidly changing circumstances. But COVID-19 was not the only global crisis; evidence from Ethiopia reflects unprecedented times, as vulnerable families have been grappling with the compounding effects of civil conflict and climate change, including an alarming increase in food insecurity in the south-western region, alongside the devastating impact of the Tigray conflict in the north.

COVID-related phone surveys

Young Lives Ethiopia is tracking two age groups (or cohorts): 2,000 children born in 2001-02 and for comparison of progress 1,000 children born seven years earlier in 1994-95.

5 phone survey calls were conducted from June 2020 to December 2021

Phone Surveys	Dates	Interviews Conducted
Round 1	Jun. – Jul. 2020	Total 2,471 young people (1,687 Younger Cohort respondents, aged 19, and 784 Older Cohort respondents, aged 25 years old)
Round 2	Aug. – Oct. 2020	total 2,439 young people (1,665 Younger Cohort respondents aged 19, and 774 Older Cohort respondents aged 25)
Round 3	Nov. - Dec. 2020	total 2,021 young people (1,384 Younger Cohort respondents aged 19, and 637 Older Cohort respondents aged 26) although respondents in the 4 Tigray sites were not reachable
Round 4		Keeping in touch and tracking the previous calls
Round 5	Oct. – Dec. 2021	Total 1,738 young people (1,169 from the Younger Cohort and 569 from the Older Cohort) in addition to the Tigray sites 2 sites in Amhara were unreachable

Findings

COVID vaccination and testing

➢ In October–December 2021, only 5 per cent of respondents believed that someone in their household had been infected since the virus outbreak in 2020, compared to 2 per cent in August–October 2020 (Call 2). Perceived levels of infection were considerably higher among urban respondents (9 per cent), compared to less than 1 per cent in rural areas. Differences in suspected infections between locations may have been a result of different levels of transmission, but may also reflect more limited access to testing in rural areas.

➢ Overall, only 73 per cent of young people said they would be able to get a COVID-19 test if needed, compared to 24 per cent who said they could not (3 per cent

were unsure). Those living in rural areas were significantly less likely to be able to get tested (only 63 per cent could get a test, compared to 88 per cent in urban areas). Wealth status also mattered in urban areas, where only 79 per cent of those in the poorest households (compared to 92 per cent of the wealthiest group) reported that they could get a test if needed.

➤ Vaccination rates were very low in October–December 2021 and distributed unequally. Fewer than 1 in 20 (3.4 per cent) had received a COVID-19 vaccine dose by the end of 2021, marginally above that reported in August 2021

Education

Results relating to the impact of the pandemic on education focused on the Younger Cohort (19–20 years old), of whom 86 per cent were enrolled in education at some point between January 2020 and October–December 2021. Despite efforts to reopen schools towards the end of 2020, the disruption caused by the continuing conflict, has made returning to school impossible for many young people. Even in affected areas where it may be safe to return, some school buildings have been destroyed or looted.

➤ Of those enrolled in education since the beginning of 2020, 13 per cent had left education by October– December 2021.

➤ Just under a third (30 per cent) of 19–20-year-old students reported that the quality of their education had declined since the start of the pandemic.

Employment

Employment rates were returning towards pre-pandemic levels by early 2021, only to fall again by October–December 2021. Among 26–27-year-olds (Older Cohort), rates of employment had broadly recovered by the end of 2020, following the lifting of economic restrictions, and continued to improve through the first part of 2021, with 58 per cent of these respondents in work by March 2021 (compared to 61 per cent before the pandemic). However, the worsening security situation in the latter part of 2021, combined with drought and high inflation, contributed to a subsequent fall, with only 54 per cent having worked for at least one hour in the week prior to the October–December interview.

Notably, the Young Lives sites in Amhara and Oromia (the Amhara sites being closest to the Tigray conflict) experienced the largest fall in employment between March and October–December 2021 (from 72 per cent to 65 per cent in Amhara, and from 70 per cent to 62 per cent in Oromia).

Employment losses during the initial period of economic restrictions in 2020 were more heavily weighted towards young women, although both men and women appeared to have largely recovered by March 2021.

Household wealth and food security

In October–December 2021, we asked the respondents to categorize the current wealth status of their household (as poor/destitute, struggling, comfortable, or rich/very rich). We compared these responses to those recorded in August–October 2020 (Call 2) and just before the pandemic (recalled during the Call 2 interview). The findings show how perceptions of household wealth have shifted over the course of 2020 and 2021.

- ➢ Overall, there has been a significant decline in perceived wealth, compared to before the COVID-19 outbreak.

- ➢ An overall increase (more than double) is seen in the number of respondents who considered themselves to be struggling.

- ➢ Of even greater concern, is a marked increase in the overall number of individuals who consider their households to be poor or destitute, particularly in urban areas.

Food insecurity had become more widespread since the end of 2020, with an increase in mild food insecurity but, encouragingly, a fall in severe food insecurity in all but the SNNP region. Much of this increase can be linked to the Young Lives sites in the SNNP region, where a staggering 75 per cent of respondents experienced mild food insecurity in 2021 (compared to only 38 per cent in 2020).

Mental health

Following a small increase in the prevalence of anxiety and depression during 2020, both conditions had shown a moderate decline by October–December 2021, though rates are still concerningly high among those that we spoke to.

While these findings suggest an overall improvement in mental health, it is likely that this does not reflect the experiences of all groups in Ethiopia (particularly those affected by conflict or food insecurity).

Policy Recommendations

➢ Adapt existing social protection programmes to be more 'shock-responsive', including using rapid data collection and digital technologies (e.g., contactless cash transfers) to ensure support is targeted to those who need it most, including 'newly poor' households.

➢ Protect households against adverse weather events through establishing climate risk monitoring and early warning systems, and implementing protection schemes such as climate risk insurance or anticipatory cash transfers.

➢ Provide long-term support to vulnerable households by strengthening existing social insurance or social protection programmes, or extending ambitions towards universal basic income policies or universal job guarantees.

➢ Support schools and universities to measure learning losses effectively, with adequate funding and resources for targeted ongoing catch-up programmes tailored to young people's actual learning needs and prioritizing improved quality of teaching.

➢ Support both young women and young men to continue their education at times of family crisis, including through approaches such as flexible class times.

➢ Target policies to address the digital divide, including internet/broadband access in rural areas and in poorer households.

➢ Ensure adequate funding is allocated to education, including higher education.

- Ensure active labor market policies consider a combination of measures, including matching jobseekers with vacancies and upgrading and adapting skills, alongside long-term job creation, notably by the private sector.

- Prioritize the reintegration of women into the labor force, through expanding policies in sectors that employ a high proportion of women and strengthening labor market programmes that explicitly target vulnerable women.

- Enable more flexible working arrangements, better access to paid family leave, and the provision of affordable and accessible childcare facilities to help young women avoid binary choices between paid employment and unpaid caring responsibilities.

- Significantly increase vaccine and testing supplies to low-income countries through multilateral efforts like COVAX, releasing surpluses from high-income countries, and improving underlying health infrastructures to enable the successful distribution of vaccines and related testing facilities.

- Prioritize and expand urgently needed mental health and psychosocial support for young people, fully accessible in both urban and rural areas, including investment in mental health professionals and social workers. Using new technologies can be a cost-effective way to expand access to mental health services where mobile phone penetration is high.

- Integrate mental health into existing services (e.g., primary health care and community-based services) and social protection programmes, and embeds mental health support into schools and universities, with regular training for teachers and other personnel to help identify at-risk students.

- Increase investment in awareness-raising campaigns and data collection to raise the visibility of mental health issues among young people and identify what works in the provision of services and addressing underlying causes.

Young Lives Under Pressure: Protecting and Promoting Young People's Mental Health at a Time of Global Crises

Kath Ford and Richard Freund

Young Lives[9]

Introduction

Young people around the world are experiencing increasing mental health issues at a critical period in their lives as they transition into adulthood, in a time of multiple global crises. The unprecedented combination of COVID-19, conflict and climate change is having a significant impact on young people's lives, particularly those living in low- and middle-income countries, with profound effects on their mental health and well-being. The World Health Organization estimates that rates of already common mental health conditions, such as anxiety and depression, increased by more than 25 per cent in the first year of the COVID-19 pandemic. The importance of mental health and well-being in shaping people's lives is reflected in the Sustainable Development Goals (SDGs), but set against a backdrop of incredibly low investment in mental health care around the world. UNICEF estimates that average government expenditure on mental health is barely two per cent of total health expenditure and even lower in the poorest countries, where there is also an acute shortage of trained psychiatrists specializing in children and young people's mental health.

Adolescence and early adulthood are critical periods for building resilience to mental health issues. Half of all mental health conditions are thought to develop during adolescence and up to three-quarters by early adulthood. Global crises are exacerbating many risks known to trigger the onset and persistence of mental health disorders, particularly rising levels of poverty and inequality.

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[9] Presented by Kath Ford (Senior Policy Advisor at Young Lives) on November 24, 2022. It was published on the Young Lives Ethiopia website on November 17, 2022. https://bit.ly/3CE3yR7.

Over the last two years, the Young Lives longitudinal study has been collating vital new evidence on mental health as it continues to follow the lives of young people from disadvantaged backgrounds in Ethiopia, India, Peru and Vietnam. Understanding which young people are most vulnerable to mental health conditions, and country-specific risk and protective factors, is crucial to inform effective policy interventions. This study summarises Young Lives new evidence and sets out key policy recommendations to better address the increasing crisis of mental health among young people.

Data

- Young Lives is a unique longitudinal study that has been following the lives of 12,000 young people in Ethiopia, India, Peru and Vietnam since 2001. The study is divided into two age groups: 4,000 young people born in 1994 (the Older Cohort) and 8,000 born in 2001 (the Younger Cohort).
- Five sets of in-person surveys were carried out from 2002-2016 and COVID-19 phone surveys in 2020/21.

Key Findings

- Young people's mental health worsened as the pandemic became more severe.
- Ongoing conflict in Ethiopia threatens young people's mental health.
- Persistent food insecurity among households has taken a heavy toll on young people's mental health across all four study countries, exacerbated by the pandemic, but also by protracted conflicts and severe drought in Ethiopia.
- Job losses are a major source of anxiety for young people, with those who lost their jobs among the most likely to report symptoms of anxiety in all four study countries.
- Young women's mental health has been disproportionately affected by interrupted education and increased domestic work.
- Strong parental relationships and friendships protected some young people from developing symptoms of anxiety and depression.
- Young Lives evidence underlines the urgent need for the global community to step up action to promote, protect and care for young people's mental health, particularly those from disadvantaged backgrounds.

Policy implications

➤ It is vital to prioritize and expand urgently needed community-based mental health services and psychosocial support for young people.

➤ Mental health support services need to be fully accessible, especially to young people from the poorest and most vulnerable households, in both urban and rural communities.

➤ Integrating mental health into existing services, such as primary health care, social services, and community-based services to train health professionals in basic counselling, could help to deliver vital new services in resource-constrained settings.

➤ New technologies could help provide a cost-effective way to expand access to mental health services, in areas where mobile phone coverage is high.

➤ In addition to emergency relief, urgent assistance is required to support those experiencing widespread psychological trauma in conflict-affected areas in Ethiopia; with virtually no mental health services currently able to respond, post-conflict reconstruction policies and processes should also prioritize mental health care and psychosocial support.

➤ Targeted social protection programmes, including emergency cash transfers, direct and/or subsidized food provisions, and providing seeds and fertilizers to vulnerable farmers, can be effective ways to boost food security in times of significant stress, indirectly supporting young people's mental health.

➤ Support for mental health as part of emergency schemes and social protection programmes could provide an effective way to target services to vulnerable young people in times of humanitarian and economic stress.

➤ Practical measures to relieve women's burdens of childcare responsibilities, such as childcare support, cash benefits for families, and the expansion of affordable and accessible crèches and preschools could contribute to better long-term mental health outcomes, particularly for adolescent girls and young women.

➤ Challenging discriminatory gender stereotypes, which are often reinforced in times of crises, should be prioritized through targeted initiatives to engage whole

communities: it is crucial to engage men and boys to challenge patriarchal norms and the discrimination faced by girls and young women.

➢ Schools and higher education institutions can play an important role in supporting young people's mental health, now that they have reopened following the easing of the pandemic. Investing in trained mental health counsellors at schools and colleges could significantly improve access to support for young people.

➢ Including mental health support in active labor market initiatives may help target support to vulnerable young people who are seeking employment.

➢ Introducing mental health training and counselling initiatives in the workplace may help young people when they re-enter the labor market and avoid adverse long-term impacts.

➢ Investing in programmes that prioritize early positive parenting and socialization may have a long-term benefit in protecting young people from mental health conditions later in life; this could include providing parents with information and guidance, as well as financial and psychosocial support.

➢ Promoting peer group support networks in schools and community groups, as well as youth clubs, could also contribute to better mental health outcomes for young people.

➢ A significant increase in the global investment in young people's mental health is critical to support developing countries to effectively respond to increasing needs and demand. This will require strong leadership and political will across the global community.

➢ Mainstreaming mental health objectives across government sector ministries including education, women and social affairs, alongside health, is particularly important to help to break down siloed working and deliver a more integrated response.

➢ Improved data collection and targeted research to identify young people's needs in the provision of mental health care is vital.

➢ Targeted awareness-raising campaigns to raise the visibility of mental health issues are also essential.

Effects of the Conflict on Adolescent Education and Mental Health: Preliminary Findings from Qualitative Research in South Gondar

Workneh Yadete

Gender and Adolescence: Global Evidence (GAGE)[10]

Introduction

Ethiopia has seen the largest number of conflict-induced displacements. Mental distress has been identified as a major public health concern among conflict-affected people, including students.

According to the World Health Organization data dating from 2019, in conflict zones "one in five people live with some form of mental disorder, ranging from mild depression or anxiety to psychosis." In addition, "nearly one in ten people live with a moderate or severe mental disorder."

The study analysed the effects of the conflict of the Ethiopian government and the TPLF on adolescent education and mental health focusing its research in South Gondar. The study used the qualitative research undertaken in December 2021 in South Gondar zone, in Ethiopia's Amhara region.

Conflict-related impacts on adolescent education

Impacts on adolescents' educational aspirations

Adolescents' educational aspirations have been negatively affected by the conflict.

Adolescents emphasised that with the uncertainty that the conflict has brought about they were less confident in the role that education could play in helping their future development, with many fearing a return of the TPLF.

Young people highlighted that their aspirations had shifted away from higher education towards defense-related goals.

Many young people highlighted that their educational aspirations had shifted as a result of the war and that they were now focused on how they could contribute to the defence of their community and state through joining the Amhara Special Forces, National Defence Forces, the militia or the Fano.

Impacts on adolescent school enrolment

Students were dropping out at the secondary school level due to conflict-related physical and economic insecurity

- Students who needed to travel to attend secondary school are dropping out as caregivers cannot afford transportation costs due to rising costs of living and transportation which have tripled.

- Mothers were concerned about adolescent girls' safety because of the insecurity are unwilling to allow their daughters to continue in school.

- Some households were unable to afford books and stationery required to attend school due to the rising inflation and poverty.

- Some students delayed enrolling in school due to being engaged in either seasonal agricultural work or domestic work till November 2021, which made them late to join the school year.

Adolescents, especially but not exclusively boys, were dropping out to join the army for both patriotic and economic reasons

- Many adolescents especially boys but also some girls were dropping out of school to join the army and notably the Amhara Special Forces to defend their region.

- Others were dropping out of school and joining the military as there is an opportunity to obtain a firearm on the battlefield since guns are seen as a valuable asset nowadays. Alternatively, in other cases, sons were pressured to join the conflict if their fathers had a privately owned gun which would be forced to be loaned to others which has a risk of loss.

- Some parents were afraid to send their sons to school fearing they would be forcefully recruited, and many young people secretly join forces without parental permission.

Impacts on adolescent school performance

Many students reported negative effects of the war on their ability to focus on their studies

- Boys in particular were losing focus on their studies due to the possibilities they might be called up to training for the armed forces.

- Students were very stressed and unable to concentrate on their studies since their fathers and relatives were participating in the war.

Education quality was also impacted by the absence of teachers due to joining the war effort

- In some communities, students complained about the declining quality of teaching as school principals and some regular teachers had left to join the war front.

- The dearth of school clubs' presence in this school year was also highlighted by students as an example of weakened learning opportunities.

Impacts on education budget

Teachers were burdened due to lack of new hiring and rising costs of living

- Budgets for schools were redirected to supporting costs of the war, resulting in over-burdening of teachers as there were limited teachers in remote rural kebeles.

- Some teachers had joined the army or were waiting to be called up.

- Teachers were asked to contribute one month's salary to support the military, but given the rapidly rising costs of living this created a challenge in their living conditions.

Limited access to teaching materials and books were also a casualty of limited education budgets stemming from the conflict situation

- There was less access to textbooks due to budget cuts – students reported they were sharing one textbook with ten students.
- The dearth of books and teaching materials was compounded by the destruction of school facilities and teaching aids during the war

Impacts on education infrastructure

Adolescents complained about the destruction of school buildings, equipment, books and exam records during the TPLF occupation

Conflict-related impacts on adolescent mental health and coping repertoires

Adolescents' conflict-related trauma

Adolescents reported intense fear for their safety and lives during the conflict

- Many people fled to other localities because of fear. Only the poor and the ones who didn't have family stayed in their locality.
- There was frustration and fear which also affected the education, and students were unable to follow and attend their classes.

Impacts on adolescents' anxiety and depression

Many adolescents underscored that their fears of the TPLF were exacerbated by reports of how occupied communities has suffered.

- Teachers were not discussing the conflict in school out of an effort to keep a sense of normality and minimise students' anxiety.

In addition to the threat of the TPLF invasion generalized insecurity was a key source of anxiety

- Boys explained high levels of anxiety due to the conflict and also rising insecurity and violence in the community.

- Interestingly girls in both Aquashmoch and Debre Tabor felt more secure and less anxious when the Special Forces were stationed in their community.

The focus on the war also diverted attention away from broader development challenges, which constituted an additional layer of stress

- Everyone talked about the war; no one talked about other issues like schooling, farming, trading or other development issues. Peoples' attention was completely changed to war and war-related matters.

Psychosocial challenges for Internally Displaced People (IDPs)

Overcrowded conditions, risks of sexual and gender-based violence compounded the psychosocial distress of IDPs, many of whom had witnessed killings and assaults

- The temporary shelters of IDPs were very small compared with the large number of IDPs, which exposed them to sexual harassment and/or sexual and gender-based violence (SGBV).

- The duration of the displacement was another challenge since it wasthe rainy season, which made IDPs' camp life very difficult.

Limited access to Psychosocial Support (PSS) support, even for IDPs in camps, and tense relationships with host communities due to insecurity, economic downturn and a clash of social norms

- Some IDPs were taking medication due to psychological problems - associated with war and displacement.

- Some victims with psychological problems were professionals. The community as well as professionals were impacted with psychological problems.

Implications for policy and practice

To tackle conflict-related impacts on adolescent education consider:

- ✓ Prioritising restoration of the national and regional education budget to rebuild educational infrastructure and equipment, and invest in additional teaching staff.

- ✓ Investing in psychological first aid training for teaching staff and counsellors to be able to support students affected directly and indirectly by the conflict to cope and to re-focus on their studies.

- ✓ Providing pathways for students who dropped out due to enlisting in the war effort or those who have been displaced as IDPs to return to school and to catch up on missed education.

- ✓ Investing in peacebuilding curricula in schools to encourage non-violent approaches to conflict resolution and to work towards restoring social cohesion across communities.

To support adolescent psychosocial wellbeing and mental health consider:

- ✓ Investing in psychosocial support through Health, Education and Welfare (HEW) and school systems for traumatised young people, with a particular focus on IDPs, survivors of sexual violence, adolescents with a disability, and those who have lost family members during the conflict.

- ✓ Providing a package of support for IDPs to be rehabilitated once they return to their communities of origin, including cash and food assistance, psychosocial support and access to livelihood opportunities.

- ✓ Ensuring funding is in place to strengthen referral pathways to specialist services for those in need.

- ✓ Working to revitalise local militia, police and justice systems to tackle broader community insecurity and violence, and reinstating tighter controls over ownership and use of firearms.

Strengthening the Evidence Base on Approaches to Tackle FGM and Child Marriage in Ethiopia's Pastoralist Communities in Afar and Somali Regions

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Gender and Adolescence: Global Evidence (GAGE)[11]

Introduction

Child marriage and female genital mutilation/cutting (FGM/C) have far-reaching consequences throughout the life course and across generations. As such, tackling these harmful practices has increasingly become a development priority. Ethiopia has made rapid progress in tackling child marriage and FGM/C over the past 20 years. Despite this, it is still one of the top five countries globally in terms of absolute numbers of girls who married as children. In addition, it is home to an estimated 25 million girls and women who have experienced FGM/C – the largest absolute number of any country in eastern and southern Africa.

Rates of child marriage and FGM/C vary widely across the country, with some regions showing significant reductions and others yet to experience progress. Afar and Somali regional states have the highest rates of FGM/C in Ethiopia (91% and 99% respectively of all women aged 15-49); Afar's median age of first marriage is lower than the national average (16.4 years compared to 17.5 years). In line with Ethiopia's National Costed Roadmap to End Child Marriage and FGM/C (2020–2024), as well as the country's commitment to achieving the SDG targets, this study aims to provide evidence on the

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current levels and drivers of FGM/C and child marriage in pastoral. It also sets out the implications of the findings for policy and programming, including the implementation of the National Costed Roadmap.

Methods

This is a longitudinal research evaluation that includes three rounds of data collection in 2022, 2024 and 2025. This study summarises findings from mixed-methods research carried out in early 2022.

The quantitative sample includes 2,042 households, split equally between Afar and Somali. In each region, data was collected in 9 kebeles (communities) where programming will be implemented, and 9 kebeles that will receive no programming. In each household (HH), a caregiver and an adolescent between the ages of 10 and 19 were surveyed. The qualitative sample includes a sub-sample of adolescents (n=295) and their caregivers (n=166) who participated in individual and group interviews, as well as key informant interviews (n=84) with regional and district-level government officials, clan and religious leaders, and service providers.

Key findings

Education

➢ Nearly one third of adolescents in the study had never been enrolled, while among those enrolled in school the large majority were over-age for grade.

➢ Girls' access to education was worse than boys' – especially in Somali – due to conservative gender norms, poor WASH facilities at school and limited safety en route to school.

Economic empowerment

➢ Women were less likely to see themselves as 'earners' than men – they also owned fewer productive assets.

- Somali women had more diverse livelihoods than Afar women.

- Women had more limited inputs into financial decision-making than men, especially from men's perspectives and especially in Afar.

- Somali women reported that they engaged in more independent financial decision-making than Afar women.

The patterning and drivers of FGM/C

- In Afar, girls are cut as infants. In Somali, they are cut in late childhood, sometimes with girls' input on timing.

- Mothers are the primary deciders concerning if and when girls will undergo FGM/C.

- A large majority of girls were cut by traditional cutters – but in Somali there is growing evidence of medicalisation.

- Across regions, study participants highlighted cultural identity as the primary driver of FGM/C.

- Somali study participants were more likely to report a religious mandate for FGM/C than Afar participants.

- Study participants were more likely to report that FGM/C has benefits – primarily controlling girls' sexuality and ensuring their marriageability - than risks.

- Support for FGM/C depended on awareness of risks, and beliefs about benefits and religious mandate.

- FGM/C is not a 'one off' event – it results in a lifetime of pain and trauma.

- Knowledge of the law criminalising FGM/C was low overall; caregivers in Somali had less accurate knowledge of the law than those in Afar. In Somali, raising legal awareness may reduce support for the practice.

- In Afar, but not Somali, educating girls may be a promising strategy to reduce support for FGM/C – but economically empowering women may increase support for the practice.

The patterning and drivers of child marriage

➢ Few girls in the sample were already married, because most were too young – but child marriage is seen as normal in both contexts.

➢ Arranged marriage is common in Afar; most girls do not want to marry when they do. By contrast, in Somali, most marriages are adolescent driven.

➢ Few adolescents were aware that there is a legal minimum age for marriage, but across regions, most adolescents reported that the ideal age of marriage is greater than 18.

➢ Girls were more likely to support child marriage than boys.

➢ Support for child marriage is shaped by community norms – where respondents believe it to be common, they are more likely to support it.

➢ Caregiver literacy reduced support for child marriage.

➢ There are intergenerational synergies – adults' and adolescents' beliefs about child marriage reinforce one another.

➢ Access to education reduced support for child marriage in Afar but not in Somali.

➢ In Somali, better off households were less likely to support child marriage – the reverse is true in Afar.

➢ In Somali, higher adolescent self-efficacy reduced support for child marriage.

Policy and programming implications

➢ Raise awareness of the law and penalise those who violate it.

➢ Work with girls and women, in regionally tailored ways, to shift the gender norms and practices that limit their lives.

➢ Work with boys and men to raise awareness of gender norms and to encourage the adoption of alternative masculinities.

- Work with clan and traditional leaders to raise awareness among communities to shift the practices and gender norms that disadvantage girls and women.

- Make sure that all girls have access to education, at least until the end of intermediate school, but ideally through to completion of secondary school.

- Use social protection to incentivise uptake of education – and to delay marriage.

- Work with heath care providers to prevent medicalization.

- Ensure that the medicalization of FGM/C does not progress.

- Work with women and girls to improve their livelihood options.

- Work through regional government leaders in Afar and Somali to promote social and legal change for girls and women.

- Engage religious leaders to help eradicate FGM/C and child marriage and to shift the gender norms that lead to SGBV.

- Encourage non-governmental organisations (NGOs) to work with adults and adolescents to shift the gender norms and practices that limit girls' and women's lives.

- Scale up investment in efforts to eradicate both practices, informed by robust longitudinal evaluations.

Aptitude Test Tools Administration Guide for Vocational Training in Selected Sectors

Zerihun Hailemariam and Solomon Debebe

Plan International[12]

Introduction

The study serves as a guideline to run the overall assessment process. Essentials of test administration, scoring and interpretation of the result were addressed accordingly. Human capability building on the areas is the core element to bring efficient assessment process. The study also attempts to design aptitude test tools for the chosen sectors (clothing and garment, hotel service, hotel kitchen operation, metal and furniture making) for entry level vocational trainees to identify the potential interest and competence areas of the youth to make a right placement and career choice.

Preparation

- ✓ Decide the number of students that take the test,
- ✓ Organize assessment team;
- ✓ include diverse expertise and experiences to handle the assessment.
- ✓ Ensure necessary skills of testing and analysis software are built.
- ✓ Allocate resources that allow smooth assessment, such as stationary materials (paper, pencils, sharpeners, and erasers), soap for hand washing and hand sanitizer to protect against the COVID-19 pandemic.
- ✓ Decide the date and time,
- ✓ Prepare suitable classrooms for a test, for example well ventilated, light, spacing
- ✓ Room layout- ensures seating arrangement with two meters of distance within the classroom to protect against the COVID-19 pandemic and to facilitate the engagement of each student to his/her test. Test implementation

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[12] Presented by Zerihun Hailemariam (Project Manager at Plan International) on October 27, 2022.

- ✓ Notice that this aptitude test is given for those interested in joining vocational courses in garment, hotel service, kitchen service, woodwork and metalwork.
- ✓ Make candidates aware of the purpose and request a genuine response.
- ✓ Maintain discipline, set a place and time to run the test (75* 0.8 minutes = 60 minutes).
- ✓ Allow professionals to lead the test administration with close supervision.
- ✓ Get a secure and organized data management system.

Decision system

- ✓ Decide how many students are going to join each course.
- ✓ Decide how the total score is shared among aptitude tests, interviews and observation. E.g., 70% aptitude test, 20 interviews and 10% observation.
- ✓ Decide on the selection approach; either norm-referenced or criterion-referenced. In the norm-referenced approach, the cut-off point is set based on the actual performance of the group who took the test at a time.
- ✓ So, it depends on the status of the population who received the test to decide on the cut-point. Whereas the criterion-referenced implies setting the cut-off point prior to the test so as to determine selection. This approach assumes using a larger sample in order to establish criterion values.
- ✓ It is suggested in this case to use norm-referenced which allows flexibility to determine cut-off point. Scoring and interpretation of scores
- ✓ Identify inversely coded items. For example, Inverted Items in this questionnaire are No 2, 5, 16, 18, 20, 31, 33, 34, 46, 47& 62
- ✓ Make sure all data is entered properly in such a way that all items on personality have a score from 0 to 5. Regarding interest and ability scores, 5 points for a correct response and 0 for an incorrect one is appropriate.
- ✓ Use Statistical Package for the Social Sciences (SPSS) or other analysis software to get meaningful information.
- ✓ Compute descriptive statistics
- ✓ Change raw scores into standard scores and percentiles: Check how many standard deviations the score lies above or below the average

- ✓ Identify each candidate's total Z-score for each course.
- ✓ Select the course in which the candidate performed best 1 and 2 so that it would be where the individual has an area of potential. Further, an interview session will help to confirm this finding.

Ethical Issues

- ✓ Respect gender and religious practices,
- ✓ Respect and be a model to keep time,
- ✓ Be organized,
- ✓ Be a good classroom manager,
- ✓ Be friendly with other examiners and test takers,
- ✓ Standardization – all applicants receive the same treatment, same tests, standards are unitarily applied, rules are standard
- ✓ Professionalism: allow only teams with expertise in diverse specializations to handle the assessment
- ✓ Protect the secrecy of tests, exercises, methods, systems, and results
- ✓ A candidate has to agree to be tested.
- ✓ High level of privacy towards applicants – the secrecy of private information obtained in screening "need-to-know basis" only.
- ✓ Candidate's right to receive the result of his assessment

Recommendations

- ➢ It is good to recommend for policy makers and program implementers to use this approach at a national level. However, this aptitude test tool was prepared based on assessment result at Addis Ababa only so, to be used as a national tool it needs further additional representative regional assessment.
- ➢ This aptitude test tool is prepared for selected sectors therefore, might not be useful for other sectors, however it can be used as a reference.
- ➢ This aptitude test tool needs revision periodically in different circumstances.
- ➢ If it is needed to be used for other sector, it needs conducting need assessment accordingly

About the Children, Youth and Women Research and Practice Forum (CYW-RPF)

The need for a link between research, policy and practice on issues of children, youth and women in Ethiopia resulted in the establishment of a Forum through which practitioners, policy makers and researchers discuss research findings.

The idea was proposed during a workshop in December 2010 for a study on orphans and vulnerable children undertaken by Young Lives. Participants felt that research on children's lives was not made publicly available. The idea was developed through consultations with Young Lives' partners, leading to the establishment of the Forum.

The overall goal of the Children, Youth and Women Research and Practice Forum is to create a stronger connection between research, policy and programmes related to children, youth and women in Ethiopia by presenting and discussing evidence based research.

The CYW-RPF seminars have taken place over the past twelve years at the Ministry of Women Children and Youth and since 2022 at the Ministry of Women and Social Affairs. The monthly seminar is open to policy makers, researchers, NGOs and interested individuals both as presenters and as participants. The Forum has a mailing list of over 1000 individuals and institutions and produces newsletters and annual presentation summaries.

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Ministry of Women and Social Affairs

UKaid
from the British people

Young Lives

unicef