

Gender Equality Among Adolescents in Ethiopia

November, 2019





ADOLESCENT DEMOGRAPHICS

One quarter (23%) of Ethiopia's population are adolescents aged 10-19 years old¹, the majority of whom (81%) live in rural areas². Reports estimate that Ethiopia will reach its window of opportunity for the demographic dividend around 2040³. Given the large percent of the current youth population, and the prevalence of gender inequalities, it is essential to understand what the inequalities are and strategies to address them.

It is also critical to recognize the progress and momentum that has been achieved by Ethiopian society to effect positive change toward greater gender equality. Chiefly, the appointment of the first female president⁴ and reaching a Cabinet composition of 50% women⁵ in 2018, make the goal of gender equality realistic and attainable in the future as the large cohort of current adolescents grow older. Also, it is worth drawing attention to the recent announcement that Prime Minister Abiy Ahmed Ali was named the recipient of the 2019 Nobel Peace Prize which in the announcement recognized his role in expanding the "...influence of women in Ethiopian political and community life."

MEASURING GENDER EQUALITY IN EDUCATION

- ▶ The enrollment rate at primary school has reached near parity between boys and girls; however, after primary school there is a steep decline for girls^{3,6}. Specifically, in secondary school the gender parity index falls to 0.80; and at the university level it declines by half again to 0.43 indicating that boys are more than twice as likely than girls to have a university education³.
 - While enrollment rates decline for both boys and girls in later adolescence, the steepest drop-off occurs for rural girls around ages 15-16⁶.
- ▶ The educational experiences of adolescents vary greatly by location. Among those aged 10 to 14 years, 91% of urban boys and 93% of urban girls are attending school compared to the 77% of rural boys and 78% of rural girls in the same age group⁶.
- ▶ The stark gender imbalance as adolescents approach higher education is especially accentuated in the fields of science and technology where boys outnumber girls 3 to 17. Lack of female role models and a male-dominated environment that may be hostile to females undoubtedly contributes to girls' low participation in these fields⁷.
- ▶ The Ethiopian educational system encourages women to enter tertiary education by making the minimum entrance grade lower for women than men. Nonetheless, the tertiary student population continues to be dominated by mostly affluent males from urban areas^{8,9}.
- ▶ The reasons behind the steep declines in girls' attendance in secondary school and extremely low enrollment in tertiary school are grounded in gender norms. Many girls, particularly those living in rural areas, are married during adolescence and/or face significant domestic work burdens that constrain time and energy that would otherwise be devoted to school and homework. Others do not attend because families do not see the value in educating girls or due to distance, personal security and poverty¹⁰.
- ▶ One study uncovered a notably gender-distinct pattern in school enrollment whereby girls aged 7-14 had a higher degree of path dependency than boys. Greater path dependence implies that if a child is withdrawn from school in the previous period, they are less likely to be enrolled in the current period. Investigators posit that the pattern may reflect the possibility that girls are withdrawn from school due to permanent changes in life such as marriage whereas boys may be withdrawn following an economic shock experienced by the household, but subsequently return to school¹¹.

The reasons behind the steep declines in girls' attendance in secondary school and extremely low enrollment in tertiary school are grounded in gender norms.

SEXUAL AND REPRODUCTIVE HEALTH ACCESS/EQUALITY

“One of the reasons that girls flood to the city is because of early marriage. In rural parts of Ethiopia, they marry girls off while they are still children. Girls hate it. In addition, there are a lot of people who live in poverty.... The girls are trying to help their families by migrating. It is because of these two reasons that the girls come.”

- Unlicensed broker in Metema, age 32, 9 years of education¹⁸.

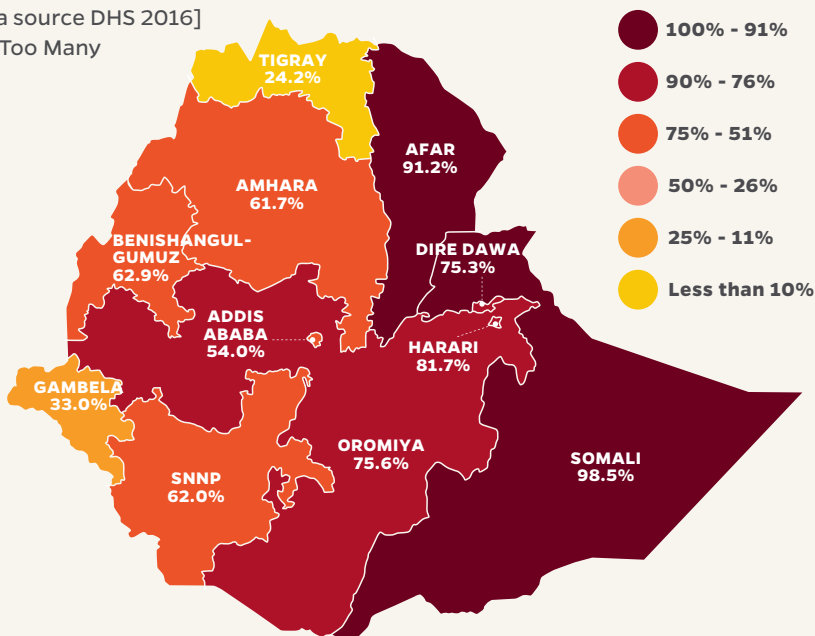
- ▶ Ethiopia has a reported 79 births for every 1,000 young women aged 15-19¹⁹.
 - The use of contraception among adolescent girls is rare — only one-in-three married girls age 15-19 use any contraception¹⁴.
 - The use of any contraception rises to 59% among unmarried sexually active girls aged 15-19; however, these data are based on small sample sizes¹⁴.
 - The median age at first sex (18.6 years among women ages 20-24) is nearly five months younger than the median age at first marriage for girls (19 years among women ages 20-24)¹⁴.
 - While 10% of girls are married by 15, 24% have experienced their first sexual intercourse by that age. Sixty-two percent experience it before age 18 and 76% by age 20¹⁴.
 - Over the years between 2000 and 2016 the proportion having first sex before age 18 decreased by 7% reflecting the rising age of marriage¹⁴.
 - In a study of out-of-school urban girls aged 10-19 one-in-four reported that they were sexually experienced. Among these girls, nearly one-third described their first sexual experience as coerced or forced²⁰.
 - With a later age of marriage for men, sexual debut is later as well. Specifically, only 2% report sexual debut before the age of 15 years; 17% by age 18 and 36% by age 20¹⁴.
 - The median age for men initiating sexual intercourse is 21.2 years roughly 2.5 years before their median age of marriage¹⁴.
- ▶ With the median age for girls at first birth at 19.2 years, half of Ethiopian girls give birth by age 20¹⁴.
 - Again, we see small improvements between 2000 and 2016; 16% of girls age 15-19 were either pregnant or had delivered their first child compared in 2000 compared with 13% sixteen years later¹⁴.
 - Girls living in rural areas were more than twice as likely to have their first birth by age 18 years (28%) when compared with their urban counterparts (11%)¹⁴. Specifically, we see that those with a secondary education begin childbearing about 6 years later than women with no education (24.5 years old vs. 18.6 years)¹⁴.
- ▶ Adolescent girls in particular receive limited information/advice about puberty, menstruation and menstrual hygiene. In general, menstruation remains stigmatized and puberty remains a marker of marriageability¹². The onset of puberty poses a risk to a girls' school attendance given that a reported 15% of girls and young women have missed school because of menstruation⁶.

“Common practices that inhibit adolescent girls’ equal development and access to gender justice include: early marriage and early pregnancy; unequal distribution of domestic responsibilities; limited mobility; limited decision-making power over social relationships; socially accepted notions of masculinity regarding violence – at home, in the community and at school; limited control over sexuality and fertility decisions (including, in many communities, vulnerability to FGM/C); limited authority in the family; and inequitable care practices at home.”²¹

- ▶ Amidst high rates of adolescent/youth pregnancy, many young women aged 15-24 face problems relating to unintended pregnancy — resulting from pre-marital sex which is either voluntary or forced — and clandestine abortion. After adjusting for levels of sexual activity, adolescents have the highest rate of abortion among all age groups (19.6 per 1,000 women) as well as the highest proportion of legal abortions compared to other age groups²². The higher abortion and pregnancy rates among sexually active adolescents suggests barriers to contraceptive access.
- ▶ In terms of disease transmission, 0.2% of young people aged 15-24 are HIV-positive. In this age group, HIV prevalence is three times higher for girls than boys (0.3% versus 0.1% respectively)²³. Some of the reasons for this disparity are low knowledge levels related to HIV/AIDS, power imbalances in sexual relationships, sexual violence and sex work or commercial sexual exploitation¹⁰.

PREVALENCE OF FGM IN ETHIOPIA BY REGION ²⁵

[Data source DHS 2016]
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FEMALE GENITAL CUTTING (FGM/C)

- ▶ At 23.8 million, Ethiopia is second only to Egypt with highest number of girls and women who have undergone FGM/C²⁴. Among girls aged 15-19 approximately 47% have undergone FGM/C, which tends to be performed on girls under the age of 5¹⁴. Among the younger group of girls up to age 14, approximately 16% have undergone FGM/C¹⁴. Overall, 28% of girls experience FGM/C between the ages of 10-14¹⁴.
- ▶ The practice has been outlawed since 2004, with a reported 24% decline between 2005 and 2016 among girls 15-19. It remains unclear whether this decline is real or underreported given that FGM/C is now illegal¹⁴.
- ▶ While some reports suggest that strong legal enforcement is gradually succeeding in shifting values/attitudes, others think that enforcement is still weak and that there remains limited widespread knowledge of the new legislation on FGM/C.

• These discrepancies may be due to the regional variations in the prevalence and trends of FGM/C²⁵.

VIOLENCE²⁶

- ▶ Recent findings from GAGE surveys report that 68% of young adolescents (10-12 years old) experience or witness violence in the home.
 - When girls are punished by parents, it tends to be for violating gender norms and/or not living up to local standards of femininity, such as making mistakes with chores (in light of the norm that learning how to run a household is a central task for girls).
 - Despite fear of parental retribution, most adolescents feel that corporal punishment is a normal part of life.
 - Violence from older siblings tends to mirror parental violence.
- ▶ In schools, 78% of boys report having experienced corporal punishment compared to 66% of girls. However, both boys and girls agree that when girls are punished, it is more likely to be for things beyond their control such as making mistakes in the classroom or arriving late due to household duties.
 - Parents generally sanction the punishments teachers give in school.
 - A significant number of adolescents know someone who had left school due to violence. Meanwhile, most agree that corporal punishment is necessary to maintain discipline in overcrowded classrooms.

“I am powerful in the neighbourhood. When boys try to create problem to me, I beat them. I am aggressive and I can beat everyone who has tried to create problems with me.”

(An 11-year-old boy in Dire Dawa, Ethiopia)²⁷

“I need to be a boy. Boys are brave. I will be very happy if I get the chance of being a boy. It is because boys can fight with others using their gille [knife] and win.”

(A young adolescent girl, Community B, Zone 5, Afar, Ethiopia)²⁷

“Sometimes the boys try to make sexual relationship by force and beat the girl when she is refusing his request.”

(A young adolescent girl, Community A, Zone 5, Afar, Ethiopia)²⁷

- ▶ Outside of school, peer violence is not uncommon. Nearly half (46%) of younger adolescents have experienced peer violence in the last year, and boys are more likely to have been bullied than girls (52% versus 39%).
 - Peer-to-peer violence is most often perpetrated by and aimed towards boys, reinforcing the links between violence and masculinity/strength in Ethiopian society.
- ▶ Some 4% of girls age 15-19 report having experienced sexual violence. Girls who experience sexual violence have limited recourse, and often fear telling their families out of concerns about being blamed for the violence or retaliation from perpetrators or family members.
 - When raped, some girls are forced to marry their rapist, which may occur when they rebuff a marriage proposal.
- ▶ In a study of 764 secondary school girls in Eastern Ethiopia, 68% had experienced at least one instance of sexual violence victimization. By type of perpetration 52% had been victimized by least one instance of sexual offense, 56% by sexual assault, 25% by sexual coercion and 15% by sexual aggression²⁷.
- ▶ In a study of 10,080 adolescents and young people in seven regions of Ethiopia, 33% of sexually experienced females reported that their first sex was coerced or forced, including due to use of threats, violence, being given money or gifts or the partner not taking ‘no’ for an answer. In the same survey 14% of sexually experienced boys reported coercive circumstances at first sex⁴⁶.
 - High levels of sexual violence undoubtedly contributes to girls’ school drop-out and discontinuation.

²⁷ Sexual offenses include: Received unwanted sexual comments from a male school friend, encountered unwanted sexual jokes from a male school friend, had an unwanted and persistent sexual discussion from a male school friend, listened to pornographic film sexual acts narration urged by a male school friend, watched pornographic films pressured by a male school friend, drunk alcohol pressured by a male school friend and/or verbally threatened to have sex (but sex did not occur) by a male school friend²⁷.

TRANSITIONING TO WORK: ADOLESCENCE INTO ADULTHOOD

- ▶ Child labor remains common with approximately 55% of children aged 12-14 engaged in work activities²⁴.
- ▶ In a recent study of adolescents and youth in seven regions, domestic work was the most common paid work among urban females (37%), followed by petty trade (15%). Among urban males, the most common paid work was construction/daily labor (22%), followed by petty trade (20%)⁴⁶.
- ▶ Evidence from the Young Lives Study suggests that, at puberty, girls are increasingly trained to undertake domestic chores while boys are encouraged to take part in work that is more likely to lead to employment²⁸.
- ▶ Amongst girls who do work, they tend to be confined to the informal sector where it is unlikely they will develop the skills needed to escape poverty. For example, among slum-dwelling girls in Addis Ababa, one study found that over three quarters were working as domestic servants. This is a particularly vulnerable group as “domestic labor is ‘often among the worst forms of child labor due to health risks for children’ and ‘remains virtually invisible and undervalued as a type of employment’”²⁴.
 - Wages for girls and young women are a third to half that of boys; and girls face more pressure than boys to turn their wages over for household use¹².
- ▶ The MiniDHS of 2018 reports remarkably high labor force participation rates for young adolescents aged 10-14: 67% of boys work and 61% of girls work. Among those ages 15-24, 81% of boys and 75% of girls are working¹.
 - Examining differences by area of residence for youth aged 15-29 years old, 63% of urban youth are economically active compared to 86% of rural youth¹.
- ▶ Girls have an unemployment rate 3 times greater than that of boys: 50% versus 14% among those aged 15-19¹².

MIGRATION

- ▶ As adolescents transition to adulthood, rural to urban migration is common. Specifically, it is estimated that 39% of urban migrants seeking work, education and opportunities are 19 or younger²⁹.
- ▶ The internal migration of girls occurs through various circumstances based on: migration largely on their own or with peers, making a spur of the moment decision to migrate, using brokers — to whom they are vulnerable to exploitation — in the migration process and engaging in the work world through domestic service (as is the case for 67% of migrating girls)³⁰.
- ▶ Among girls who migrate within Ethiopia, the average age is 14.3 years, with a year difference between girls without parents (13.6 years) and those with two parents (14.6 years)³⁰.
- ▶ Major reasons for migration at a young age include: to escape rural poverty, hardship, and a forced early marriage, as well as poor relationships with parents, especially step-parents³⁰.
- ▶ Related to gendered dynamics in migration, a 2012 study “found that migrants were often married girls between the ages of 16 and 20 who ‘were escaping the oppression of the marital home’”. An earlier study supports this pattern as girls and women may use migration as a way to escape an unwanted marriage²⁴.
- ▶ Studies show that “many girls (often with the help of kebele officials) falsify their age” in migration documents. This contributes to the extreme vulnerability to exploitation and abuse that migrant adolescents face in their working environments, “particularly given non-binding labor contracts, lack of legal protection and monitoring, and pervasive gender, religious and racial discrimination in destination countries”²⁴.

GENDER-DISCRIMINATORY POLICIES/NORMS

- ▶ Social norms in some Ethiopian communities expect that girls will become pregnant shortly after marriage to demonstrate their fertility which inherently limits their ability to control their fertility despite national policies aimed at increasing contraceptive uptake¹². Large spousal age differences further complicate contraceptive uptake and limit girls negotiating power¹². In particular, husbands and in-laws frequently aspire to a pregnancy early in the marriage, while girls themselves and their parents may not be of the same opinion⁴⁷.
- ▶ As previously noted, FGM/C was criminalized in the Criminal Code (Proclamation No. 414) in 2004. The federal act makes it a criminal offense to perform or procure FGM/C in Ethiopia. However, there is no clear definition of the practice in the Code and it does not criminalize the failure to report FGM/C. Unlike laws in Kenya and Uganda, it fails to provide for protection for uncut women and their families who often experience social exclusion and mistreatment²⁵.
 - The penalty for FGM/C ranges from three months to three years imprisonment and/or a fine of 500 - 10,000 Birr (Article 565, 566, 567, 568). The Criminal Code also criminalized Domestic Violence (Article 564) and Child Marriage (Article 648)²⁵.
- ▶ The combination of Article 620 (2a) and Article 626 of the criminal code indicates that sexual intercourse with a child between the age range of 13 and 18 constitutes the offence of statutory rape irrespective of consent on the part of the victim. Age of sexual consent in Ethiopia is 18 years for both boys and girls³¹.
 - “The presumption that children below the age of 18 cannot give a legally acceptable consent for sexual intercourse is absolute. The main rationale for the offense of statutory rape is that persons below the age of consent lack the maturity and judgment to give sufficiently informed consent. Although the child may factually consent to intercourse, the law of statutory rape treats them as incapable of giving legal consent...”³¹.

EVIDENCE THAT PROGRAMMING WORKS

NORWEGIAN CHURCH AID / SAVE THE CHILDREN INTERNATIONAL PROGRAMME ON ERADICATING FGM/C²⁴

- ▶ In order to tackle the high prevalence of FGM/C in Ethiopia the two groups collaborated with a coalition of local and international NGOs to improve people’s knowledge, attitudes and practices around FGM/C to reduce its prevalence. It focuses its programming in regions with the highest rates of the practice (as of 2005): Somali (98%), Afar (98%), Oromia (97%), Amhara (89%), Harrari (100%), and SNNPR (87%).
- ▶ Phase I was implemented from 2006-2010 with the aim to raise awareness and conduct advocacy, to mobilize the community to campaign against harmful traditional practices, and to organize and strengthen women’s groups. Reaching more than 1.5 million adults and 575,000 children the advocacy activities were crucial to raise awareness of the issue at all levels, as well as to develop scalable contextual, functional and low-cost models for community work.
- ▶ Phase II was implemented from 2011-2015 and a midterm evaluation in 2013 revealed important interim results relating to improving attitudes among target communities, enforcing national and regional laws against FGM/C and other harmful practices, and encouraging tribal/clan leaders to enforce such laws. Networking, advocacy and coordination were among the strategies employed throughout programme implementation enabling the intervention to engage public communications (i.e. radio), community leaders, law enforcement bodies and health professionals. A key group engaged were faith-based and inter-faith organizations who play an integral role in behavior change and normative shifts.

BERHANE HEWAN

Covering over 26,000 girls aged 10-19 in a community-club-style this program aimed to reduce child marriage in rural Ethiopia. Berhane Hewan employed methods that facilitated the formation of girls' groups, provided conditional asset transfers (in the form of livestock or solar lanterns), supported girls to remain in school and promoted community awareness on a number of topics³².

- ▶ At endline, girls participating in the program ages 10 to 14 years saw significant improvements in school enrollment (from 70% to 96%)³³. Incentives through school materials and a conditional asset transfer have been reported as the primary contributors to the program's success³³.
- ▶ Additionally, family members felt that community conversations, girls' groups and house-to-house visits by mentors played significant roles in changing attitudes on child marriage and improving sexual reproductive health knowledge and practice³².
- ▶ Investigators were able to link significant delays in child marriage to particular interventions³⁴:
 - “In communities where girls were offered educational support, girls ages 12 to 14 were 94% less likely to be married at endline than were girls in that age range at baseline.”
 - “In communities where girls were offered two chickens for every year they remained unmarried and in school, girls aged 15-17 were half as likely to be married at endline than were girls in that age range at baseline.”
 - “In communities that were engaged in conversations about the value of educating girls and the harms of child marriage, girls aged 12-14 were two-thirds less likely to be married at endline than were girls in that age range at baseline.”
 - “In communities where all the strategies were employed, girls aged 15-17 were two-thirds less likely to be married at endline than were girls in that age range at baseline.”

BIRUH TESFA

- ▶ From its inception to 2016, the program scaled up to over 75,000 participants. This program is also a community-club-style program covering girls aged 10-19 in order to support poor urban girls and improve their awareness of avoiding contracting HIV, improving literacy outcomes and increasing utilization of health services³⁵.
- ▶ Using a *safe spaces* model in conjunction with engaging the community as a whole, the program discusses topics of sexual and reproductive health, provides girls and their families with information on services available to them during outreach sessions, community events and home visits³².
- ▶ At endline participants were twice as likely to know where to obtain voluntary counseling and testing than the comparison group³². In addition, at endline, Biruh Tesfa participants had significantly higher scores on literacy/numeracy tests and significantly more likely to seek health services, compared to comparable girls in the control group⁴⁸.
- ▶ The current phase, called “Biruh Tesfa for All”, aims to reach an additional 10,500 girls in four Ethiopian cities^{35,36}.

MESERET HIWOTT³²

- ▶ This community-club-style program scaled up to 230,000 girls aged 10-24, with a focus on married girls, and employed a parallel program for husbands that reached 130,000 men. It aimed to support young married girls in a rural region, provide them with social networks, knowledge and skills to improve their sexual and reproductive health outcomes.
- ▶ Girls who participated in the program, whilst their husbands did not, had significantly more experiences of forced sex in prior 3 months compared to non-participants or wife and husband participants. This suggests the importance of engaging husbands and partners in programming to reduce gender-based violence. However, investigators also recognize that this finding may reflect selection bias whereby participating wives became more aware of experiences of forced sex.
- ▶ The program aimed to build commitments to gender-equitable roles within the household. In households of both wife and husband participants, spousal assistance with housework in the past 3 months was 81%. When only wives participated, spousal assistance was just 59% and when neither husband nor wife participated it was 33%.

ADDIS BIRHAN³⁷

- ▶ This program joined together mentors and husbands to promote gender-equitable relationships and reduce HIV risk. This was the partner program for Meseret Hiwott.
- ▶ Trained male mentors led weekly meetings with groups of married men with a curriculum that included modules for gender, relationships, caring for children and families, drugs and alcohol, HIV/AIDS, sexual and reproductive health and violence.
- ▶ By endline, when both the husband and wife participated in groups, the wives were over 18 times more likely to report having undergone voluntary HIV counseling and testing and 8 times more likely to receive domestic support from their husbands compared to reports from wives whose husbands did not participate.

THE MALE NORMS INITIATIVE³⁸

- ▶ The community-based project worked with young men in Addis Ababa over 6 months to address harmful gender norms and related behaviors that increase the risk of poor health outcomes.
 - The intervention involved three arms:
 - 1) interactive group education with community engagement activities,
 - 2) only community engagement activities, and
 - 3) no intervention activities for control group purposes (they did receive 'delayed' interventions after the study).
- ▶ At endline, young men in the education and community engagement group were almost twice as likely as those from the non-intervention group to increase their score on the Gender Equitable Men (GEM) scale. There were also positive, significant impacts for the group only participating in community engagement compared to the non-intervention group.
- ▶ Participants from both intervention arms reported significant reductions in partner violence in the past 6 months compared to those in the control group. The percentage reporting partner violence in the education + community engagement group fell from 36% to 16%, in the community engagement only arm the decline was from 36% to 18%, while in the control group the percentage rose from 7% to 14%.
- ▶ Young men attributed positive changes in their behavior directly to the program intervention; and most women reported positive changes in their partners.

COMBATING VIOLENCE AGAINST WOMEN AND HARMFUL TRADITIONAL PRACTICES³⁹

- ▶ Women’s watch groups were organized in the neighborhoods of the Ofla district to: raise awareness about violence against women, protect girls from child marriage, protect from gender-based violence, ensure that women are treated equitably in divorce, provide loans to members to offset their time commitments, and intensively liaise with local and community authorities.
 - These groups also supported and strengthened existing girls’ clubs and established boys’ awareness clubs in a handful of neighborhoods.
- ▶ Key informants reported that child marriage dropped significantly as a result of the women’s watch groups and direct prevention of child marriages by local officials. Participants singled out the groups as having played a great role in changing community beliefs in addition to an increasing focus on girls’ education. Moreover, adolescent boys and young men became more knowledgeable about gender inequalities in their homes and communities, and are more attuned to the advantages of marrying mature, educated women. Legal action taken by women’s watch groups has also been powerful in curbing hidden practices, such as secret marriages.
- ▶ Program effectiveness has been attributed to its multi-pronged approach that built partnerships, supported hands-on action and promoted constant vigilance among community members and ‘champions’ of girls’ rights.
 - The program instilled community ownership to promote partnerships and cooperation.
 - Women’s watch groups were perceived as a community-based ‘shield’ around high-risk girls, making them essential beyond their awareness-raising focus.
 - Continual monitoring throughout the district also ensured families and officials could be re-educated as needed to encourage girls’ education and discourage child marriage.

TOWARDS IMPROVED ECONOMIC AND SEXUAL REPRODUCTIVE HEALTH OUTCOMES FOR ADOLESCENT GIRLS (TESFA)³⁹

- ▶ Designed to improve girls’ wellbeing, it tested three intervention arms: the sexual and reproductive health (SRH) arm, the economic empowerment arm, and a group that combined both SRH and economic curriculums, and the non-intervention control group (receiving a ‘delayed’ intervention with the combined curriculum).
- ▶ The program reportedly saw child marriage rates decline by 70-80% and forced marriages essentially disappear. A powerful tool included government efforts and program supports that established a reporting chain in schools. Such civil society-government partnerships were key in raising community awareness about the risks of early marriage. The program also bolstered married girls’ groups that acted as protectors and awareness-raisers in their communities. Another result is that more girls have access to services, particularly for health.
- ▶ Effectiveness is linked to the program’s careful design and implementation that worked with a focus of integration to foster local ownership. This saw the program work through all sectors with ‘influential people’ in order for the community to essentially learn through itself. Existing long-term relationships with communities were also helpful in program design as interventions were built by approaching the community to determine how to best frame and deliver messages customized to local realities. This approach especially engaged religious leaders and married girls’ groups as powerful messengers. Finally, ownership was especially fostered by using trainees to train others, which ensured that once-potential advocates of child marriage now became strong advocates for its elimination.

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PATHFINDER INTERNATIONAL'S EVIDENCE TO ACTION PROJECT: DEVELOPING A SERVICE DELIVERY MODEL FOR THE PROVISION OF LONG-ACTING REVERSIBLE CONTRACEPTIVES (LARCS) IN YOUTH-FRIENDLY CLINICS:^{40,41}

- ▶ The model was tested at 10 intervention sites between 2014-2015 and included:
 - 1) competency-based skills training with youth-friendly service providers on implant and IUD insertion, removal and infection control,
 - 2) Refresher training for peer educators to counsel (dispel myths and misperceptions) on safety and effectiveness of LARCs and make referrals and
 - 3) Supportive supervision.
- ▶ Results suggest the tested service delivery model positively influenced LARC uptake at intervention sites compared to non-intervention sites. Investigators also noted a growing pattern for women who had not yet given birth to be seeking contraceptive services.
- ▶ During the study period, 63% of women who were served at intervention sites, and 81% of women who accepted a LARC method for the first time, had not yet had a child.
- ▶ Given these remarkable results this service delivery model was scaled up to 66 youth-friendly service (YFS) locations in Amhara and 62 YFS locations in Tigray from 2015-2016.

PROGRAMMING THROUGH HEALTH EXTENSION WORKERS (HEWS), RELIGIOUS LEADERS AND MEDIA (RADIO COMMUNICATION) IN CHANGING ATTITUDES TOWARDS EARLY MARRIAGE⁴²

- ▶ Health Extension Workers (HEWs) providing education about reproductive health, contraception and menstruation have played a key role in changing attitudes. This is mostly the case in rural areas.
- ▶ They have also worked successfully to raise awareness of the negative health consequences associated with early marriage and pregnancy such as fistula and maternal morbidity and mortality.
- ▶ Interventions by HEWs, women association leaders and school leaders, in addition to extensive radio communication campaigns and similar community awareness-raising initiatives have successfully raised knowledge around the legal age of marriage being 18 and the penalties for marrying younger children. Researchers have found that people are less likely to listen to elders on the issue of early marriage, and are more likely to adhere to the new law instead.
- ▶ The orthodox Church, in line with the national-level church hierarchy, is reinforcing messages that girls should not marry before they reach the age of 18, although this rhetoric is not always matched by local priests' behavior.
- ▶ HEWs also maintain a role of legal monitoring for reducing child marriage.
- ▶ Thus, further changes in people's perceptions about what is an appropriate age for marriage can be attributed to recent improvements in legal monitoring by local governments (at kebele (ward) and woreda (district) levels).

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A WORD OF CAUTION:

While there is great enthusiasm for “youth friendly services” the evidence suggests that such services neither increase gender equality nor improve sexual and reproductive health outcomes for girls. One study found that knowledge of youth friendly services overall is overwhelmingly low as only 7% of girls/women and 8% of boys/men had heard of them (all aged 12-24) and, accordingly use is as low as 2% among female youth and 4% among males. However, there is an important caveat that youth may have visited a youth friendly service site without realizing they had done so and thus reported it as a use of basic health services (37% use among girls and 39% use among boys)⁴³. Another study found that these services had a utilization rate of 39%, which more closely resembles the utilization of basic health services by youth from a former study⁴⁴. This second study reports that the level of quality for youth friendly services in the dimensions of structure, process and output are 54%, 42% and 49%, respectively, operating well under the 75% cut-off the quality of youth-friendly services is “below standard”⁴⁵. Increasing utilization and quality of youth friendly services, or identifying more effective programming, for the future of addressing adolescents’ health needs should be considered.

CONCLUSION

Ethiopia is a large country with a rapidly growing population, increasing urbanization and a large youth population. Ethiopia has a very rich culture with different ethnic groups that have their own language, customs, traditions and lifestyles. In spite of these cultural heritages, Ethiopia has been home to social norms and traditional harmful practices that undermine gender equality, beginning at birth and throughout the life cycle. Disparities between males and females become particularly apparent during the adolescent years. Inequities based on gender persist in terms of educational attainment, age at marriage, paid and unpaid work, and violence, among others.

However, Ethiopia has created a strong policy environment and legal frameworks that seek to reverse these inequities. In addition, most recently, there has been an increase in both female and youth leadership in the country, and reform of legal frameworks that facilitate the coordination of government and NGOs. Government and NGO efforts, combined with appreciation for a gendered and nuanced evidence base, have resulted in improvements in gender equality during adolescence in a number of areas. For example, the prevalence of child marriage and FGM/C has experienced dramatic declines in recent years. Likewise, disparities in education at the higher levels appear to be narrowing.

With significant improvements in a number of areas, there are also persistent challenges. Many dimensions of adolescent lives remain murky to policy-makers and programmers, in part, due to a weak evidence base in some areas. Examples include work and livelihoods, mental health, substance use, nutrition, migration and trafficking (domestic and international) and violence (sexual and otherwise). In order to address these challenges, there is a need for holistic and multi-sectoral responses both at policy and implementation levels.

While the policy environment is highlighting these areas for further focus, research, services and programs lag behind. In addition, as a country with 80 percent of its population being rural, awareness raising on laws and policies as well as the reach of programs can be constrained, especially in the most remote and hard-to-reach rural areas. Finally, while the numbers of youth in leadership positions are increasing, the majority of young people lack awareness of youth policies and there is limited engagement of young Ethiopians in decision-making at all levels.

These issues are becoming increasingly critical as Ethiopia approaches its demographic dividend window, with the concomitant urgency to harness the power of current and future generations of adolescents. Ethiopia has made progress with regard to gender equality in a great many areas. A focus on the status of girls and boys during their adolescent years has been central to this progress. Intensification of the efforts to achieve gender equality during the adolescent years is key to achieving SDG5, to reaping the benefits of the demographic dividend and to ensuring all Ethiopians enjoy healthy, productive and fulfilling lives.

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