



CYW-RPF

**Children, Youth and Women
Research and Practice Forum**

**CYW-RPF
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Newsletter
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Editor's Note

Dear readers,

We are pleased to welcome you to the March 2024 CYW-RPF quarterly newsletter. This edition presents two summaries of research presented at the monthly CYW-RPF seminars. These are from papers on 1) Women and the Care Economy in Ethiopia: Challenges, opportunities, lessons, and policy implications, conducted by UN Women, and 2) Experiences of young people with disabilities in urban Ethiopia: implications for sexual and reproductive health programming, done by GAGE.

It also addresses the news story, the *Skills for Young Lives Podcast* which takes up a deep dive into the topic of children's skills in the Global South.

We look forward to your comments, suggestions and contributions. For more information, please contact us via crpf.ethiopia@gmail.com or 011 1 540121



Skills for Young Lives Podcast

Young Lives Director Cath Porter unpacks the latest research on how girls and boys develop skills throughout childhood and adolescence; how poverty, gender and global crises shape their experiences; and in what ways policies can empower equitable futures. In a series of absorbing conversations with academic, policy and programme experts, the *Skills for Young Lives Podcast* takes a deep dive into the topic of children's skills in the Global South.

The first episode focuses on socio-emotional skills, in particular how they are valued in the global south. The second one discusses why more girls in India drop out of higher education, despite having similar skills to boys. Episode three explains Young Lives' latest longitudinal analysis that shows that poverty and exposure to early climate shocks impact skills in later childhood but these effects are not inevitable. It also demonstrates how support from social protection and school feeding programmes can make a real difference.

The *Skills for Young Lives Podcast* is available to listen to on the Oxford University Podcast platform. <https://bit.ly/496QDW1>



Research Summaries from CYW-RPF presentations

Women and the Care Economy in Ethiopia: Challenges, opportunities, lessons, and policy implications

Ziade Hailu (PhD)

Introduction

Across the world, care work is overwhelmingly the preserve of women, and this unequal responsibility often restricts women's time and opportunities for education, employment, politics and leisure.

Ethiopia is no exception, with unpaid care and domestic work (UCDW) mostly performed by women and girls, which affects their participation in education, in decent paid work, health, and agriculture productivity. Also, as a result of their unequal responsibility for unpaid care work, women are more likely to work in the informal sector, which can grant a degree of flexibility in balancing paid and unpaid responsibilities, but is often characterized by low pay, poor working conditions and insecurity.

Research shows the gendered differences in unpaid care work. For instance, the Ethiopia Time Use Survey (TUS) (2013) reveals that an overwhelming majority (93 per cent) of women compared to a little of half of the men (56 per cent) were engaged in unpaid domestic work during 2013 and that women spend nearly twice as much time (49 per cent) as men (25 per cent) collecting fuel wood. On average, women spend 6.45 hours each day on care as a primary activity, compared to 0.29 hours for men. Women also spend more time than men on care as a secondary activity (undertaken alongside another activity). The total number of hours that women spend on care as a primary or secondary activity is significantly higher than for men (9.03 hours vs 0.72 hours).

However, women are not restricted to unpaid care work alone. They are also employed in paid care work in care and non-care sectors. The undervalued and gendered nature of the care chain extends to paid care work, where the majority of the work is provided by women around the world, who encounter workplace gender-specific barriers that reduce their earnings and well-being. Among the paid care sectors, education and health care are prominent. The education sector (e.g. Early Child Care and Education (ECCE) programme) in Ethiopia already employs many women in paid care work. Also, women comprise most of the health workforce. These sectors have great potential for female employment, and investment in paid care work

makes good business sense. Globally, women constitute around 70 per cent of the health and social care workforce and earn 24 per cent less than men.

While initiatives to promote care work and increase investments in the care economy have expanded in Ethiopia, there remains a lack of understanding of the full spectrum of issues about paid and unpaid care work. This study aims to address this lack of understanding and contributes to the documentation of good practices, opportunities, challenges and lessons learned from initiatives that provide care services in Ethiopia's formal and informal sectors. It offers policy-makers and development practitioners knowledge and evidence that could be replicated and scaled up elsewhere. Insights may also serve as policy options for dialogue on the care economy.

Methodology

The present document is informed by a synthesis of an extensive literature review, interviews, case studies and observation. In-depth interviews were conducted with representatives from institutional daycare centres, community-run Early Child Development (ECD) centres, school feeding programme centres, organizations that run male engagement programmes, trade unions and so on.



Constraints and challenges to transforming the care economy

The constraints and challenges the care economy faces to transform.

- 1. Recognize:** Unpaid care work is a substantial contributor to the economy and growth, but it is rarely acknowledged as such. There is limited interest and awareness about considering the contribution of UCDW to the macro economy by policy-makers.
- 2. Reduce:** The sheer volume and intensity of care work can be overwhelming, leading to physical and mental exhaustion for caregivers.
- 3. Redistribute:** The unequal distribution of care responsibilities poses a significant constraint. Due to deep-rooted gender norms and societal expectations, women are disproportionately burdened with unpaid care work, limiting their opportunities for education, employment and economic empowerment.
- 4. Reward:** The lack of financial compensation or social recognition for unpaid care work further perpetuates its devaluation.
- 5. Representation of care workers:** While there is promising advocacy work by the Confederation of Ethiopian Trade Unions (CETU), Ethiopian Teachers Association (ETA) and other civil society organizations, the voices and perspectives of caregivers, especially women, are often excluded from decision-making processes in the country.

Lessons learned

Lessons emerged from the consultation with policy-makers and caregivers

- Generating evidence is the first step to value care work.
- Investment in time- and labour-saving equipment and infrastructure reduces time spent on care work.
- Promoting social protection policies.
- Access to childcare services is linked with women's economic participation.
- Entrenched social norms and gender stereotypes can be reduced through continuous male engagement initiatives.
- Scaling up good practices and promoting the care economy requires collaboration and coordination between government, civil society organizations, communities and international partners.

Opportunities and the way forward

Raising awareness and acknowledging the value of unpaid care work is crucial. The activities being conducted by several civil society organizations and trade unions have laid bases for future work. In addition, the government's statistical

service has emphasized the need to collect more evidence on unpaid care work. A progressive policy and legal environment that sets an enabling environment to push for promoting recognition of the care economy indicates commitment by the government to address the challenges of care work. Interventions by human rights organizations who demand budgets and favourable policies for care work are some of the opportunities for policy uptake. However, there is a need to push for more recognition of UCDW by generating reliable time use surveys and developing stand-alone household satellite accounts.



In addition, there are several strategies that can be useful to decrease the amount of time and effort required for unpaid care work, which can provide opportunities for women to engage in other productive activities. Government entities such as the Ministry of Innovation and Technology and Ministry of Water and Energy are investing in infrastructure. More and more women are accessing electricity and time- and labour-saving technologies. Improved access to labour-saving devices and technologies can help automate or simplify care tasks, freeing up time for other activities. Improved access to water, sanitation and electricity can reduce the time spent on domestic chores, particularly for women and girls. But there is a need to create access to financial services for business entities that are attempting to bring their final product to the market and commercialize technologies at scale.

Similarly, social protection measures that support women and men with substantial UCDW responsibilities are in place in some cities. For example, the school feeding programme in the capital city is believed to have contributed to freeing time for many women to engage

in productive work. In addition, access to community-run day care centres and institutional daycare are revolutionizing the prospects for working women. However, in the case of institutional child care at government offices, there is a need for vertical integration, as public transport services are not responsive to mothers with children. Also, coverage needs to be expanded and sustainability sources identified. Furthermore, policy and programmatic initiatives are in place to share the responsibility of unpaid care work more equitably. This includes the civil service and employee leave policies that support paid family leave, and affordable child care facilities that can help redistribute care responsibilities between family members.

However, there is significant concern over policies that promote extremely long maternity leave for women and very short paternity leave for men. In general, these policies can be considered “care responsive”, as they support children’s rights to receive good-quality care and for a person to provide that care, but they are not “gender responsive” in that they reinforce gendered norms about the responsibility for care. There is a need to advocate for policies that are both care responsive and gender responsive. Also, there is a need for campaigns that promote the value of spending time with young children and that support male managers to be role models in taking parental leave provisions.

Research Summaries from CYW-RPF presentations

Experiences of young people with disabilities in urban Ethiopia: implications for sexual and reproductive health programming

Workneh Yadete

Introduction

To support uptake of the 2020 International technical and programmatic guidance on out-of-school comprehensive sexuality education (CSE), a multi-phased initiative titled “Reaching those most left behind through CSE for out-of-school young people” is currently being implemented in 12 countries, including Ethiopia. Through this initiative, the International technical and programmatic guidance on out-of-school CSE is adapted to the specific context, needs, and life experiences of selected groups of out-of-school young people, and then implemented with support from UNFPA.

The intervention in Ethiopia is part of a multi-country initiative to expand out-of-school sexual and reproductive health (SRH) and life skills education. In Ethiopia, the selected groups of young people were young people with disabilities and young women involved in commercial sex work (CSW). Both these groups of young people are at high risk of being out of formal education and therefore less likely to be exposed to education about SRH and life skills. They are also vulnerable to sexual exploitation and abuse and face barriers to accessing SRH services, exacerbating their risk of poor SRH and well-being outcomes.

This study focuses on findings from implementation research. The long-term aim of the implementation research is to improve

the knowledge base on how to design and deliver sexual and reproductive health and life skills education programming in out-of-school contexts. Facilitators are at the heart of effective sexual and reproductive health and life skills education programming. Still, evidence shows that they require support and training to develop the necessary competencies and attitudes. The objectives of the implementation research were therefore to assess the appropriateness, feasibility, acceptability, and effectiveness of the activities that were undertaken to prepare and support facilitators to deliver the curriculum to the focal groups of young people.



Methodology

Data was collected in all project implementation sites (Hawassa, Bahir Dar and Addis Ababa) in July-August 2022 using mixed qualitative and quantitative research tools.

Findings

1. Experiences of young people with disabilities

- **Mistreatment within the family**
 - ✓ Due to a widespread lack of awareness about disabilities and their causes, participants highlighted that their families often seek to hide their existence due to the stigma surrounding disability and do not encourage them to have aspirations.
 - ✓ Some young people noted that they are excluded from information, and that in the case of young people with hearing disabilities are not encouraged to communicate and interact.
- **Exclusion by community and peers**
 - ✓ Study participants emphasised that due to fear regarding disability, they were not included by community members, and in some cases actively shunned.
 - ✓ Study participants underscored that opportunities for interacting with peer networks were very limited.
- **Discriminatory treatment by service providers**
 - ✓ Research participants described experiencing discriminatory treatment from healthcare providers who held stigmatising beliefs about the sexuality and relationships of people with disabilities.
- **Lack of adaption for people with disabilities**
 - ✓ Some research participants described being unable to access equitable sexual and reproductive health services.
- **Poor level of knowledge about sexual and reproductive health and rights**
 - ✓ As a result of being unable to access sexual and reproductive health information or services, young people with disabilities reported that before the intervention they had very low levels of knowledge about how to protect themselves against sexually transmitted infections and HIV.

2. Impact of SRH and life skills training

- **Improved knowledge and attitudes about sexual and reproductive health and rights**
 - ✓ Young people with disabilities found the sessions interesting and useful. They

described the information that was shared in the training as being relevant to their lives. Even those who had a higher level of knowledge at the start of the sessions felt that they were able to learn something new.

- ✓ As a result of the training, young people with disabilities reported increased confidence in being able to advocate for themselves and their sexual and reproductive health, rights and wellbeing.



Improved knowledge of how to access sexual and reproductive health services

Young people also described having a better understanding of how to access relevant services, particularly those related to testing for HIV and STIs (Sexually transmitted infections). This included how to prevent them and where they could go to get appropriate support and treatment from providers with an awareness of disability issues.

Improved self-esteem and aspirations

- ✓ The training on life skills was a critical component of the intervention for both facilitators and young participants. Facilitators described developing their skills in communication as a result of the training.
- ✓ Some young people with disabilities described changes in their attitude towards them, and particularly their self-esteem having been lifted by the information shared in the training as to their options for the future and how to take control over their lives.

● **Interactive sessions led by peer facilitators were key to encouraging participation**

- ✓ Facilitators sought to ensure that the sessions were interactive in ways that were enjoyable and created a supportive environment in which young people felt safe to ask questions and discuss topics. As a result, young people felt able to ask questions and reported learning from the training.
- ✓ Many of the facilitators were themselves young people with disabilities and were extremely motivated to help young people with disabilities to claim their rights and improve their knowledge.

Recommendations

- ▶ Scale up awareness-raising programmes for adolescents with disabilities who are out of school on sexual and reproductive health issues, working closely with disability rights organisations who have the requisite expertise to ensure inclusive and tailored approaches.
- ▶ Provide intensive training and refresher training for facilitators as a key step to improve life skills-based SRH training. Invest in supportive supervision to improve training quality and impact.
- ▶ Invest in project planning, monitoring and evaluation to strengthen intervention effectiveness and lesson learning. This should include the timely release of project funding to support well planned and sequenced programme implementation.
- ▶ Tailor training materials to address the specific needs of young people with diverse disabilities and support the training of trainers with these disability types including sign language translators to ensure inclusivity within the project.
- ▶ Promote access to inclusive and free health services for young people with all kinds of disabilities through in-person outreach, media and social media campaigns and referrals by other service providers and community leaders.
- ▶ Extend SRH and life skills training to include family and community members. The family members and community as a whole need to be aware of disability issues and the needs of youth with disabilities,; otherwise it is difficult to reduce the stigma and discrimination attached to it.
- ▶ Provide service providers with training and awareness-raising around disability rights, specifically concerning sexual and reproductive health issues, especially those who work in health, education and social

- services as well as in the justice sector.
- ▶ Strengthen referral systems for young people with disabilities, including through one-stop centres for youth with disabilities who experience sexual- and gender-based violence.
- ▶ Increase access to sources of financial support such as Productive Safety Net Programs (PSNP) to cover the additional costs that young people with disabilities may require to access sexual and reproductive health information and services.



Interested to Know about CYW-RPF?

The Child Research and Practice Forum (CRPF) was recently renamed Children, Youth and Women Research and Practice Forum (CYW-RPF) in order to expand the mandate of the Forum at the request of stakeholders and after holding a survey poll of the mailing list members.

CRPF was established in 2010 to promote work on child research, policy and practice. CWY-RPF makes use of monthly seminars, quarterly newsletters and annual publications as a means to achieve its objectives. The publications are also available on the Young Lives Ethiopia website (<https://www.younglives-ethiopia.org/>). CYW-RPF is organized by Young Lives with the Ministry of Women and Social Affairs and UNICEF.

If you want to know more, please contact us via crpf.ethiopia@gmail.com