



CRPF Child Research and Practice Forum

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Editor's Note

Dear readers,

We are pleased to welcome you to the March 2023 CRPF quarterly newsletter. This edition presents three summaries of research presented at the monthly CRPF seminars. These are from papers on, 1) Adolescent Sexual Reproductive Health and Rights (ASRHR) in Ethiopia: reviewing progress over the last 20 years and looking ahead to the next 10 years, 2) Ethiopian adolescents' sexual and reproductive health: Findings from GAGE's mixed methods research, and 3) Aptitude Test Tools Administration Guide for the Chosen Sectors.

It also addresses in the news story Young Lives Ethiopia's briefing to the Ministry of Health staffs its recently published research report and policy report on Sexual and Reproductive Health. We look forward to your comments, suggestions and contributions.

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



Insights from Young Lives Longitudinal Research has been presented to the Ministry of Health

Young Lives Ethiopia's new policy brief summarises research findings on sexual and reproductive health over the last two decades in Ethiopia and presents key policy recommendations. It draws on the recently published SRH research report synthesizing 27 Young Lives publications.

Young Lives Ethiopia Country Director, Dr Alula Pankhurst presented the policy brief and research report to the Ministry of Health, Maternal and Child Health & Nutrition Directorate on January 25 2023. This was followed by questions and discussions with the members of the MoH directorate.

To access the policy brief and research report follow these links:- <https://www.younglives-ethiopia.org/node/1094> and <https://www.younglives-ethiopia.org/node/1092>

Research Report



Sexual and Reproductive Health and Inequalities in Ethiopia: Insights from Young Lives Longitudinal Research

Alula Pankhurst and Patricia Espinoza

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Policy Brief 56 • January 2023



Improving Sexual and Reproductive Health in Ethiopia:
Young Lives Evidence Shows Inequalities Continue to Disadvantage Adolescent Girls and Young Women

Improving the sexual and reproductive health (SRH) of young people in Ethiopia, particularly adolescent girls and young women, requires coordinated and regionally tailored approaches to address persistent inequalities and entrenched patriarchal norms. This includes delivering:

- Increased SRH awareness-raising targeting adolescent girls and young women, through appropriate information to school curricula, girls' clubs and community health extension workers, including reaching adolescent girls who have dropped out of school.
- Increased access to SRH services, which may have been disrupted during the pandemic and recent conflict, through expanding and strengthening the Health Extension Programme, including better access to contraception and provision of safe abortion where appropriate for adolescent girls and young women, regardless of marital status.
- Initiatives to ensure continued and first-time mothers in rural areas are not left behind efforts to move away from home births and enable safer deliveries in health centres and hospitals.
- A renewed focus on eliminating female genital mutilation/cutting (FGM/C) where prevalence remains high, by shifting cultural beliefs, preventing medicalisation of the practice, and targeting approaches in response to different regional practices.
- Broad approaches to eliminate child marriage and reduce teenage pregnancy, including tackling the underlying drivers of poverty and gender discrimination, and supporting adolescent girls to stay in school, particularly in rural areas where they are more at risk of dropping out.
- Engagement across whole communities to challenge discriminatory gender stereotypes and entrenched patriarchal norms, including working with boys and men, traditional and religious leaders, regional government leaders, local and national NGOs, and the media.

Prioritising and integrating accessible SRH services for young people in post-conflict reconstruction and humanitarian policies and programmes in Ethiopia: Ethiopia recovers from the recent conflict and grapples with the impact of climate change, including drought and food insecurity.



Research Summaries from CRPF presentations

Adolescent Sexual Reproductive Health and Rights (ASRHR) in Ethiopia: reviewing progress over the last 20 years and looking ahead to the next 10 years

Lemessa Oljira, PhD, Elsie Akwara, PhD, Worknesh Kereta and Lulit Yonas

Introduction

This study takes stock of the progress made in adolescent sexual and reproductive health and rights (ASRHR) in Ethiopia in the last two decades. Firstly, it discusses the political, economic, and social context and the policies and programmes, highlighting the enablers and barriers in addressing ASRHR. Secondly, it highlights levels and trends in key ASRHR indicators, paying attention to differing levels and trends among different groups of adolescents. Building on this it sets out an agenda for action.

The profile and distribution of adolescents has changed significantly over this period in Ethiopia with the estimated population of adolescents increasing from 15.6 million in 2000 to 26.8 million in 2020. Population growth means that declining rates of child marriage for example co-exist with higher absolute numbers of girls affected. This necessitates a holistic multisectoral approach to address their overall well-being as they transition into adulthood, leaving no one behind. Given that there are 10 years to the Sustainable Development Goals (SDG) target date, there is a pressing need to build on the lessons learnt in the 15 years of the Millennium Development Goals (MDG) era and the first 5 years of the SDGs era.

Aim of the Study

The aim of the study is therefore to review progress over the last two decades in selected ASRHR indicators, by addressing the following question.

- How have the national political, social and economic context as well as policies and programmes evolved with regards to ASRHR in the last two decades?
- In which health outcomes, harmful practices, health behaviours, health services use, and social determinants was there progress, and was the progress equitable and steady?
- What are the opportunities and challenges in moving ahead, and what key actions are needed to accelerate progress in the next 10 years?

Findings

Over the last two decades, political, economic and social developments, and national health and development policies and programmes have contributed to the changes in ASRHR

Improvements in the economic and social context

- The country's average annual gross domestic product (GDP) has grown and levels of poverty

have declined.

- There has been impressive progress in primary school enrollment but less progress in primary school completion and in secondary attendance and completion.
- While this progress is uneven, Ethiopian children and adolescents as a whole are likely to be growing up in a context of declining poverty.
- New means of communication, including the use of social media, are transforming the lives of Ethiopian adolescents, while there are also disparities in access and use.

Contribution of national health and development policies and strategies

- ASRHR has been mainstreamed into the national agenda through policies and strategies directly addressing unintended pregnancy and childbearing, maternal mortality, HIV/AIDS, child marriage, female genital mutilation/cutting (FGM/C), and violence against women and girls.
- This contributed to progress in a number of ASRHR outcomes.



Substantive changes have occurred in a number of health outcomes, harmful practices, health behaviours, health service use, and social determinants in the first two decades of the twenty first century

Child marriage, childbearing & modern contraceptive use among adolescent girls aged 15-19 years in Ethiopia, 2000-2019

- There has been a substantial, although uneven decline in the levels of child marriage among young women aged 20-24 years.
- *8.8 percentage point decrease in child marriage between 2000 and 2016.*

- There has been an increase in modern contraceptive use among adolescent girls aged 15-19 years.
- *33.5 percentage point increase in modern contraceptive use between 2000 and 2019.*
- *37.8 percentage point increase in post-partum family planning between 2000 and 2016.*
- There has been a slight reduction in childbearing among adolescent girls aged 15-19 years.
- *2.9 percentage point decrease in childbearing between 2000 and 2019.*

Health service uptake among adolescent girls aged 15- 19 years in Ethiopia, 2000–2016

- There has been an increase in ANC visits of four or more (ANC4+) and the use of skilled birth attendance (SBA) among adolescents aged 15-19 years over time, yet the levels of use are still low.
- *20.9 percentage increase in ANC4+ between 2000 and 2016.*
- *26.8 percentage point increase in SBA between 2000 and 2016.*
- There has been an increase in adolescents seeking abortion services in health facilities. Although abortion is legal under specific circumstances, notably underage and mentally ill women, an estimated one-third of adolescent abortions are clandestine and potentially unsafe.

HIV and condom use among adolescents aged 10-19 years in Ethiopia, 2000–2016

- There is some indication that the HIV infection rate in adolescents is declining. However, the numbers of adolescents using condoms and seeking HIV testing show a mixed picture.
- *The estimated number of new annual HIV infections among adolescents aged 10–19 decreased between 2000 and 2018, from 6,000 to 3,000 cases among both boys and girls.*
- *The use of condoms among adolescents during premarital sex shows a mixed picture, with a steady increase between 2000 and 2011, but a sharp decline in 2016.*

Female Genital Mutilation/Cutting (FGM/C) rates have shown a promising decline with uneven levels

- There has been a sharp decrease in the proportion of adolescent girls aged 15-19 years that have undergone FGM/C by 24 percentage points (from 71% to 47%) between 2000 and 2016.
- At least 28% of adolescent girls aged 10-14 years had experienced FGM/C in 2016, with Afar having the highest rate at 86% and Tigray the lowest rate at 14%.

Levels of reported gender-based violence against girls and women remain high, but attitudes towards wife beating have changed

- At least 33% of ever-married adolescent girls aged 15-19 years have experienced physical, sexual, or

emotional violence committed by their husband or partner.

- There has been a decrease of 22 and 49 percentage points among adolescent girls and boys aged 15-19 years, respectively in attitudes towards wife beating, between 2000 and 2016.

As we look to the next 10 years, Ethiopia must build on the progress made, and move ahead understanding and overcoming challenges and making full use of opportunities

Opportunities for moving ahead

- Ethiopia has an enabling legal and policy environment and sound health and gender strategies. These strategies have been well resourced, managed, and implemented. Different government sectors have been involved in this work.
- The Ministry of Health has built partnerships at national and sub-national levels with academic institutions, NGOs, and professional associations of public health professionals and clinicians.
- At the local level, the Ministry engaged extension workers from the communities they would serve. These workers were aware of the prevailing context and were trained and supported to engage in dialogue to challenge norms.



Challenges for moving ahead

- There is limited and uneven awareness of the enabling laws, policies, strategies, and plans among both the frontline workers who are mandated to carry them out and among the communities they are meant to benefit.
- The implementation of these laws, policies, strategies, and plans has been hampered by lack of both human and system capacity.
- There is limited health system readiness to adequately respond to the needs and preferences of adolescents. Following from this, the progress that has been made in some aspects of ASRHR has been uneven across the country, with evident equity gaps.
- Restrictive social norms are coupled with resistance in some quarters to certain aspects of ASRHR, such as comprehensive sexuality education.

Key actions which must be taken to accelerate progress on ASRHR

- Ethiopia must make full use of the existing political support for ASRHR policies and programs and sustain this support in the next stage of strategy development, while working to increase social support.
- Efforts to challenge and change social norms affecting ASRHR must intensify by engaging religious and community leaders, parents and families, and adolescents themselves more actively, including through community dialogue on traditional values that negatively affect the health of adolescents, particularly girls.
- Ethiopia must strengthen investments in and financing of interventions to meet the SRH needs of adolescents (external and domestic funding).



Research Summaries from CRPF presentations

Ethiopian adolescents' sexual and reproductive health: Findings from GAGE's mixed methods research

Workneh Yadeta

Introduction

The report synthesises findings from the Gender and Adolescence: Global Evidence (GAGE) programme's 2019/2020 midline data collection to explore changes in Ethiopian adolescents' sexual and reproductive health, in the two years since the baseline. It pays particular attention to gender, and urban-rural and regional differences in how young people aged 12-19 are able to access information and services they need. It then discusses key actions needed to accelerate progress and ensure that all adolescents have good access to sexual and reproductive health.

Methods

- Mixed-methods research undertaken in late 2019/early 2020 in three regions of Ethiopia: Afar, Amhara and Oromia. Rural communities (kebeles) – of which two were in pastoralist Zone 5 (Afar), five were in South Gondar (Amhara), and five were in East Hararghe (Oromia).
- Sample for the report includes 7,526 successfully surveyed adolescents (out of a possible 8,555) as well as their caregivers.
- The sample was divided into two cohorts: younger adolescents (majority aged 12-14 at midline) and older adolescents (majority aged 15-19 at midline).

- The qualitative sample – of 278 core adolescents – was selected from the larger quantitative sample.

Policy and programming implications

- Use school and community-based classes to provide in- and out-of-school adolescents with accurate and timely information about their maturing bodies.
- For school-based education, twin content on human biology in science classes with life skills education in Gender Clubs where discussions on issues related to consent, negotiating safe sex and marrying as an adult can all be addressed with a supportive adult mentor. Ensure that such content starts no later than 10 years.
- For out-of-school based education, work with youth centres and specialist NGOs (e.g. working with young people with disabilities, with street-connected youth, with young people involved in the sex industry) to provide SRH life skills classes, drawing on WHO approved curricula that has been adapted and piloted in the Ethiopian context.
- Ensure that girls are offered practical advice about how to manage menstruation, including how to make reusable sanitary supplies, and ensure that this is a focus of Gender Clubs in schools.
- Work with boys and parents to reduce

menstruation-related stigma so as to support girls' attendance during their monthly menstrual cycle.

- Work with girls, boys and parents to raise awareness about the health and wellbeing risks of FGM/C and child marriage, including risks of divorce due to age and sexual incompatibility.
- Use school and community-based classes (provided by HEWs, gender club teachers and school counsellors) to provide adolescents with accurate, age-tailored and timely information about reproductive biology, contraception, disease prevention, as well as the life-course and inter-generational health and wellbeing risks of FGM/C and child marriage.
- Ensure that HEWs offer a full array of youth-friendly sexual and reproductive health services – including contraception (and condoms), HIV testing and abortion referrals as needed – at health clinics, through school and youth centre outreach visits.
- Use marriage as a point of intervention work with couples to ensure that partners are aware of sexual and reproductive health and family planning options.
- Encourage health workers to disseminate information about contraception for married and unmarried adolescents even in areas where it is not yet welcome, taking care to address possible risks of backlash and proactively target men, boys and

religious leaders.

- Strengthen investments across sectors (health, justice, women and social affairs, education) in efforts to change gender norms around FGM/C, child marriage, adolescent child-bearing and safe sex, including identifying and supporting community influencers and role models.



Research Summaries from CRPF presentations

Aptitude Test Tools Administration Guide for the Chosen Sectors

Zerihun Hailemariam and Solomon Debebe

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 for stationary materials (paper, pencil, sharpener, and eraser), soap for hand washing and hand sanitizer to protect against the COVID 19

Pandemic.

- Decide the date and time,
- Prepare suitable class rooms for 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

- Notice that this aptitude test is given for those who are interested to join vocational courses in garment, hotel service, kitchen service, wood work and metal work.
- Make candidates aware about the purpose of the assessment 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 secured and organized data management system.

Decision system

- Decide how many students are going to join each course?
- Decide how total score is shared among aptitude test, interview and observation. E.g. 70% aptitude test, 20 interviews and 10% observation.
- Decide on selection approach; either norm referenced or criterion referenced. In 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 population who received the test to decide on the cut-point. Whereas criterion referenced implies to set the cut-off point prior to the test so as to determine selection. This approach assumes using 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 the score from 0 to 5. Regarding interest and ability scores, 5 point for correct response and 0 for 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 in to 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 candidate performed best 1 and 2 so that it would be where the individual has an area of potential. Further, 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 class room manager,
- Be friendly with other examiners and test takers,
- Standardization – all applicants receive same treatment, same tests, standards are unitarily applied, rules are standard
- Professionalism: allow only teams with expertise in diverse specialization to handle the assessment
- Protect secrecy of tests, exercises, methods, systems, and results
- A candidate has to agree to be tested.
- High level of privacy towards applicants – 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 other similar 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.



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