



Editor's Note

Dear readers,

We are pleased to welcome you to the December 2022 CRPF quarterly newsletter. This edition presents two summaries of research presented at the monthly CRPF seminars. These are from papers on, 1) Young Lives Under Pressure: Protecting and Promoting Young People's Mental Health at a time of Global Crises, and 2) Improving Young People's Sexual and Reproductive Health in Ethiopia: Two decades of evidence from the Young Lives study.

It also addresses in its news story the recently published Young Lives policy brief on mental health. The summary of the policy brief is also included in this newsletter. We look forward to your comments, suggestions and contributions.

For more information, please contact us via crpf.ethiopia@gmail.com or 011 1 540121



Protecting and Promoting Young People's Mental Health at a Time of Global Crises

Mental health issues are triggered and prolonged by multiple factors, particularly rising levels of global poverty and inequality. Young Lives research shows that COVID-19, climate and conflict crises are exacerbating this further, triggering high levels of anxiety and depression and leading to declining well-being amongst young people at a critical period in their lives when resilience to mental health issues is typically built.

The recently published policy brief by Young Lives brings together new evidence from its longitudinal study on how global crises are impacting the mental health of disadvantaged youth in poor countries and calls for urgent action to support developing countries to respond effectively.

The policy brief was presented online on November 22 2022 at the Ministry of Women and Social Affairs Child Research and Practice Forum by Kath Ford, Young Lives Senior Policy Advisor. A summary is included on the research summaries column of this newsletter edition.

To access the policy brief, follow this link: - <https://www.younglives-ethiopia.org/node/1080>

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

Research Summaries from CRPF presentations

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

Kath Ford

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 specialising in children and young people.

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.

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.
- On-going 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 conflict 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 prioritise 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 prioritise mental health care and psychosocial support.
- Targeted social protection programmes, including emergency cash transfers, direct and/or subsidised food provisions, and providing seeds and fertilisers 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 prioritised 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 labour 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 labour market and avoid adverse long-term impacts.
- Investing in programmes that prioritise early positive parenting and socialisation 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

Research Summaries from CRPF presentations

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

Alula Pankhurst PhD

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. It also presents 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 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 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 analysed 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), and 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)

- 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. By age 19, however, knowledge about both fertility and STDs showed significant differences by sex in favour of boys.**
- 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

This section analyses the fifth wave of qualitative research carried out in 2019 on selected topics related to the five themes addressed in this report.

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, but 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 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 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 through 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 labour and childcare, including when marriages break up, in order to ensure that mothers obtain child support.



Interested to Know about CRPF?

The Child Research and Practice Forum (CRPF) was established in 2010 to promote work on child research, policy and practice. CRPF makes use of monthly seminars, quarterly newsletters and annual publications as a means to achieve its objectives. The publications are also available at the Young Lives Ethiopia website. CRPF 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