From Research to Policy and Practice

In Ethiopia

Proceedings of the 15th Anniversary Workshop of the Children, Youth, and Women - Research and Practice Forum

Research Papers Presented at the 15th Anniversary of the Children, Youth and Women – Research and Practice Forum 2025

From Research to Policy and Practice in Ethiopia

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Addis Ababa

Proceedings of the 15th Anniversary Workshop of the Children, Youth, and Women Research and Practice Forum

Presentations at *the 15th Anniversary Workshop of the Children, Youth, and Women Research and Practice Forum* in 2025.

Edited by: Alula Pankhurst, Young Lives - Ethiopia Country Director.

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In memory of our colleague and friend Gina Crivello

An exceptionally insightful and collaborative researcher

who encouraged the formation of the Forum and presented regularly

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H.E Dr. Ergogie Tesfaye, Minister, Ministry of Women and Social Affairs

Dr. Aboubacar Kampo
UNICEF Representative in Ethiopia

Mr Schadrack Dusabe
UN Women Deputy Representative in Ethiopia

Dr Tifsehit Solomon
Chief Executive for Policy & Strategy Research
Ministry of Women and Social Affairs

Dr Alula Pankhurst
Young Lives - Ethiopia, Country Director

Welcoming Speech

Alula Pankhurst
Young Lives - Ethiopia, Country Director

Excellencies, distinguished guests, colleagues, ladies and gentlemen.

It gives me great pleasure to welcome you to this 15th anniversary workshop of the Children, Youth, and Women Research Practice Forum. Allow me to tell you the story of how the Forum came into being and how it has changed and developed over the past decade and a half and also what kinds of presentations have been made by whom.

The birth of the Forum

Young Lives carried out a qualitative sub-study on Orphans and Vulnerable Children in 2010 supported by the OAK Foundation.[1] A consultation workshops were held in April with representatives from government ministries, notably the Ministry of Women Children and Youth Affairs, Research organisations such as African Child Policy Forum, international organisations in particular UNICEF, several international NGOs, especially Save the Children UK, Child Fund, Concern Worldwide, Norwegian Church Aid and World Vision, and local NGOs, notably CHADET-Ethiopia, Plan Ethiopia, and Hiwot HiV/AIDS Prevention Care and Support, as well as the Forum for Sustainable Child Empowerment, the Forum for Child Protection and the Children and Youth Forum of Consortium of Christian Relief and Development Associations. Our colleagues Gina Crivello and Helen Murray came from Young Lives UK office in Oxford. We had useful presentations by my colleagues Yisak Tafere and Nardos Chuta and interesting group work.

During the discussions some members, including Anannia Admassu, the Executive Director of CHADET-Ethiopia, expressed the view that while the results of the research are interesting and potentially useful there was a risk that such research would simply be shelved, like so many other studies. Others agreed that research gets forgotten and is often not compared with other similar or different findings to stimulate discussion that can inform policy and practice. Anannia suggested it would be important to establish a Forum.

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[1] For the research findings see: https://www.younglives-ethiopia.org/publication/impact-parental-death-child-outcomes-evidence-ethiopia and https://www.younglives-ethiopia.org/publication/impact-parental-death-schooling-and-subjective-well-being.

Several planning meetings were held by an informal committee was set up with the help of Marlijn Leliefeld a Dutch consultant working for the Young Lives OAK research project with Save the Children . A concept note for the Forum was produced by Helen Murray the Young Lives Policy Officer.

When it came to deciding on a venue, Roger Pearson, the Chief of Research, Evaluation, Policy and Monitoring and Martha Kibur, Monitoring and Evaluation Officer from UNICEF offered to host the Forum at UNICEF at lunchtime.

The first meeting of the Forum was held on Friday 24th September and was a presentation by Professor Tilahun Teshome of a study on Children and Women Protection which he conducted together with Yonas Birmeta for the Ministry of Finance and Economic Development. The second presentation was on 28 October by Professor Tassew Woldehanna, the Young Lives Principal Investigator on the subject of early childhood education and cognitive development, based on evidence from the Young Lives research.

The evolution of the CRPFand its transformation into the CYW-RPF

The CRPF developed a mailing list of interested persons which has grown to about 1500 people to whom the presentations are sent after the event. The Young Lives organisers of the Forum also began to produce newsletters highlighting the main points from presentations. The first issue was produced in March 2011 and gave brief summaries of the first four presentations. To date there have been 33 newsletters which are available on the Young Lives Ethiopia website.[2]

While the forum meetings at UNICEF were well attended in particular by members of international and local NGOs, participation of government representatives was initially limited. It was felt that it would be easier for government staff if it was held within the Ministry of Women, Children and Youth Affairs. After discussing this with the Minister, H.E. Wo/ro Zenebu in March 2012, the first meeting was held at lunchtime the Ministry on 27th April 2012, and a Steering Committee was established. It was felt that the lunchtime meetings on Friday were not suitable and after discussions with stakeholders it was moved to the afternoon of the last Thursday of every month.

Beyond the newsletters the Steering Committee felt that it would be useful to produce annual summaries and Young Lives produced the first one in 2011. Since then 13 booklets have been

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[2] https://www.younglives-ethiopia.org/basic-page/cyw-rpf-quarterly-newsletters

produced, which can be found on the Young Lives Ethiopia website.[3] Since 2017 these have included a Foreword by the Minister of Women and a Preface by the UNICEF Representative.

The CRPF held a number of annual workshops on various themes including on "Children on the move," "Leave no one behind: and "Violence affecting children" in addition to the latest anniversary workshop with the theme "Protection and empowerment".

During the COVID period the Forum events were held online with UNICEF Ethiopia providing online Teams access. The meetings have been hybrid since. In person meeting have often stimulated good debate while allowing people to attend online has widened the attendance making it more inclusive and enabling researchers and practitioners abroad to participate. In 2022 with the formation of the new Ministry of Women and Social Affairs the Forum activities were transferred to the new Ministry.

In several CRPF meetings it was suggested that the scope of the Forum should be expanded beyond topics relating to children to accommodate adolescent and youth issues, and also women's concerns. Following the example of the CRPF a separate women's forum had been established within the Ministry of Women, Children and Youth; however it did not last very long. It was therefore suggested to widen the scope and to reflect this in amending the name of the Forum. After an online survey in 2023 of the mailing list participants who voted on several alternatives the name was changed to the Children, Youth and Women Research and Practice Forum.

Types of presentation

So far the Forum has held 173 presentations over the past 15 years, about one every month, and occasionally two presentations have been made in one afternoon. There have been a wide range of topics covered.

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[3] https://www.younglives-ethiopia.org/basic-page/cyw-rpf-annual-summaries

Table 1: Topics presented at the Forum
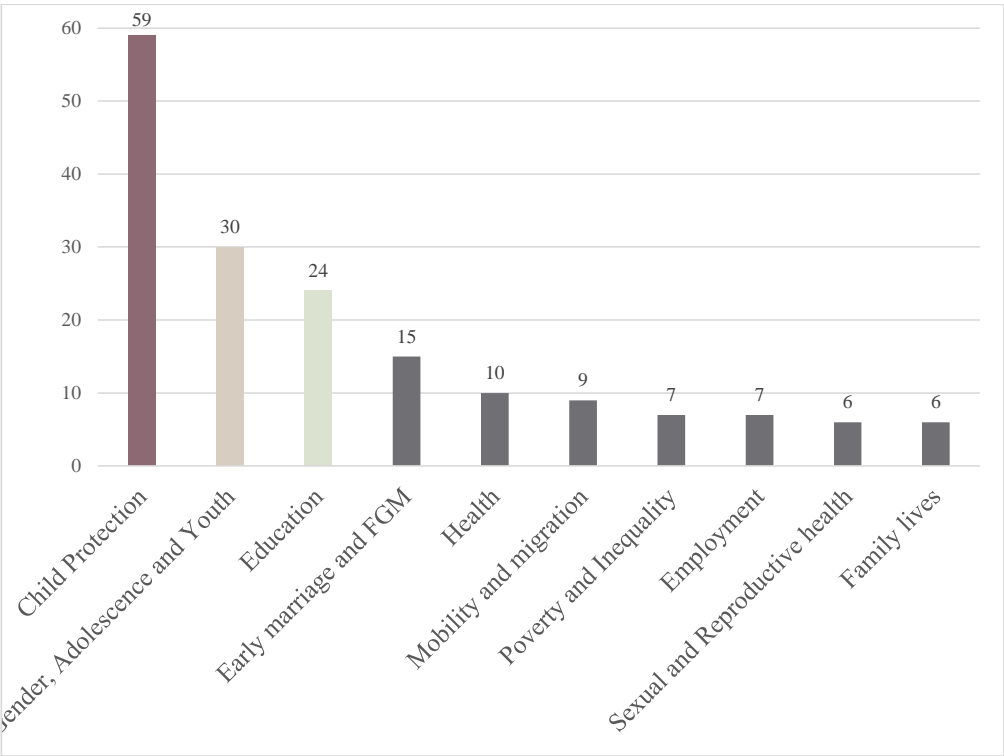
The most important topic was child protection representing over a third of the presentations. This is not surprising since the Forum had a strong concetration of children's concerns. This was followed by adolescence and youth issues, often with a gender lens, representing under a fifht of presentations. Other important themes were education, early marriage and FGM, health and migration.

Organisations presenting at the Forum

A very large range and variety of research and consultancy organizations, foundations, networks, Government ministries and agencies, international and national NGOs and UN organisations, as well as researchers from universities within Ethiopia and abroad, presented their research findings at the Forum over the past 15 years.

Table 2: Presenting organisations and researchers
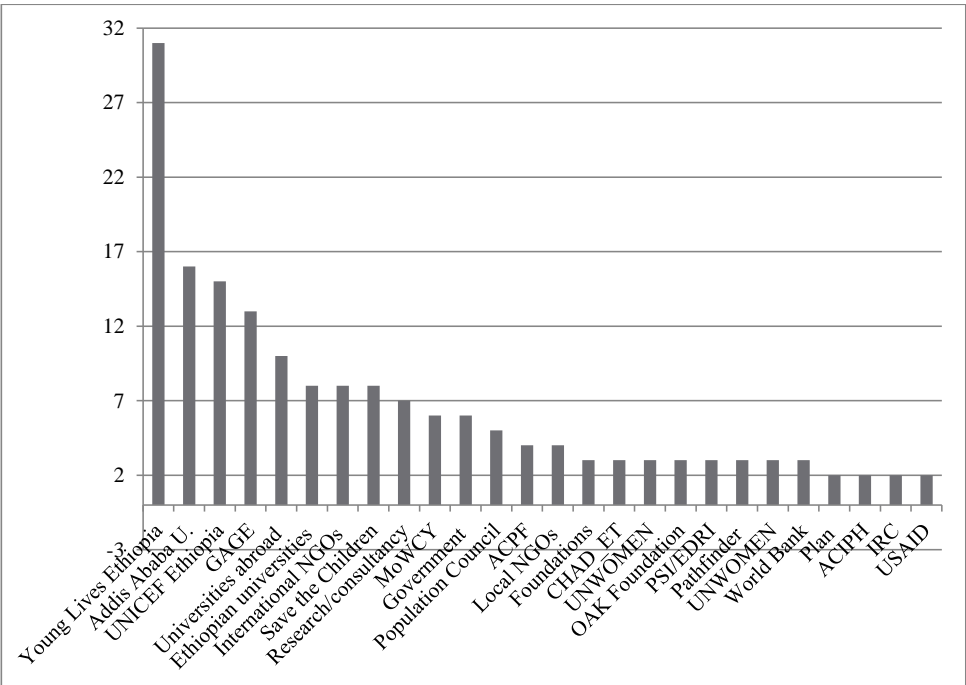
* the table includes all organisations with more than one presentation separately, whereas those with one presentation are merged with similar categories.

Unsurprisingly a little under a fifth of presentations were by Young Lives. This is in part since Young Lives played a key role in the organization of the Forum, supporting the Ministry of Women, Children and Youth and subsequently the Ministry of Women and Social Affairs along with UNICEF. However, the Forum has been open to any researchers and organisations working on relevant topics. In some cases when a researcher pulled out of presenting due to unforeseen circumstances Young Lives researchers have stepped in to make presentations.

Presentations by researchers from the leading Ethiopian University, Addis Ababa University came second followed closely by research sponsored by UNICEF, one of the Forum's co-organisers. The GAGE Gender and Adolescence Global Evidence research project came next. During a time when Young Lives financing was reduced GAGE sponsored the organizational activities of the Forum in 2018 and 2019.

Researchers from universities abroad included Amsterdam, Bristol, Columbia, Gothenburg, Oxford, Southampton, Sussex (Institute of Development Studies), Sydney, and Tufts. Researchers from Ethiopian Universities (excluding Addis Ababa University mentioned above) were from Arba Minch, Debre Berhan, Civil Service, Haramaya, Jimma, Kotebe, Madda Walabu, and Wollo.

Among Government Ministries the Ministry of Women, Children and Youth had the largest number, since the Forum has been held within the Ministry; other ministries included Culture and Tourism, Health, Justice (the Child Justice project of the Supreme Court) and Labour and Social Affairs; other government institutions included the Central Statistical Authority, and the Centre for National Health Development.

Among international non-governmental organisations Save the Children had the largest number, since it partnered with Young Lives in the early years for policy and communications work. Other NGOs some of whom were part of the Steering Committee, included Care, Child Believe, Child Hope, Girl Hub, Goal, International Rescue Committee, Pathfinder International, Plan International and World Vision; UN and donor organisations (excluding UNICEF mentioned above) included UN WOMEN, World Health Organisation, USAID and the World Bank. Foundations included OAK Foundation, Child Fund, Freedom Fund and Jacobs;

Local NGOs included CHADET-Ethiopia, one of the founding members, and the Consortium for Christian of Christian Relief and Development Association, Nia Foundation, Mahbere Kidusan and Meseret Humanitarian Organisation.

Research organisations, networks and consultancy organization included African Child Policy Forum, a founding member, Addis Continental Institute of Public Health, African Partnership to End Violence against Children, Interagency Group of Children's reintegration, International Food Policy Research Institute, Laterite Oxford Policy Management, Policy Studies Institute (formerly Ethiopian Development Research Institute), Population Council, Research on Improving Systems of Education and Your World.

The Forum has continued over the past fifteen years. How long it can continue to function will depend on the enthusiasm and commitment of the stakeholders and particularly the Ministry of Women and Social Affairs along with supporting organisations, notably UNICEF Ethiopia.

Keynote Address

Dr. Aboubacar Kampo,
UNICEF Representative in Ethiopia

Your Excellency Dr. Ergogie Tesfaye, Minister of Women and Social Affairs

Schadrack Dusabe, Deputy Country Representative of UN Women

Senior Government Officials and Development Partners

Distinguished Guests

Members of the Press, Ladies and Gentlemen

Good morning.

It is a pleasure to be here today as we celebrate the 15th anniversary of the Children, Youth, and Women Research Practice Forum. This milestone serves as a testament to our commitment to the generation of evidence and its strategic application in shaping policies and programmes for children.

Firstly, let me thank, Your Excellency, Dr. Ergogie and the Ministry of Women and Social Affairs for maintaining the momentum of the Forum.

I would also like to take this opportunity to acknowledge and express my sincere appreciation for the significant efforts made by all our esteemed partners which has been instrumental in ensuring the continued success and impact of our collective work.

Finally, I would also like to commend Young Lives, under the leadership of Dr. Alula Pankhurst, for their tireless advocacy in promoting evidence-based approaches which has significantly contributed to enhancing programmes, policies, and strategies aimed at improving lives across the country.

The generation of evidence should never be seen as an end goal. The collection of data and production of research, while invaluable, becomes an expensive and ineffective exercise if it is not utilized to inform and enhance strategies, policies, and programmes.

This forum serves a critical role not only in facilitating the communication of key findings but also in creating a platform where practitioners, researchers, and policymakers converge. By fostering

collaboration and dialogue, it ensures that evidence is translated into meaningful action and driving positive change. Let us continue to strengthen this partnership, ensuring that research is not merely produced but actively applied to shape a better future.

As we approach the culmination of the Sustainable Development Goals 2030 and the aligned national priorities outlined in the Ten-Year Perspective Plan, it is imperative that we closely monitor the progress of our targets. This will enable us to take timely corrective actions to improve the well-being of children and their families.

To enhance and strengthen the Forum further, I would like to propose the following key recommendations:

1. First, employ a co-design approach. Ensuring that stakeholders actively participate in shaping the forum's agenda, research topics, and discussion formats will enhance relevance and foster a greater sense of ownership among all involved.

2. Second, implement targeted outreach. Actively engaging key decision-makers in relevant government ministries, UN agencies, and donor partners will strengthen the link between evidence and policy action, ensuring that research findings are effectively utilized to inform decision-making.

3. Third, diversify dissemination methods and foster interactive dialogue. Expanding the use of social media platforms, U-Report and other digital tools will facilitate broad dissemination and engagement—not only among policymakers and programme implementers but also with the public. This inclusive approach will help bridge the gap between research and practice, fostering a culture of evidence-based decision-making at all levels.

Let us seize this opportunity to reinforce our dedication to translating evidence into meaningful action, ensuring that our policies and programmes remain impactful, inclusive, and aligned with our shared vision for a better future.

We have all the potential and capacity to build on our successes and drive lasting impact through evidence-based policy, strategic planning, and programme design. Achieving this requires decisive action and strategic engagement.

UNICEF remains committed to supporting the Ministry of Women and Social Affairs and the Forum in improving the lives of children, youth, and women in Ethiopia through evidence-informed decision-making.

Thank you very much.

Keynote Address

Mr Schadrack Dusabe,
UN Women Deputy Representative in Ethiopia

Ladies and Gentlemen,

I am delighted to be with you on this significant occasion marking the 15th-Year Anniversary Workshop of the Children, Youth and Women – Research and Practice Forum. Today, we welcome our participants and express our gratitude for their commitment to advancing gender equality and women's empowerment.

1. **Emphasizing the Importance of** the Children, Youth and Women – Research and Practice Forum**:**

   - The forum is invaluable in fostering the dissemination of research and facilitate meaningful dialogue among researchers, policymakers, practitioners, and other stakeholders.

   - Evidence-based programming is crucial for effective strategic planning. The extensive research data bank, comprising over 170 research papers on women, children, and youth, will serve as a vital resource for UN Women's strategic planning in Ethiopia. This comprehensive collection of research will be instrumental in shaping the next Country Programme, set to be developed in the second half of 2025. By leveraging this wealth of data, UN Women can ensure that their initiatives are informed, targeted, and impactful, addressing the specific needs and challenges faced by these groups in Ethiopia.

2. **Celebrating 15 Years of Impact:**

   - This year marks the 15th anniversary of the Children, Youth and Women – Research and Practice Forum. Over the years, the forum has been instrumental in fostering dialogue, sharing knowledge, and advocating for policy changes that benefit women in Ethiopia.

3. **Collaboration with Stakeholders:**

- The forum has been sustained through the collaborative efforts of numerous stakeholders, including the Minister, Ministry of Women and Social Affairs (MoWSA), Young Lives – Ethiopia, UNICEF, UN Women, CSOs, academia, and research institutions. This long-standing commitment underscores the importance of sustained efforts and collaboration in achieving meaningful progress. The forum's sustainability is attributed to the collective impact, sense of ownership, and commitment demonstrated by the diverse stakeholders involved.

4. **Practical Insights and Diverse Expertise:**

- The workshop will cover various themes, including gender issues affecting children, youth, and women, the care economy, vulnerabilities to poverty and violence, and labor issues.

I urge all participants to dedicate their time and energy to this initiative, bringing their experiences to drive concrete change in the effort to achieve gender equality. Through experience sharing and identifying good practices, we can make significant progress.

Before closing, I would like to express my heartfelt gratitude to all those who have contributed to making this initiative possible. Your efforts and dedication are greatly appreciated.

Thank you all for being here today, and I wish you a successful and fruitful event.

Thank you very much / Amesegnalhu

Opening Remarks

H.E Dr. Ergogie Tesfaye,
Minister, Ministry of Women and Social Affairs

Your Excellency Dr. Aboubacar Kampo, UNICEF Representative in Ethiopia

Mr. Shadrack Dusabe, UN Women Deputy Representative in Ethiopia

Distinguished Guests,

Organizers of this commemorative workshop

Ladies and Gentlemen,

It gives me great pleasure to welcome you to this 15th Anniversary Workshop of the Children, Youth, and Women Research and Practice Annual Forum (CYW-RPF)—an initiative that has played a crucial role in advancing research-informed policymaking and program implementation. Our Ministry has been hosting this Forum for the past two years, following over a decade of leadership by the former Ministry of Women, Children, and Youth.

The Forum was first established in September 2010 as the Child Research and Practice Forum (CRPF) to provide a platform for presenting and discussing research and practice related to children. Recognizing the need to expand its scope, it was renamed in August 2023 to include youth and women, ensuring a broader impact.

The Forum initiative originated from a Young Lives workshop that presented research findings on orphans and vulnerable children. This highlighted the importance of evidence-based discussions in shaping policies and interventions to improve the lives of children and youth, leading to the first meeting at UNICEF, which has remained a steadfast partner in supporting the Forum for the past 15 years.

Your Excellency, Ladies and Gentlemen,

Research and evidence play a critical role in shaping effective policies, strategies, and interventions aimed at addressing the challenges faced by Children, Youth, Women, Persons with disabilities, the elderly and other vulnerable communities. By providing reliable data and insights, research helps policymakers and practitioners design targeted programs that respond to real needs, allocate resources efficiently, and measure the impact of interventions. Therefore,

the Forum serves as a vital platform for bridging the gap between research and action, ensuring that decisions are informed by empirical evidence rather than assumptions. Through continued dialogue and collaboration among researchers, government agencies, and development partners, the Forum fosters a culture of evidence-based policymaking, ultimately contributing to more sustainable and impactful solutions.

In this regard, the Forum has given an opportunity for researchers at Ethiopian universities as well as visiting researchers to present their work for discussion and debate. The Forum has also enabled international organizations and NGOs to present their collaborative work, including ongoing projects and program evaluations. Over the years a total of 173 presentations have been made at the Forum on a wide range of themes including child protection, early marriage and FGM, gender, adolescence and youth, mobiltiy and migration, poverty and inequality, health, education, and family lives.

Consequently, the discussions and debates held over the years at the Forum provided useful inputs for policy makers in shaping a large number of policies relating to women, children, youth including the National Children's Policy, then National Action Plan on the Elimination of the Worst Forms of Child Labour, The National Action Plan on Sexual Abuse and Exploitation of Children, the National Strategy on Harmful Traditional Practices, the National Social Protection Policy, and the Youth Development and Change Strategy.

Furthermore, the Forum has enabled presentation and discussions of sectoral plans and strategies including in Health and Nutrition, the National Strategy for Newborn and Child Survival, the National Adolescent and Youth Reproductive Health Strategy and the National Nutrition Program; and in the Education sector the National Girls' Education Policy, the National Policy Framework of Early Childhood Care and Education, and the National Technical and Vocational Education and Training (TVET) Strategy.

This 15th Anniversary Workshop is centered on the theme: "Protection and Empowerment of Children, Youth, and Women." This theme reflects the Forum's longstanding commitment to fostering evidence-based discussions and interventions that enhance the well-being and empowerment of vulnerable groups. It emphasizes the critical role of research, policy, and practice in creating sustainable solutions that protect and empower children, youth, and women while ensuring their active participation in social and economic development.

I am confident that the Forum will continue delivering impact and be further strengthened through ongoing collaboration with national and international partners, expanding its reach to include more diverse stakeholders, deepening engagement with policymakers and practitioners, integrating innovative research to address emerging challenges.

By fostering evidence-based discussions, strategic partnerships, and data-driven policymaking, the Forum will play an even greater role in shaping sustainable solutions that protect and empower children, youth, women, persons with disabilities, the elderly, and other vulnerable groups for years to come.

Finally, I would like to express my sincere gratitude to Young Lives, UNICEF, UN Women, and the UK's Foreign, Commonwealth, and Development Office for their unwavering commitment to support the forum for its successful journey that contributed a lot in addressing challenges to impact many lives meaningfuly and positively.

My special thanks also go to Dr Alula Pankrust, who exerts his efforts to coordinating and leading.

I wish you all productive deliberations and look forward to the insights and recommendations that will emerge from our discussions.

I take this opportunity to reaffirm the commitment of MoWSA in the journey of the Forum.

With that, I hereby declare this workshop is officially opened.

Thank you!

Plenary Session Presentations

Dr. Tilahun **Girma**
Network of Ethiopian Women's Association's

Dr Alula Pankhurst
Young Lives Ethiopia

Dr. Jemal M. Adem
Policy Studies Institute

Workneh Yadeta
Gender and Adolescence: Global Evidence

Dr. Kaleab Kebede
Policy Studies Inistitute

Voices and Vulnerabilities:
A Study of Ethiopian Women's Status and Priorities

Tilahun Girma
Network of Ethiopian Women's Associations

Abstract

This comprehensive study presents a groundbreaking, nationally representative analysis of Ethiopian women's status across seven critical dimensions: economic empowerment, basic services, health, safety and justice, political participation, education, and psychological well-being. Drawing from 36,367 household surveys and 440 participatory group discussions across all regions, the research reveals both progress and persistent challenges in gender equality. While Ethiopia has made notable policy commitments to women's empowerment, implementation gaps remain stark—only 42.7% of women have bank accounts, 59.6% own property (mostly jointly), and 20.2% experience gender-based violence, with conflict-affected regions like Tigray and Amhara facing acute vulnerabilities.

The study uncovers significant disparities: urban women show higher financial inclusion (89.2% in Dire Dawa vs. 19.2% in Somali) and digital access (69.2% TV ownership in Addis vs. 9.2% in rural areas), while rural women bear disproportionate burdens of unpaid labor (84.5% collect firewood) and educational exclusion (44.2% never attend school). In health, only 36% of women have comprehensive sexual/reproductive knowledge, and just 5.1% in Tigray are satisfied with healthcare quality amid conflict disruptions. Despite these challenges, women demonstrate resilience—77.7% expect improved economic prospects, 71% support female political leadership, and 37.7% express interest in peacebuilding.

The findings underscore the urgent need for integrated, context-specific interventions addressing structural barriers, from expanding clean energy access and financial services to strengthening GBV response systems and women's political representation. Funded by the EU and implemented through a government-civil society partnership, this study provides an unprecedented evidence base to inform gender-responsive policies that bridge the gap between Ethiopia's progressive frameworks and women's lived realities.

1.   Introduction

The Government of Ethiopia has demonstrated strong commitment to gender equality and women's empowerment (GEWE) through progressive policies, legal frameworks, and institutional mechanisms. Gender mainstreaming has been integrated into national development plans and sector-specific strategies across health, education, and industry, supported by dedicated structures for coordination and monitoring. The Fifth National Report on the Implementation of the Beijing Declaration highlights these efforts, positioning gender equality as a central priority. However, despite these advancements, deep-rooted gendered norms, persistent conflict, and widespread violence continue to undermine progress, leaving women disproportionately vulnerable to abuse and systemic marginalization. While national policies reflect a robust commitment to empowerment, the lack of comprehensive, up-to-date data on women's lived experiences and priorities has created a critical evidence gap, hindering effective policy formulation and targeted interventions.

Previous attempts to document women's status have been fragmented, often limited in scope or outdated, failing to capture the complex, intersecting challenges women face across different regions and contexts. Most national surveys overlook zonal-level disparities, resulting in broad generalizations that obscure localized vulnerabilities. This data scarcity is particularly acute in the current climate of instability, where shifting dynamics demand real-time insights to address emerging needs. Recognizing these limitations, this study represents a landmark effort to consolidate robust, multi-dimensional evidence on Ethiopian women's status through 36,367 household surveys across 119 zones. By adopting a holistic approach, the research bridges critical knowledge gaps, offering policymakers and practitioners a nuanced understanding of women's priorities amid evolving socioeconomic and political landscapes.

The findings from this comprehensive study serve as an essential resource for diverse stakeholders committed to advancing gender equality. Policymakers can leverage the evidence to design targeted, evidence-based interventions, while advocates and civil society organizations can use the data to strengthen accountability and drive systemic change. Academics and researchers will find value in the rich dataset for further analysis, and media partners can amplify key issues to foster public discourse. Implemented by the Network of Ethiopian Women's Associations (NEWA), the Ministry of Women and Social Affairs, OXFAM, with the financial support from the European Union, this initiative reflects a shared vision for transformative gender equity. Ultimately, the study aims to inform policies and programs that

address the multidimensional barriers to women's empowerment—from economic exclusion and limited access to justice to health disparities and political underrepresentation—paving the way for a more inclusive and equitable future in Ethiopia.

2.   Methodology Overview

This study employed a nationally representative household study covering 36,330 households across 12 regions and 2 city administrations (excluding conflict-affected areas), utilizing a three-stage stratified cluster sampling design that selected 1,211 enumeration areas (EAs) proportionally by urban/rural residence and randomly chose 30 households per EA for interviews. The study targeted women aged 15+ (one per household), conducting face-to-face interviews using digitized multilingual questionnaires (Amharic, Afan Oromo, Tigrigna) via Kobo Toolbox to examine seven key domains: economic status, health, education, gender-based violence (GBV), psychological well-being, political engagement, and security. Data collection was implemented by 160 trained enumerators and 30 supervisors with rigorous quality assurance measures including real-time monitoring through a Microsoft dashboard and dedicated data quality oversight. The sample reflected diverse demographic characteristics: age distribution (47.0% aged 15-29, 39.3% aged 30-49, 13.7% aged 50+), marital status (53.8% monogamous, 25.4% never married, 6.0% divorced, 7.7% widowed), geographic representation (Amhara 26.2%, Oromia 31.6%, with all regions included proportionally to population size), residence (69.1% rural, 30.9% urban), and household structure (75.4% male-headed, 24.4% female-headed, 0.2% child-headed). The data analysis employed sampling weights for national representativeness and was processed using SPSS and STATA statistical software packages.

3.   Results

3.1   Economic Empowerment and Livelihoods

3.1.1   Employment

The study reveals that Ethiopian women's employment patterns vary significantly by age, region, and household structure. While 45.1% of women participate in productive employment (27.3% exclusively and 17.8% combined with domestic work), nearly half (47.4%) remain outside the productive workforce. Women aged 30-49 show the highest workforce participation (53.9%), with regional disparities evident - Benishangul-Gumuz (81.1%) and Tigray (81.0%) lead in productive employment, while Somali region lags (19.5%). Female-headed households demonstrate stronger workforce engagement (55.4%) compared to male-headed households

(41.8%). However, domestic work remains pervasive, particularly cooking (82.5% of women), with women aged 30-49 most burdened (93.5% cooking rate).

Employment status analysis shows most working women are self-employed (27.7% in agriculture, 25.9% in non-agriculture), with minimal formal sector participation (0.7-7.7%). The 30-49 age group dominates formal employment sectors (8.7% government, 6.3% private), concentrated in urban areas like Addis Ababa (18.1% government employment). Female-headed households show slightly higher formal employment rates than male-headed ones. Regional disparities persist, with Benishangul-Gumuz women largely confined to domestic work (29.6%) and unpaid agricultural labour (31.4%), while Central Ethiopia leads in non-agricultural self-employment (49.6%). Older women (50+) predominantly work in agriculture (48.6%).

Domestic responsibilities remain heavily gendered, with cooking being nearly universal (82.5%) but other chores shared more equally. Younger women (15-29) show more balanced domestic task distribution (2.5-7.8% participation in other chores). Child-headed households demonstrate different patterns, with lower cooking rates (47.3%) but higher MSE participation. Qualitative findings highlight how traditional gender roles confine women to unpaid work despite their significant economic contributions, particularly in pastoralist communities where women work longer hours yet remain socioeconomically marginalized. These patterns underscore the need for policies addressing both regional employment disparities and unequal domestic burdens.

3.1.2   Asset Ownership

The study reveals significant disparities in Ethiopian women's residential property ownership, with only 59.6% owning homes (either solely or jointly) - showing a concerning decline from previous years. Joint ownership predominates (75%), particularly among married women in male-headed households (87%), while female-headed households demonstrate greater economic independence with higher sole ownership rates (65.8%). Stark generational and regional gaps emerge: older women (50+) show the highest ownership rates (87%) compared to just 36.8% of young women (15-29), and while Benishangul Gumuz leads in home ownership (78.3%), Addis Ababa trails significantly (31.2%). A critical documentation gap persists, with 37.9% of women lacking housing documents - especially pronounced in rural areas like Afar (76% undocumented) versus urban Addis Ababa (6.2%).

For agricultural land, only 40.4% of women report ownership, predominantly through joint tenure (74.8%). The data reveals troubling generational trends, with ownership rates plummeting from

65.8% among women 50+ to just 22.7% for those aged 15-29, reflecting Ethiopia's shrinking farmland availability and younger women's decreasing access. While 85% of women landowners possess documentation, significant gaps remain - 15% lack proper papers, particularly in Dire Dawa (89.6% undocumented). Regional disparities are acute: Amhara leads in both land ownership (67.9%) and documentation (91.2%), while Addis Ababa shows near-total exclusion (0.9%). Alarmingly, 28.1% of women with land documents aren't named on them, especially in male-headed households (31%), rendering their ownership rights precarious.

3.1.3 Financial Inclusion

The study reveals mixed progress in Ethiopian women's financial inclusion, with 42.7% now owning bank accounts - a significant increase from 22.7% in 2018/19. However, 57.3% remain unbanked, and only 31.9% engage in savings activities, demonstrating substantial room for improvement. Stark regional disparities persist, with Dire Dawa showing remarkable financial access (89.2% account ownership) while the Somali region lags significantly (80.8% unbanked). Female-headed households demonstrate stronger financial inclusion (56.6% with accounts) compared to male-headed households (38.2%), suggesting that women with greater household autonomy may have better access to financial services. Savings behaviour follows similar patterns, with urban areas like Dire Dawa (88.6% saving) outperforming rural regions like Central Ethiopia (87.7% not saving), while younger women and those in male-headed households show particularly low savings rates, potentially indicating limited control over household finances.

Access to credit remains severely constrained, with 94.6% of women reporting no credit use in the past year. Formal credit usage is minimal (3.1%), barely exceeding informal sources (2.0%), with notable regional variations - Dire Dawa leads in formal credit access (11.3%) while Sidama relies more on informal options (6.1%). The study identifies collateral requirements as a major barrier, with 77.6% of borrowers needing to provide guarantees, primarily property documents (42%) or group guarantees (19.9%). Women in male-headed households face particular challenges, using fewer property-based collaterals (41.3% vs 44.1% in female-headed households) and relying more on group guarantees, suggesting they may have less access to or control over household assets. These findings highlight how limited asset ownership and documentation requirements disproportionately affect women's ability to access credit, particularly in male-headed households.

The study results underscore the need for targeted interventions to address the systemic barriers limiting women's financial inclusion. Policy measures should focus on reducing collateral requirements for women borrowers, expanding mobile banking solutions in rural areas, and developing financial products tailored to women's needs and circumstances. Special attention should be given to regions with particularly low inclusion rates and to women in male-headed households who face compounded challenges. By addressing these barriers, Ethiopia can unlock women's economic potential and promote more equitable financial participation across all regions and household types. The progress seen in female-headed households and certain urban areas demonstrates that with the right policies and products, meaningful improvements in women's financial inclusion are achievable.

3.2   Basic Services and Infrastructure

3.2.1 Access to Information

The study highlights significant gaps in Ethiopian women's access to information, with only 16.3% owning radios and 28.4% owning TVs, while a mere 9.4% used the internet in the past week. Younger women (15-29 years) demonstrate relatively higher media engagement, with 20.5% radio ownership and 35.5% TV ownership, suggesting generational shifts in technology adoption. However, stark regional disparities persist: Dire Dawa leads in digital access with 78% TV ownership and 58.3% internet usage, while conflict-affected Amhara lags at just 1% internet penetration—a consequence of infrastructure damage and displacement. Urban-rural divides further compound these inequities, as Addis Ababa's 69.2% TV ownership dwarfs Central Ethiopia's 9.2%. These findings underscore the limitations of relying solely on traditional media for information dissemination, particularly in rural and crisis-affected areas where connectivity is weakest.

To bridge these gaps, Ethiopia must prioritize *inclusive* strategies: expanding mobile-based information platforms in rural areas, leveraging community radio networks, and investing in conflict-resilient infrastructure. For instance, solar-powered charging stations could enable internet access in off-grid regions like Afar, while partnerships with telecom providers could reduce data costs. Such measures are critical to ensure women—especially in marginalized communities—can access vital information on health, education, and safety.

The study reveals significant disparities in energy sources used by Ethiopian women for lighting and cooking, with notable implications for health, environmental sustainability, and gender equity. Electricity serves as the primary lighting source for 54.8% of women, followed by lanterns/lamps (27.7%) and wood/biomass (13.3%), while solar and biogas remain negligible (0.4% each). Regional disparities are stark: Addis Ababa reports near-universal electricity access (99.7%), whereas Afar (32.9%) relies heavily on solar power (50.6%) due to limited grid connectivity. Child-headed households exhibit the highest electricity usage (82.9%), likely linked to their greater media device ownership, suggesting a correlation between energy access and broader socioeconomic advantages. However, wood/biomass persists as a lighting source in regions like Benishangul-Gumuz (12.1%), exposing women to health risks from indoor air pollution. For cooking, biomass dominates (85.8%), with 63.7% of women collecting firewood— a time-consuming task that disproportionately burdens rural women, particularly in Central Ethiopia (84.5%) and South West Ethiopia (83.8%). Alarmingly, even in Addis Ababa, 40% of women still use biomass for cooking despite widespread electricity access, reflecting cultural preferences, affordability barriers, or unreliable supply.

The data underscores a critical disconnect: while 99.7% of women in Addis Ababa use electricity for lighting, only 58.7% leverage it for cooking, with the rest relying on biomass—a practice that jeopardizes health and environmental goals. Female-headed households lead in electric cooking adoption (12.4%), suggesting targeted support could expand usage. The persistence of biomass in urban centres like Addis Ababa indicates systemic failures in promoting clean cooking technologies, despite grid availability. To address this, Ethiopia must prioritize *integrated interventions*: (1) subsidies for electric cookstoves to bridge affordability gaps, (2) behavioural campaigns to shift norms in urban areas, and (3) renewable energy investments in off-grid regions like Afar and Tigray, where solar potential is underutilized. The overreliance on firewood collection—which consumes women's time and exacerbates deforestation—demands urgent alternatives, such as community biogas plants or solar-powered kitchens. By aligning energy access policies with gender-specific needs, Ethiopia can mitigate health risks, reduce environmental degradation, and free women's time for productive activities, fostering inclusive development.

3.2.3 *Education and Learning Opportunities*

The study highlights profound disparities in women's educational attainment across Ethiopia, with literacy rates revealing stark generational, economic, and geographic divides. While the national literacy rate stands at 55.1%, this masks extreme variations: younger women (15–29 years) achieve 76.3% literacy, compared to just 17.1% among those aged 50 and above—a gap reflecting decades of unequal access. Wealth inequality further exacerbates these differences, with 75.6% literacy in high-wealth households versus 37.2% in low-wealth quintiles. Regionally, Addis Ababa's relatively strong access to education (only 10.7% never attending school) contrasts sharply with Tigray (53.5%), where conflict and infrastructure collapse have devastated learning opportunities. Rural women face compounded barriers, with 44.2% never entering classrooms compared to 21.4% of urban women. Digital literacy mirrors these patterns, as younger, wealthier, and urban women—especially in Addis Ababa—leverage technology for advancement, while regions like Gambella and Tigray fall behind due to electricity shortages, poverty, and displacement. These disparities underscore how Ethiopia's educational landscape remains fragmented by age, class, and conflict.

Structural obstacles prevent 45.3% of women from pursuing education, with older women (52.3% of those 50+), low-wealth groups (52.7%), and conflict zones like Tigray (63.7%) facing the steepest challenges. Household dynamics play a pivotal role: women in child-headed families confront a 51% higher likelihood of being excluded from schooling, often due to caregiving burdens or economic pressures. Despite these barriers, aspirations vary significantly. Younger and never-married women aim for advanced studies, while wealthier women prioritize college degrees—a reflection of how financial stability expands horizons. Regional disparities persist here too: Harari and Gambella show stronger demand for higher education, suggesting localized progress in shifting norms. However, in areas like Tigray, where schools have been destroyed and families displaced, even basic education remains out of reach for many. These patterns reveal a critical tension: while some women benefit from gradual societal shifts, others remain trapped in cycles of deprivation, with conflict and poverty severing pathways to learning.

Attitudes toward girls' education reveal both progress and entrenched resistance. While 72.9% of women endorse equal opportunities for boys and girls, economic and regional divides skew this support. High-wealth households and female-headed families are more likely to invest in daughters' education, whereas patriarchal strongholds like Afar and Somali still prioritize sons. Urban centres demonstrate greater commitment to girls' advancement, linking education to

economic mobility, but rural areas—where child marriage and unpaid labour persist—lag behind. These findings demand *multifaceted interventions*: (1) Targeted subsidies for low-wealth and rural girls to offset tuition and opportunity costs; (2) Safe-school initiatives in conflict zones, including mobile classrooms and trauma-informed teaching; (3) Community dialogues to shift norms in resistant regions, leveraging religious leaders and male allies; and (4) Digital inclusion programs to bridge technological gaps. By addressing the intersection of poverty, conflict, and culture, Ethiopia can transform education from a privilege into a universal right—unlocking the potential of women and girls as catalysts for national development.

3.3   Health and Well-being

3.3.1   Health and Well-being

The study highlights significant inequities in Ethiopian women's access to and perception of healthcare services. While 81.5% of women are aware of available health services, stark disparities emerge across demographics and regions: women aged 30–49 report higher awareness (85.8%) compared to younger women (78%), and access ranges dramatically from 93% in Benishangul Gumuz to just 55.1% in Sidama. Satisfaction with healthcare quality is equally uneven, from 47% in Dire Dawa to a concerning 5.1% in conflict-affected Tigray, reflecting the devastating impact of regional instability on health infrastructure. Sexual and reproductive health awareness remains critically low at 36%, with urban women (44.2%) benefiting more from formal channels like health facilities (21.9%) and media (19.2%) than their rural counterparts (32.8%). Family planning utilization (60.7%) shows similar geographic divides, with the South West and Addis Ababa outperforming the Somali region, while method preferences reveal an urban-rural split—urban women more frequently use long-acting reversible contraceptives (IUDs/implants), whereas rural areas rely on short-term methods (injectables/pills). These patterns underscore how socioeconomic status, geographic location, and conflict exposure create compounding barriers to comprehensive healthcare.

Beyond awareness gaps, Ethiopian women face multifaceted obstacles in securing quality healthcare. Menstrual health management exemplifies this divide: 57.7% of urban women use disposable pads, while rural women struggle with affordability and access to basic supplies. Systemic challenges further limit care: cost (30.2%), lack of insurance (26.3%), transportation (15.1%), and long wait times (10.9%) deter utilization, with discrimination (9%) and medication shortages (25%) exacerbating distrust in the system. These barriers disproportionately affect vulnerable groups—rural, low-income, and displaced women—who often forego care entirely.

To address these inequities, Ethiopia must prioritize *targeted interventions*: expanding mobile health clinics in remote/conflict zones, subsidizing menstrual products, training providers to reduce discrimination, and integrating community health workers to bridge information gaps. Only by tackling the intersection of geographic, economic, and cultural barriers can the nation ensure equitable health outcomes for all women.

3.3.2   Psychological Well-being

The study reveals nuanced insights into the psychological well-being of Ethiopian women, demonstrating both resilience and vulnerability across different dimensions. While women generally exhibit moderate to high self-efficacy (mean score 48.8 out of 60), younger and urban women report slightly greater confidence in their abilities, likely due to better access to education and economic opportunities. Life satisfaction remains relatively low (mean 27.7 on a 7-49 scale), with significant regional disparities—Gambella women report the highest satisfaction (35.3), while those in Harari and Tigray (22.6 and 23.1) face heightened challenges, possibly due to conflict and economic instability. Stress levels are notably elevated (mean 14.6 out of 25), with financial insecurity (36.8%) and job-related concerns (29%) being the primary stressors, particularly among urban women and those aged 30-49, who often bear dual burdens of employment and caregiving. These findings underscore the profound impact of socioeconomic pressures on mental health, as well as the role of regional contexts in shaping well-being.

Self-esteem and overall psychological well-being (mean 23.6, range 12-60) decline with age, reflecting the cumulative toll of systemic barriers such as limited economic opportunities and societal expectations. Urban-rural disparities are also evident, with urban women reporting marginally better self-esteem, likely linked to greater access to resources and social support. Notably, literacy emerges as a critical factor—women who can read and write exhibit higher motivation and confidence in providing for their families, suggesting that education empowers not just economically but also psychologically. However, illiterate women display slightly higher financial optimism, possibly due to differing expectations or cultural norms. These patterns highlight the complex interplay of age, location, and education in shaping women's mental resilience. Addressing these challenges requires targeted interventions, such as mental health support in high-stress regions, programs to bolster economic security, and literacy initiatives to enhance self-efficacy, ensuring Ethiopian women can thrive amid adversity.

3.4   Safety, Rights, and Justice

3.4.1   Gender-Based Violence

The study exposes a disturbing reality of gender-based violence (GBV) across Ethiopia, with 20.2% of women reporting experiences of physical (9.3%), sexual (6.0%), psychological (13.3%), or economic (5.8%) abuse. Younger women aged 15–49 face heightened risks, particularly those in polygamous (27.6%), separated (29.9%), or engaged (30.4%) relationships, where power imbalances and societal norms exacerbate vulnerability. Regional disparities further illustrate the uneven burden of GBV: Sidama (34.8%), Afar (30.2%), and Gambella (28.4%) report the highest rates, driven by conflict, weak governance, and entrenched patriarchal systems. Intimate partners emerge as the most frequent perpetrators of physical violence, while 7.4% of young women (15–29) endure sexual violence—a figure likely underreported due to stigma. Economic coercion and psychological abuse are most prevalent among polygamous (12.7%) and divorced women (17.8–21.9%), with rural (21.2%) and low-wealth (23.7%) populations disproportionately affected. These findings reveal how poverty, marital status, and geographic isolation intersect to trap women in cycles of abuse.

Despite the prevalence of GBV, only 14.0% of survivors access support—primarily through informal family networks, as formal systems remain critically under-resourced. A staggering 55.2% of women lack access to *any* services, while specialized aid—such as shelters (14.4%) and legal aid (9.2%)—is virtually inaccessible in most regions. Cultural stigma silences survivors, with fear of retaliation, victim-blaming, and distrust in institutions deterring reporting. Harmful traditional practices persist, exemplified by female circumcision, which, despite declining to 48.5% nationally (from 65.2% in 2016), remains pervasive among older (66.9%), rural (50.6%), and low-wealth (53.1%) women. Regions like Somali (83.5%) and Afar (70.2%) lag far behind progressive areas like Tigray (5.4%), reflecting uneven enforcement of anti-GBV laws and resistance to cultural change. This patchwork of neglect leaves survivors without recourse, perpetuating impunity for perpetrators—including authorities implicated in conflict-related sexual violence.

To dismantle GBV, Ethiopia must adopt a multisectoral approach that combines legal accountability, survivor-centred services, and community transformation. *Targeted interventions* in high-prevalence regions should prioritize economic empowerment (e.g., cash transfers, vocational training) to reduce women's dependence on abusers. Concurrently, scaling up shelters, legal aid, and trauma-informed healthcare—especially in rural and conflict-affected

zones—is critical to bridge the service gap. Legal reforms must hold perpetrators accountable, including security forces and officials, while specialized GBV courts could expedite justice. Equally vital are community-led campaigns to challenge patriarchal norms, engaging men and religious leaders as allies. The decline in female circumcision proves progress is possible, but accelerated efforts—such as school-based education and media advocacy—are needed to replicate success in resistant regions. By addressing GBV as both a human rights violation and a barrier to development, Ethiopia can foster safer environments where women's agency and dignity are non-negotiable.

3.4.2   Access to Justice

The study reveals critical insights into Ethiopian women's engagement with justice systems, showing that dispute prevalence and resolution mechanisms vary significantly by age, marital status, and geography. Women aged 30-49 and those in polygamous or engaged relationships report the highest dispute rates (6.3%), with urban women (5.9%) slightly more likely to report conflicts than their rural counterparts (4.7%)—a gap potentially reflecting urban women's greater awareness of legal rights or access to formal institutions. The nature of disputes also differs across demographics: family conflicts dominate among younger women (15-29 years), while land disputes disproportionately affect older women (50+), highlighting how life stage shapes legal needs. Regionally, Gambella and Sidama stand out with elevated dispute rates, likely tied to localized tensions over resources or inheritance norms. In resolving conflicts, traditional mediation remains the primary avenue (61.8%), overshadowing formal legal services (21.4%) and legal aid (12.6%). This reliance on informal systems underscores both the accessibility of community-based mechanisms and the barriers—such as cost, distance, or distrust—that limit women's use of formal justice institutions.

While 61.8% of disputes are resolved through local mediation, satisfaction with outcomes varies sharply across groups. Older women (50+) and cohabiting women report higher contentment, possibly due to social standing or alignment with customary norms, whereas polygamous wives—often in precarious marital positions—express the least satisfaction. Wealth and region further stratify experiences: low-income women and those in certain areas (e.g., agrarian communities) report greater satisfaction, possibly because local mediators prioritize restorative outcomes over legal technicalities. However, this harmony may mask power imbalances, as women in vulnerable positions (e.g., polygamous or engaged relationships) may lack leverage in informal negotiations. These findings demand *nuanced interventions*: (1) hybrid justice

models that link traditional mediation to formal safeguards, ensuring women's rights are upheld; (2) targeted legal aid for high-risk groups (e.g., polygamous wives); and (3) community education to raise awareness of rights, particularly in regions like Gambella. By addressing both structural barriers and cultural biases, Ethiopia can move toward justice systems that truly serve all women.

3.4.3   The State of Peace and Security

Ethiopian women face a multifaceted crisis where economic instability, safety concerns, and conflict intersect to shape their daily realities. Unemployment (70.5%), inflation (55.5%), and poverty (47.9%) emerge as the most pervasive challenges, with urban women disproportionately affected by rising costs (62.3%) and joblessness (75.6%). Rural women, meanwhile, grapple with acute shortages of basic necessities—only 34.2% have reliable access to drinking water, 27% face educational barriers, and 25.2% lack adequate healthcare. Compounding these issues, 15.3% of women report experiencing gender-based violence, reflecting a broader pattern of vulnerability. These challenges are not isolated; they form a web of deprivation that limits women's agency, with economic precarity exacerbating exposure to violence and vice versa. The data underscores the urgent need for integrated interventions that address both immediate survival needs and systemic inequities, particularly in regions like Amhara and Tigray, where conflict has deepened these crises.

Safety and peace perceptions reveal stark geographic and generational divides. While 63% of women feel secure moving within their neighbourhoods, this masks severe disparities: urban women (67%) report greater safety than rural women (61.1%), and seniors (58.2%) feel more vulnerable than younger generations. Regional contrasts are even starker—89% of women in Afar and Harari feel safe, compared to just 15.9% in Benishangul Gumuz and 28% in Amhara. Such disparities stem from uneven infrastructure, community support systems, and the lingering effects of conflict. For instance, 56% of women describe their areas as "very peaceful," yet 17% report escalating violence, and another 17% perceive no peace at all. Armed conflicts (29.5%) and ethnic tensions (14.1%) disproportionately plague rural areas (32.1% exposure) and regions like Tigray, where 48.4% of women report deteriorating security. These conditions fuel pervasive fear, with 30.2% of women constantly anxious for their safety, further restricting their mobility, economic participation, and mental well-being.

The toll of armed conflict on women is profound and gendered. Nearly 18% of women have been directly affected, with rural residents (19%) and those in conflict zones like Amhara and

Tigray enduring the worst impacts. Displacement (47.4%) is the most common trauma, followed by forced immobility (40.1%)—a reflection of limited options for escape or recourse. Women's exclusion from peace processes exacerbates their vulnerability: only 0.9% hold leadership roles in peacebuilding, despite 37.7% expressing interest in participation. Youth and rural women show particular readiness to engage, yet institutional barriers and regional instability—such as in Afar and Tigray, where disinterest exceeds 60%—hinder their inclusion. To break this cycle, interventions must prioritize three fronts: (1) *protection* through enhanced security measures and support for displaced women; (2) *economic empowerment* to reduce dependence on volatile environments; and (3) *inclusive peacebuilding* that elevates women's leadership. Only by addressing these interconnected dimensions can Ethiopia foster a future where women's security and participation are foundational to stability.

3.5 Agency and Participation

3.5.1 Key Aspirations and Priorities

Ethiopian women demonstrate cautious optimism about their economic futures, with 72.4% anticipating higher earnings and 77.7% expecting increased asset value within five years. However, these aspirations are unevenly distributed across regions, revealing deep structural inequalities. Women in Benishangul Gumuz (86.2%), Central Ethiopia (78%), and Oromiya (79.4%) exhibit the highest confidence in economic improvement, while those in Somali (17.6%) and Amhara (14.6%)—regions plagued by conflict and instability—report the lowest expectations. Similarly, asset value optimism is highest in Harari (95.1%) and Benishangul Gumuz (88.7%) but plummets in Somali (14.2%) and Tigray (12.5%), underscoring how regional instability stifles economic hope. Interestingly, rural women express slightly greater confidence than their urban counterparts in both earnings (73.2% vs. 70.8%) and asset growth (79.2% vs. 74.4%), likely due to the intense cost-of-living pressures in cities. These disparities reflect not only unequal access to resources but also the lingering effects of conflict, with Somali and Tigray women facing compounded barriers from displacement, destroyed infrastructure, and limited market access. To bridge these gaps, targeted economic interventions must address regional-specific challenges, including livelihood restoration in conflict zones and financial inclusion programs for marginalized communities.

Security perceptions further indicate the precarious realities of Ethiopian women. While 44.6% rate their current security as high, 22.3% feel profoundly unsafe, and nearly a quarter fear further deterioration. These anxieties are geographically polarized: women in Dire Dawa,

Central Ethiopia, and Oromia report relative safety (54.3%–93.7%), whereas those in Amhara, Benishangul Gumuz, and Tigray—hotspots of recent violence—face acute insecurity. Such disparities are exacerbated by gender-based violence and economic instability, which disproportionately limit women's mobility and opportunities. For instance, in conflict-affected Tigray, only 12.5% of women expect asset growth, linking economic despair to physical vulnerability. Compounding these challenges, women's engagement in governance remains alarmingly low, with 69.3% expressing minimal interest in local leadership roles. Regional again plays a decisive role: Oromia women show the highest governance aspirations (27.1%), while Dire Dawa (82.4%) and Tigray (79.3%) exhibit the lowest, a testament to how conflict erodes trust in institutions. This disengagement stems from systemic barriers, including patriarchal norms, lack of female role models, and the perception that governance systems are unresponsive to women's needs—issues that demand institutional reforms, quotas for women's representation, and grassroots leadership training to rebuild confidence.

When prioritizing their most urgent needs, Ethiopian women overwhelmingly identify safety (71.6%) and economic stability (61.1%) as top concerns, with healthcare access (55.5%) and infrastructure (36.2%) following closely. These priorities vary dramatically by region: Gambella and Tigray women emphasize security amid active conflict, while those in Afar and Dire Dawa focus on water and transportation gaps. The minimal emphasis on political participation (2.4%) reflects a survival mindset, where immediate safety and economic needs eclipse long-term civic engagement. Yet, this disengagement perpetuates a cycle of exclusion, as women's absence from decision-making allows their priorities to be overlooked. To break this cycle, a dual approach is essential: *immediate* interventions like conflict resolution and economic aid in crisis zones, and *structural* reforms such as gender-responsive governance and education campaigns to elevate women's political agency. For example, leveraging the 37.7% of women interested in peace initiatives—particularly youth and rural residents—could transform local leadership dynamics. Ultimately, addressing Ethiopian women's intersecting challenges requires policies that recognize regional disparities, amplify women's voices in governance, and align economic empowerment with security enhancements to foster sustainable, inclusive development.

3.5.2   Political Awareness and Participation

Ethiopian women demonstrate varying levels of legal and political awareness, with highest recognition of the Constitution (52.4%) and lowest awareness of labour laws (24%). Younger women show better understanding of constitutional matters, while middle-aged women are more

familiar with land and criminal laws. Significant disparities exist along educational and urban-rural lines, with literate and urban women displaying markedly higher awareness. Political knowledge follows similar patterns - while 84.1% can identify the prime minister, only 35.8% know the president, with urban residents and those in Addis Ababa showing substantially greater awareness than rural counterparts and southern regions.

Attitudes toward political participation reveal both challenges and progress. Nearly 60% of women feel they don't understand politics, yet most reject gender stereotypes in leadership (53.1%) and support female political representation (67-71%). Electoral participation is relatively strong (71.6% voted previously, 77.1% plan to vote), though significant regional variations exist and barriers like underage status (49.2%) and access issues (10.2%) persist. Notably, education appears crucial in shaping political attitudes, with literate women more likely to question authority and support gender equality in leadership.

Institutional participation remains limited, with only 8.4% involved in women's groups and just 2.1% in political parties or local councils. Leadership roles are most common among divorced (25%) and cohabiting women (25.5%), while traditionally married women participate less, suggesting marital status influences political engagement. While women's groups show effectiveness in mobilization, the minimal presence in formal decision-making bodies underscores the need for structural reforms to enhance women's political influence at all levels.

4.   Conclusion

This study provides a comprehensive assessment of Ethiopian women's status across economic, health, education, and security dimensions. Economically, persistent gender gaps persist, with women predominantly engaged in informal or unpaid work and facing limited decision-making power over assets. Barriers in agriculture, energy access, and vulnerability to economic shocks further constrain their empowerment. In health, regional disparities, financial barriers, and declining extension services limit care access, while stigma and insufficient reproductive health education exacerbate challenges. Educationally, low literacy rates (55.1%) and urban-rural divides reflect systemic inequities, with younger women faring better than older generations. Despite these hurdles, women demonstrate resilience, though gender-based violence (20.2% reported, likely undercounted) and psychological stressors like low self-efficacy and life satisfaction reveal the toll of structural inequalities.

Women's aspirations and civic engagement reflect both progress and entrenched barriers. While safety and economic stability top their priorities, political awareness remains low, with many feelings excluded from governance. Literacy emerges as a critical factor in shaping political engagement and challenging traditional authority. In conflict-affected regions like Amhara and Tigray, security concerns dominate, with women disproportionately bearing the brunt of displacement and violence. Despite their marginalization in formal peace processes, many express interests in participation, signalling unmet potential for leadership in reconciliation efforts. Regional disparities in safety and peace perceptions—from relative stability in Dire Dawa to acute insecurity in Benishangul Gumuz—underscore the need for localized interventions.

The findings call for integrated policies addressing immediate needs and systemic inequities. Economic interventions must prioritize women's access to resources and decision-making autonomy, while healthcare reforms should target geographic and financial barriers. Educational expansion, coupled with combating child marriage and rural disparities, is vital for long-term empowerment. Security strategies must centre women's protection in conflict zones and amplify their roles in peacebuilding. Ultimately, transforming the deeply rooted cultural and structural barriers requires sustained commitment to gender-responsive governance, conflict resolution, and equitable resource allocation to foster resilience and agency among Ethiopian women.

References

- Central Statistical Agency (CSA) [Ethiopia] and World Bank. 2018. Ethiopian Socioeconomic survey 2017/18. Survey Report. Addis Ababa, Ethiopia.

- Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approach*. Sage publications.

- Ethiopian Statistics Service (ESS) [Ethiopia] 2021. Labour and Migration Survey Key Findings. Addis Ababa, Ethiopia.

- The Federal Democratic Republic of Ethiopia (2019), Fifth National Report on Progress made in the Implementation of the Beijing Declaration and Platform for Action (Beijing +25). Document available at https://shorturl.at/3JsU3

- IFPRI. (2012). WEAI Resource Centre available at http://weai.ifpri.info/ . Retrieved on August 15, 2020.

- World Economic Forum. (2019). Global Gender Gap Report 2020.

The Impact of Conflict on Child Education in Ethiopia

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Abstract

Conflict in Ethiopia has had a devastating impact on children's education, inflicting physical and psychological harm, causing displacement, damaging school infrastructure, and exacerbating household economic losses. This study explores the multifaceted effects of conflict on child education through qualitative data capturing the lived experiences of students, teachers, and parents in conflict-affected areas. Additionally, it examines the impact on educational performance using administrative data on grade 12 national exam results from conflict-affected and non-conflict schools in Afar, Amhara, Benishangul-Gumuz, and Oromia regions. Key findings reveal that children are highly vulnerable to conflict, experiencing direct violence, psychological trauma, and displacement, which disrupt their education. Conflict-induced poverty further limits households' ability to afford education, while attacks on schools destroy infrastructure and materials, severely hindering learning environments.

Quantitative analysis confirms that conflict significantly reduces academic achievement, with grade 12 test scores declining by an average of 24 points (8% of the cutoff mark for university admission) between 2010 EC and 2013 EC. These findings underscore the urgent need for interventions such as psychosocial support, school rehabilitation, alternative learning opportunities, and recovery support to mitigate the adverse effects of conflict on education. This study highlights the critical importance of addressing the educational consequences of conflict to safeguard the future of Ethiopia's children.

1. INTRODUCTION

1.1. Background and Motivation

Children under 18 years comprise 46 per cent of the total population in Ethiopia (UNICEF, 2023). Protecting the rights of this vast number of people in the country should be one of the mandatory tasks of the Government of Ethiopia (GoE). In that respect, Ethiopia ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1991, which entitles children to obtain the necessary protection and assistance to fully realize overall growth and well-being. The National Child Policy of Ethiopia provides a complete framework for promoting and protecting the rights and well-being of children in alignment with the UNCRC and with the African Charter on the Rights and Welfare of the Child. The policy aims to ensure that all children enjoy their rights and have access to essential services.

There is a broad consensus that human capital investment in the form of education is considerably associated with socioeconomic development (Gylfason, 2001; McMahon, 2000; Ogunade, 2011; Cerf, 2023). Studies indicate that quality education and skill formation can advance economic growth (Barro, 2001; Hanushek & Woessmann, 2012a, b). In that light, the importance of education to child well-being and human development is emphasized by its central place in the sustainable development agenda. Goal four of the Sustainable Development Goals (SDGs) aims at securing inclusive and equitable quality education for all children by 2030. There are numerous roadblocks to achieving this global commitment. These include national governments' lack of political will or priority for education, such as insufficient spending as a percentage of GDP or unequal distribution of funding and resources. Poverty, child labour, distance from school, unequal access due to gender or other social factors and the presence of conflict are significant barriers to education, particularly in developing countries.

The Ethiopian Government has been heavily investing in the education sector. Although the development of cognitive skills has been slow (Pankhurst et.al, 2017; Iyer et.al, 2020), the country saw considerable improvement in access to education and thereby increases in school enrolment (UNESCO, 2015). Such growth was mainly driven by increased access to middle school grades, which range between grade 6 and grade 8, particularly in rural areas (World Bank, 2022). However, the recent armed conflict and violence befalling Ethiopia may reverse the gains in school enrolment and curtail learning progress in the country. The war in northern Ethiopia between the Ethiopian Defense Force and the Tigray National Liberation Front (TPLF) has been particularly deleterious, and resulted in mass death and migration of people from their

homes and in the destruction of infrastructure, including schools. The war affected not only the Tigray region but also several parts of the Afar and Amhara regions. Moreover, several parts of the Benishangul-Gumuz and Oromia regional states have been through protracted and recurring armed violence which has obstructed the functioning of their education systems.

Armed conflict and violence have consequences that transcend direct casualties. The development of human capital and the accumulation of education are severely hampered by armed conflict and violence. War and violence have been shown to have a negative impact on the public health system and on the utilization of health services (Ghobarah, Huth, & Russett, 2003; Li & Wen, 2005; Urdal & Che, 2013; Ekzayez et al., 2021; Gesesew et al., 2021), education (Brown, 2011; Deininger, 2003; Lai & Thyne, 2007; Lopez & Wodon, 2005; Shemyakina, 2006; UNESCO, 2011; Cervantes-Duarte and Fernández-Cano, 2016; Muthanna et al., 2022), and economic performance (Kugler et al. 2013). Lai and Thyne (2007) discovered that an average year of civil war reduced education spending at the state level by more than 3 per cent in the most comprehensive study to date on the effects of armed conflict on education. They also discovered a similar drop in enrolment, with tertiary education experiencing the greatest percentage drop.

Moreover, with the increasing availability of data from conflict zones, the literature is also touching on gender-related issues within conflict. According to UNESCO (2011), Shemyakina (2011), Poirier (2012), Pereznieto et al. (2017), girls' education outcomes are the worst in conflict-affected areas. However, a recent qualitative study by Jones et al. (2022) highlighted that gender differences on the impact of conflict on adolescents are not obvious. While many adolescent boys were dropping out of school to join armed forces, caregivers' concerns about the safety of their daughters were also resulting in girls discontinuing their education. These studies demonstrate the significance of a context-specific assessment of gender differences when examining the impact of armed conflict on children's educational attainment.

This study adds to the evidence base on the impact of armed conflict and violence on human capital development of children in Ethiopia. The study has made conceptual and analytical contributions to the literature by conducting rigorous quantitative and qualitative assessments taking the case of Ethiopia's armed conflict which began in November 2020[4] and recurrent armed violence that occurred in Benshangul-Gumuz and Oromia regional states. In doing so,

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[4] The fighting parties have signed a peace agreement following negotiations mediated by the African Union (AU).

this study highlights context-specific strategic priorities for conflict/violence-affected areas of Ethiopia with the aim of reducing disparities and addressing vulnerabilities.[5] Hence, the findings will contribute to further shaping the national development agenda and to accelerating post-conflict/violence recovery while leaving no one behind. As children are not a homogenous group, it is equally important to take into account inequalities between boys and girls, and other dimensions that lead to multiple, intersecting forms of discrimination and marginalization. The study provides key stakeholders with the opportunity to hone and refocus their strategies towards achieving the rights of children based on emerging risks and changing socioeconomic contexts.

1.2. Research Questions

The main purpose of this study is to empirically examine the effect of armed conflict and violence on human capital development and on the well-being of children in Ethiopia. To that end, the specific research questions this study aims to address are as follows:

- What are the lived experiences of children, teachers and parents or caregivers regarding the loss of child education outcomes in conflict/violence-affected areas in Ethiopia?

- What are the changes in the educational achievement of children attributable to armed conflict and violence in Ethiopia?

- Do the effects of armed conflict on child education vary based on the gender of children?

1.3. Scope of the Study

This study attempted to cover students who took grade 8 ('ministry') and grade 12 (school-leaving) examinations in conflict-affected and non-conflict areas in the Afar, Amhara, Benishangul-Gumuz and Oromia national regional states in the last five years (2010-2014 EC). We also covered students no longer going to school and parents/caregivers of children who enrolled in or dropped-out of school during the current academic year in the four regional states.

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[5] While data collection and analysis had been finalized in August 2023, armed conflicts continued in the Amhara and Oromia regions. This could further exacerbate the impact of conflict on education in these regions but has not been covered in this study.

2. A CONCEPTUAL FRAMEWORK LINKING CONFLICT AND CHILD HUMAN CAPITAL

In sections 2.1-2.3, Figure 1 presents the conceptual framework of the study by laying out the pathways (channels) through which armed conflict can have an adverse effect on human capital development and the well-being of children and, ultimately, on the future income-generating capacities of individuals. As such, a clear overlap exists between the return on investment arguments and the principle of a rights-based approach (i.e. 'leaving no one behind') in the conflict-development nexus that focuses on children as a unit of analysis.

Civilian casualties, whether those killed or injured, are the first to suffer in armed conflicts. Children are among the most vulnerable victims of civilian casualties. For those children who survived with physical injuries, going to school and furthering their education may be either physically impossible or place an additional burden on them with adverse consequences on their learning outcomes. Although children in areas of armed conflict may not experience physical injuries, they may suffer massive war traumas causing mental health problems and other related disorders. These may affect their education either by constraining their ability to go to school and to actively engage in learning activities, or by introducing limitations on their educational and lifelong aspirations.

Figure 1: Conceptual framework of the study
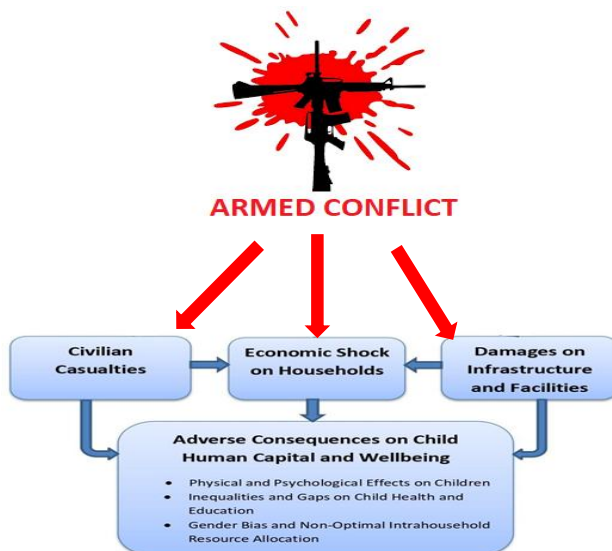
(Source: Own representation)

Civilian casualties in armed conflicts also result in the death of breadwinners and/or destruction of properties and fixed assets of households. This may cause lower regular and variable household incomes and consumption, which in turn influence households' economic behaviour and decisions related to investments on their children's human capital and well-being. Similarly, loss of properties and fixed or productive assets due to conflicts could also be a source of displacement and of liquidity constraints that limits households' ability to meet their basic needs. In this context, households may respond to conflict-induced income shocks by altering intrahousehold resource allocations as coping responses that could be non-optimal and may further aggravate deprivations in child nutrition, health and education. For instance, households' investment decisions may shift from spending on their children's health and education to spending on reconstruction activities (e.g. on properties, assets, businesses). Gender bias is a vital social element that may variously impact any conflict-induced income shock on human capital and on the well-being of children. As such, the impact of conflict may either be enhanced or blunted based on the sex of the child.

A third outcome of armed conflicts is the destruction of infrastructure and facilities that deliver basic goods and services. Armed conflicts not only limit mobility in fighting areas, but also damage roads, bridges and utility infrastructure making accessibility of basic goods (such as food) and services (such as health and education) impossible even after the fighting stops. Damage to these infrastructures also destabilize prices and make basic goods and services inaccessible to households in general and to children in particular. Moreover, schools and health facilities will also be completely or partially damaged during armed conflicts. This will create health and education inequalities between children in conflict-affected areas and those in unaffected regions. Therefore, the negative impact of conflict on child human capital and well-being can be mitigated through changes in the various contextual factors, such as access to markets, access to basic services and the presence of appropriate institutions and infrastructure.

3. METHODOLOGY

Our research design follows a mixed quantitative and qualitative approach. The quantitative approach mainly focuses on the impact of conflict on child schooling outcomes. To give more meaning to child human capital loss and to triangulate the quantitative data, we draw on a qualitative approach to data collection and analysis. We will briefly describe the methodological considerations of the proposed study as follows:

3.1. Sources of Data and Methods of Data Collection

As stated above, the proposed study seeks to assess the human capital cost of armed conflict on different groups of children to present robust evidence and to highlight opportunities for socially inclusive post-conflict recovery to address bottlenecks for the realization of child rights. To that end, utilizing both secondary and primary sources of data is of vital significance. The study mainly purports to observe the association, if any, between conflict and educational performance using administrative data before and after armed conflict. To that end, it plans to take students who took grade 8[6] and grade 12 examinations pre- and post-conflict from conflict-affected and non-conflict zones in the Afar, Amhara, Benishangul-Gumuz and Oromia national regional states as its target group. Thus the study intends to utilize target students' performance records on standardized test scores administered at regional and national levels and other administrative data as secondary data sources.

On the other hand, perceptions, narratives and/or experiential accounts of students, teachers and parents are generated through IDIs as a primary source of qualitative data. The IDIs were conducted using a semi-structured interview guide. The guide was used to obtain detailed descriptions of well-being, academic life, physical and mental health, and aspirations of the target students before, during and after the outbreak of the armed conflict. Overall, while the students' test scores (academic performance records) collected from Regional Education Bureaus in conflict-affected and non-affected schools constitute the quantitative data, the qualitative primary data of the study consist of the perceptions and lived experiences of students, teachers and parents or caregivers of children in conflict-affected areas.

3.2. Sampling

Quantitative data: All zones in Afar, Amhara, Benishangul-Gumuz and Oromia are considered a source of quantitative data. We used all observations with standardized test scores that we obtained in the administrative data. Specifically, students' test scores in the national standardized exams are essential administrative data for our quantitative analysis. We chose such standardized test scores of grade 8 and grade 12 students because these data facilitate comparable and generalizable results rather than relying on academic performance records of students in sample schools.

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[6] Test scores of grade 8 students could not be obtained with all relevant variables for the quantitative analysis. Therefore, we used only national grade 12 test scores for our quantitative analyses.

Qualitative data: For the qualitative analysis, as shown in Table 1, taking into account budget and time constraints, we first selected two primary schools (up to grade 8) and two high schools (up to grade 12) from each conflict/violence-affected zone. At the next stage, qualitative data from three children/students,[7] one teacher and one parent per school were collected using IDIs. In total, we gathered responses from 96 students and children who are no longer in school, 32 teachers and 32 parents, which total 160 IDIs.

Table 1: Summary of sample distribution for qualitative data

Grade level	Schools in armed violence or conflict affected zone	Number of sample schools	IDIs			
			Children/Students	Teachers	Parents	Total sample
8	Kilbati/Zone 2, Fanti/Zone 4 and Hari Rasu/Zone 5 in Afar	6	18	6	6	30
	North Gondar, North Wollo and Wag Hemra Zones in Amhara	6	18	6	6	30
	East Wollega Zone in Oromia	2	6	2	2	10
	Metekel Zone in Benishangul-Gumuz	2	6	2	2	10
12	Kilbati/Zone 2, Fanti/Zone 4 and Hari Rasu/Zone 5 in Afar	6	18	6	6	30
	North Gondar, North Wollo and Wag Hemra Zones in Amhara	6	18	6	6	30
	East Wollega Zone in Oromia	2	6	2	2	10
	Metekel Zone in Benishangul-Gumuz	2	6	2	2	10
Total IDIs						160

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[7] Furthermore, we targeted and conducted qualitative interviews with children who dropped out of school due to the armed conflict or to violence.

3.3. Data Analysis

3.3.1. Quantitative analysis

Trend Analysis: We can infer a temporal variation in human capital development by investigating and presenting the information as to whether a trend (i.e. increasing or decreasing) exists in students' test scores in national standardized exams in Ethiopia. The results from a trend analysis are presented using a trend line that connects the average test scores of students from conflict-affected and non-affected areas observed at multiple points in time.

Difference-in-Difference Analysis: The availability of educational administrative data (i.e. data on student's test scores in national standardized exams) in conflict-affected and non-affected schools in the same region before and after conflict warrants use of difference-in-differences (DiD) model. Using DiD, we can essentially compare conflict-affected and non-affected groups over time in terms of changes in test scores relative to the test scores observed during a pre-conflict baseline. Given a two-period setting where t = 0 represent before the conflict and t = 1 post conflict, and Y_t^P and Y_t^C be the respective average test scores for students in conflict-affected schools (P1=1) and for those in non-affected schools (P1=0) in period t, the DiD method estimates the average treatment effect as follows:

$$DiD = E(Y_1^P - Y_0^P | P_1 = 1) - E(Y_1^C - Y_0^C | P_1 = 0)$$

DiD estimator cancel out bias from unobserved heterogeneity through differencing. The first difference cancels out (controls for) observed and unobserved time-invariant factors in that group, as we are comparing the same group to itself over time. The second difference pertains to a way of capturing those time-varying factors by measuring the before-and-after change in outcomes for a group that was not in a conflict-affected area but was exposed to the same set of environmental conditions. The analysis relies on the following key variables in the administrative data obtained from regional education bureaus:[8]

(i)   The dependent variable of interest is the national grade 12 university entrance exam results: this is a continuous variable on the total test scores of grades 12 students on the exam.

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[8] The descriptive and econometric analyses are conducted using Stata.

(ii)   The explanatory variable of interest is the school's condition. It is a binary variable capturing whether or not secondary schools are damaged due to armed violence or conflict.

3.3.2. Qualitative analysis

The benefit of qualitative analysis is that it allows triangulation and validation of the information obtained from the quantitative evaluation. A qualitative investigation can also be conducted to introduce contextual information to address the "how" and "why" questions. Hence, the qualitative component provides a story behind any numbers that are collected to establish a deeper understanding. The method that is most widely used in qualitative analysis is thematic analysis of IDIs.

4.   RESULTS AND DISCUSSION

4.1. Effects of Conflict on Children's Well-being

This section presents the physical and psychological impacts, economic and livelihood loss and infrastructure damages attributed to armed conflict that collectively deter child human capital development. We used qualitative data from the IDIs conducted in conflict-affected zones of Afar, Amhara, Benishangul-Gumuz and Oromia regions. We also used photos of schools in the study areas to depict their situation at the time of data collection (i.e. in June 2023).

4.1.1. Physical and psychological impacts

The physical and psychological impacts of conflict can last for many years, even after a conflict is over. Children are particularly vulnerable to the effects of conflict. They may experience direct violence, such as being injured or orphaned, or they may witness violence against their families or friends. This can lead to long-term psychological problems, such as post-traumatic stress disorder, depression and anxiety. A boy in North Wollo testified that "in our school many students were killed and others displaced from their locality". Similarly, another boy in North Gondar said, "I think more about how to recover from my wound, how to get the bullet out of my body. These are my daily worries rather than my future education. I feel pain whether I sit or walk".

Both my parents were killed as a result of the conflict between the government and the armed groups. Our house was burnt; our property was looted as well. I have six brothers and sisters. We all are displaced now. I have seen the impact of the conflict with people dying and

properties destroyed and robbed. I am losing hope for the future because I have no one to support me. (A 16-year-old girl from East Wollega)

The unpredictable nature of the conflicts has also inflicted a tremendous deal of trauma, stress and fear among children living in and around the communities where the violent conflict occurred. This stress and fear prompted many students to develop new behaviour patterns.

4.1.2. Economic and livelihood loss

Armed conflict can lead to job losses as businesses are forced to close or to operate at reduced capacity. This can also lead to a decrease in wages and an increase in unemployment. Investors are often reluctant to invest in countries affected by armed conflict due to the high risk of losses. This can lead to a decrease in economic growth and job creation. Armed conflict can push people into poverty as they lose their jobs, their homes and their access to basic goods (such as food) and services (health care and education).

All the materials in our house were looted as we ran away along the mountain to another place during the conflict. I dropped out of school because there was no money to buy educational materials. My ambition is to join the military as I was feeling inferior because of lack of money for my education. (A 16-year-old boy in North Wollo)

4.1.3. Learning losses attributed to conflict

Focusing specifically on education, conflict can lead to the closure of schools, the displacement of students and teachers and the loss of learning opportunities. Armed conflict has had a devastating impact on child education, which is a major human capital building block.

I dropped out of school for the last three consecutive years. All of [my six brothers and sisters] are also not attending school due to the conflict. (A 16-year-old girl from East Wollega)

Schools are often closed during armed conflict, either because they are damaged or destroyed, or because it is too dangerous for students and teachers to attend school.[9]

The school materials, such as the library and different books, were totally destroyed and schools do not provide any teaching now. Most students aren't interested in coming to school because of the impacts of armed conflict. (An 18-year-old boy in North Wollo)

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[9] Detailed discussions on this are found in the following subsection (4.1.4).

Armed conflict can also lead to the displacement of students and teachers, forcing them to flee their homes and communities. This can make it difficult for students to continue their education, as they may have to move to new schools or to find new ways to learn. Ultimately, students miss out on lessons and cannot progress in their education. They also lose out on opportunities to socialize and develop their skills.

Therefore, the impact of armed conflict on education is not just immediate. It can also have long-term consequences as children who miss out on education are more likely to drop out of school altogether and to face unemployment and poverty in later life. Children with low human capital levels are less likely to have a career path and consequently are most likely to create new low-income families because of their lower income-generating capacities and reduced social mobility prospects in adulthood. Therefore, armed conflict and violence not only cause the immediate welfare of communities to deteriorate, but also diminish the human capital stock of a nation and aggravate poverty, inequality and social exclusion. Most participants claimed that conflict affected students' learning behaviour and academic achievement negatively, albeit the effect could not be characterized as uniform.

4.1.4. Damages to infrastructure and facilities

Armed conflict can damage or destroy roads, bridges, power lines and other infrastructure making it difficult or impossible to transport goods and services, produce food and access essential services. Specific to education, armed conflict and violence in Ethiopia has caused significant damages to major school structures (such as walls and roofs) and materials (such as blackboards, desks, books and computers). Schools are often targeted by armed groups, either as a direct attack or as collateral damage. As a result, school buildings are destroyed, school materials and supplies are looted, and students and teachers are displaced due to the recent armed conflicts and violence in Ethiopia. The conflict in many parts of the country caused damage to school infrastructure and facilities that can have a number of negative consequences for education. Conflict-induced school closures disrupt children's learning and prevent them from completing their education. It can also make it difficult for teachers to teach and for students to learn, as they may be forced to study in unsafe or overcrowded conditions, usually in IDP camps. It is more challenging to provide educational services in IDP camps than in refugee camps as teachers may be killed, injured or regularly displaced, and it can be difficult to recruit new teachers in areas affected by armed conflict.

In addition to the destruction of school infrastructure, the armed conflicts also lead to a shortage of educational materials. Armed groups looted or destroyed school equipment and supplies, such as textbooks, computers, and furniture. This can make it difficult for schools to operate and for students to learn.

The school teaching and learning work was better before the violent conflict. Following the conflict many school properties were destroyed, classrooms left without doors and windows, the walls, blackboards were broken, chairs destroyed and used as fuel. Computers, printers were stolen. (A secondary school teacher in Metekel Zone, Benishangul-Gumuz)

The destruction of school infrastructures has contributed to a rise in the number of dropout students. Some disclose that they decided to drop out fearful of the stiff competition they were likely to face with students from conflict-free zones due to difference in access to learning facilities and educational materials.

When we returned back to school to be enrolled in grade 11 after the conflict, the school had nothing: all its resources including its tables, chairs, computers and plasma TVs were damaged. Then many other students and myself gave up and dropped out of our schooling believing that we couldn't compete with national students after grade 12 attending classes in such a school. (A 25- year-old male student in North Gondar, Amhara)

4.2. Educational Achievement Gaps Attributed to Conflict

This section investigates the impact of the conflict on academic achievement using administrative data on the national grade 12 exam (commonly called university entrance national exam) results obtained from Afar, Amhara, Benishangul-Gumuz and Oromia regional states. We integrated quotes from the qualitative data to provide insights into the impact mechanisms and explanation on the quantitative findings. Figure 2 shows the general trend in national grade 12 exam results in the four regions and their average. Accordingly, students' total score on grade 12 national exam declined between the 2010 EC (i.e. 2017/18 GC) and 2014 EC (i.e. 2021/22 GC) academic years. The observed decline in students' grade 12 exam scores can be ranked based on the rate of decline from the highest to the lowest as Amhara, Oromia, Benishangul-Gumuz and Afar. The decline in grade 12 national exam results could be due to a number of factors that occurred between 2010 and 2014 EC, including the COVID-19 pandemic, climate shocks and armed violence and conflicts.

Figure 2: Trends in national grade 12 exam results

Trends in national standardized test scores of grade 12 students
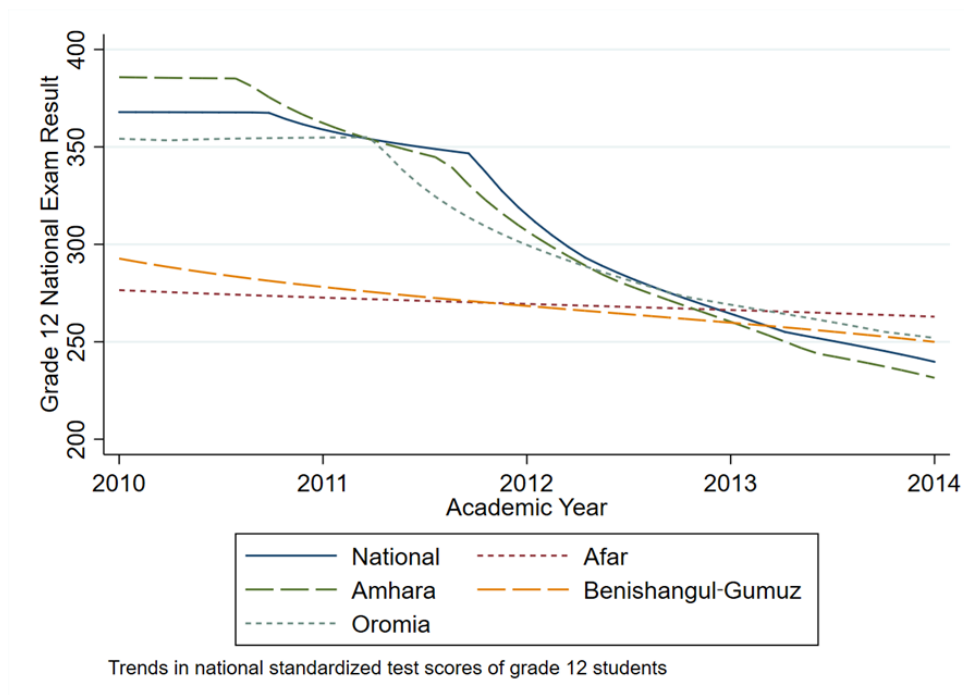
The physical and psychological effects, displacements, economic and livelihood loss and destruction and damages to school infrastructure and materials due to armed violence and conflict are expected to impact academic achievements of students in conflict-affected areas. To empirically examine the loss in educational achievements, if any, attributable to armed violence and conflict, we compared students in conflict-affected and non-affected areas over time in terms of changes in national grade 12 test scores relative to the test scores observed in 2010, which we used as a pre-conflict/violence baseline.[10]

Therefore, using the DiD approach, we first compared the school average test scores of students in conflict- affected areas before and after the armed violence or conflict, then we differenced out those time-varying factors that could affect academic achievement (such as COVID-19, climate shocks and changes in exam administration) by measuring the before-and-

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[10] While the two-year conflict in Ethiopia's northern regions started in November 2020 (i.e. 2013 EC), the surge of ethnic-based armed violence occurred in Benishangul-Gumuz and Oromia as early as 2020 GC (i.e. 2012 EC).

after change in school average test scores for students in schools that were not in a conflict-affected area but that were exposed to the same set of other conditions. Figure 3 shows that the mean difference across time in grade 12 national exam results between schools in conflict-affected and non-affected areas in Ethiopia.

Figure 3: Trends in school average national grade 12 exam results based on conflict experience

School average grade 12 exam results

Table 2: Difference-in-difference estimation on school average grade 12 exam results

Variables	Conflict-affected	Conflict-unaffected	Diff-in-Diff
Mean diff 2010-11	-21.19	-25.63	4.53
Mean diff 2010-12	8.98	9.65	-0.67
Mean diff 2010-13	-43.69	-20.15	-23.54***
Mean diff 2010-14	-159.88	-163.43	3.54

*** p<0.01, ** p<0.05

Figure 3 cannot provide information about the statistical significance of the difference in the trend on school average test scores between schools in conflict-affected and non-affected areas. Therefore, Table 2 supplements Figure 3 by providing results on statistical significance tests to the DiD estimates. Accordingly, grade 12 students' average university entrance national exam results significantly declined between 2010 EC and 2013 EC by around 24 score points due to armed violence and conflict. This translates into an approximately 8 per cent reduction from the average cutoff/passing mark required to attend government universities. Between 2010 EC and 2014 EC, the difference in the decline of school average test scores of grades 12 students between conflict-affected and non-affected schools is not statistically significant.[11]

We expanded our analyses using a similar approach to examine the impact of conflict on students' grade 12 exam results across the four regional states of Ethiopia, namely Afar, Amhara, Benishangul-Gumuz and Oromia. Figure 4 shows that the impact of armed conflict on the academic achievement of grade 12 students in Afar region is considerable. Between 2010 EC and 2013 EC, the school average test scores on grade 12 national university entrance exam declined by 15.5 score points in conflict-affected areas. On the contrary, in the same period, the school average national grade 12 test scores in conflict-unaffected areas exhibited an increasing trend (by showing 30 score points rise). Overall, grade 12 students in conflict-affected areas of Afar on average lost 54.5 score points, a trend attributable to armed conflict (see Table 3). Had there not been armed conflict, grade 12 students in conflict-affected areas of Afar not only would have avoided a 15.5 score points loss but also could have enjoyed a 39 score points increase on their national university entrance exam result.

On the other hand, between 2010 EC and 2014 EC, the school average national grade 12 test scores declined in both conflict-affected and unaffected areas of Afar. However, as shown in Table 3, the decline in national grade 12 test scores in conflict-affected schools is significantly higher than the decline in conflict-unaffected schools: on average, an additional 38 score points decline occurred in conflict-affected schools.

Figure 4: Mean difference across time in grade 12 national exam results between schools in conflict-affected and non-affected areas in Afar

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[11] The absence of a statistically significant difference implies there is no difference between the two groups.

School average grade 12 exam results in Afar
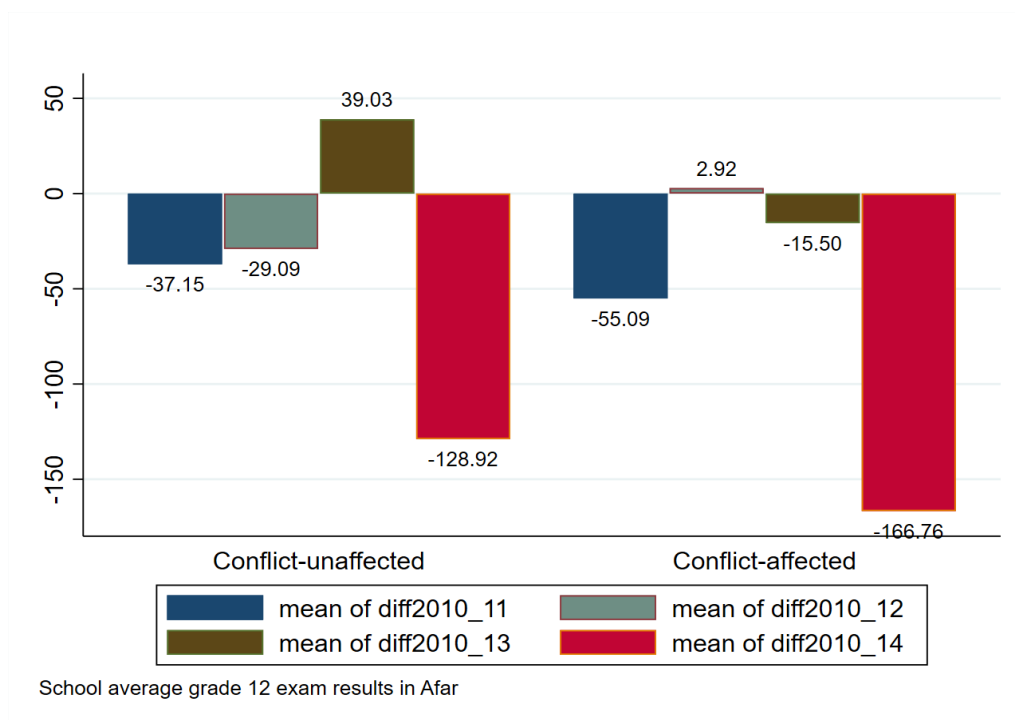
Table 3: Difference-in-difference estimation on grade 12 exam results in Afar

Variables	Conflict-affected	Conflict-unaffected	Diff-in-Diff
Mean diff 2010-11	-55.09	-37.15	-17.94
Mean diff 2010-12	2.923	-29.09	32.01
Mean diff 2010-13	-15.50	39.03	-54.53***
Mean diff 2010-14	-166.8	-128.9	-37.85***

*** p<0.01, ** p<0.05

Figure 5: Mean difference across time in grade 12 national exam results between schools in conflict-affected and non-affected areas in Oromia

School average grade 12 exam results in Oromia
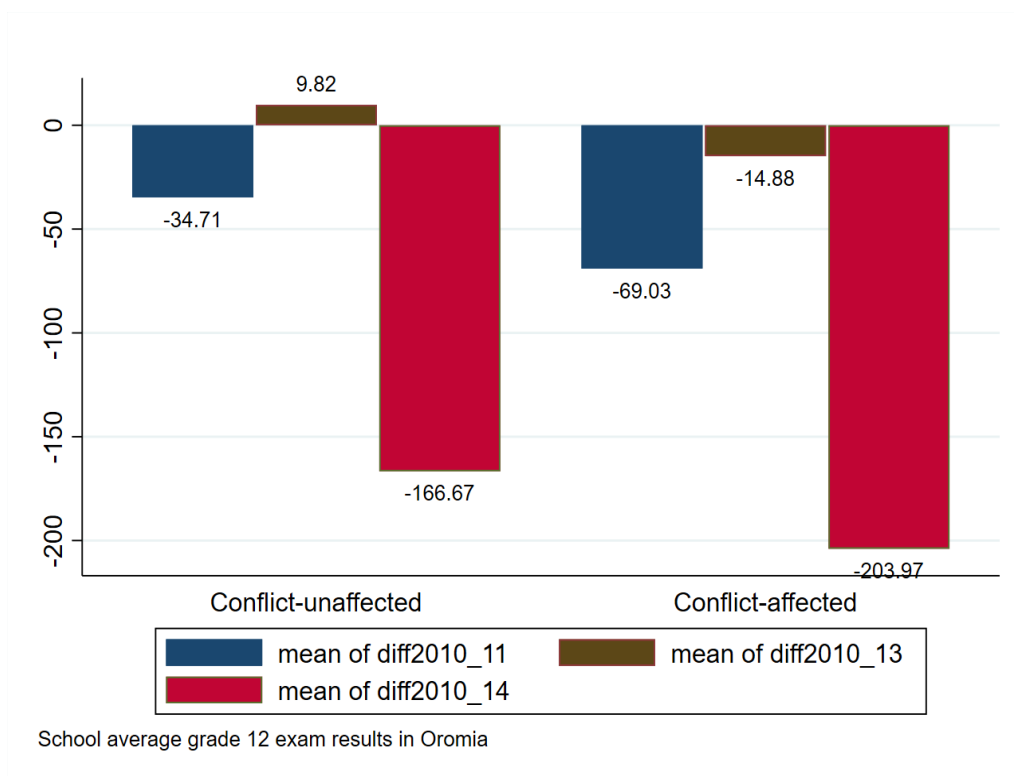
Table 4: Difference-in-difference estimation on grade 12 exam results in Oromia

Variables	Conflict-affected	Conflict-unaffected	Diff-in-Diff
Mean diff 2010-11	-69.03	-34.71	-34.327**
Mean diff 2010-13	-14.88	9.824	-24.70
Mean diff 2010-14	-204.0	-166.7	-37.303**

*** p<0.01, ** p<0.05

As shown in Figure 5, the trend in national grade 12 scores in the Oromia region is similar to Afar. However, a statistically significant difference between conflict-affected and non-affected areas on the change in school average grade 12 test scores across time was observed between

2010 EC and 2014 EC (see Table 4). This could be explained by the more intensified fighting between government forces and armed groups in the region which started at the outset of 2014 EC. As our interviewees recall:

In 2014 E.C the situation worsened and violent conflict broke out mainly between the government security forces and the armed forces (Oromo Liberation Army), and the conflict continued until recently. (A high school teacher in East Wollega)

It was in 2013 that the conflict's tension reverberated across different dimensions. A year later, the conflict erupted in October 2014 [E.C]. (A parent in East Wollega zone)

Figure 6: Mean difference across time in grade 12 national exam results between schools in conflict-affected and non-affected areas in Benishangul-Gumuz

School average grade 12 exam results in Benishangul-Gumuz
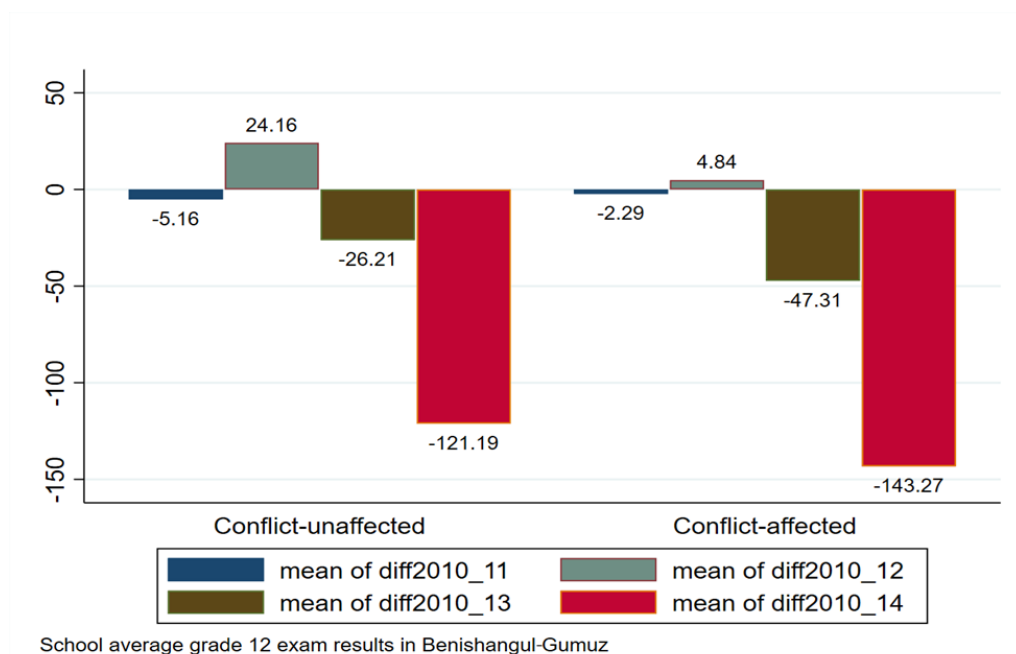
Table 5: Difference-in-difference estimation on grade 12 exam results in Benishangul-Gumuz

Variables	Conflict-affected	Conflict-unaffected	Diff-in-Diff
Mean diff 2010-11	-2.291	-5.160	2.869
Mean diff 2010-12	4.841	24.16	-19.32
Mean diff 2010-13	-47.31	-26.21	-21.10
Mean diff 2010-14	-143.3	-121.2	-22.08

*** p<0.01, ** p<0.05

The quantitative findings from the Benishangul-Gumuz region matches an IDI participant's statement; *The conflict does not affect my academic achievements. I am still doing well in my academic achievements with regard to class grade, average and test scores*. (A teenager in Metekel Zone, Benishangul-Gumuz

Figure 7: Mean difference across time in grade 12 national exam results between schools in conflict-affected and non-affected areas in Amhara

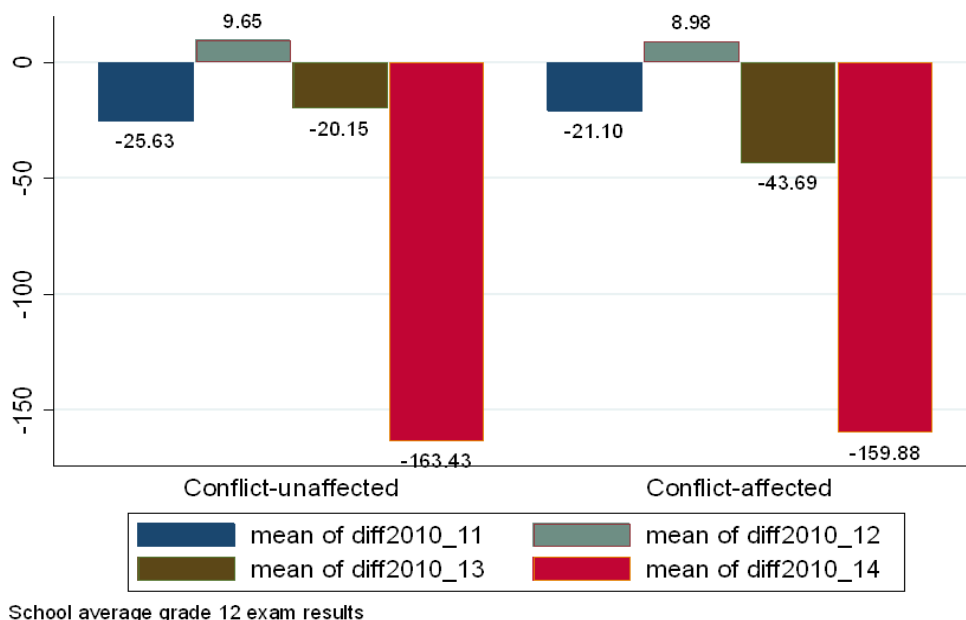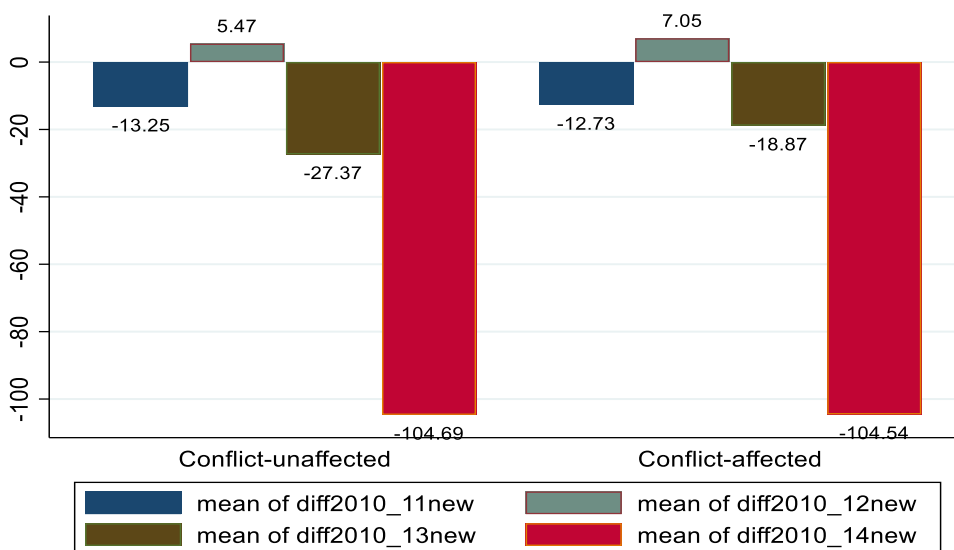School average grade 12 exam results in Amhara

Table 6: Difference-in-difference estimation on grade 12 exam results in Amhara

Variables	Conflict-affected	Conflict-unaffected	Diff-in-Diff
Mean diff 2010-11	-12.73	-13.25	0.52
Mean diff 2010-12	7.05	5.47	1.59
Mean diff 2010-13	-18.87	-27.37	8.50
Mean diff 2010-14	-104.54	-104.69	0.14

*** p<0.01, ** p<0.05

Similar to the results in Benishangul-Gumuz, the results from Amhara region are not statistically significant. As such, the declines in test scores between 2010 and 2013 and between 2010 and 2014 are negative and close in magnitude in both conflict affected and non-affected areas. This suggests factors other than conflict play a role in adversely affecting exam results of grade 12 students in the region.

4.3. Heterogeneous Gender Effects of Conflict on Child Education

As depicted in Figure 8, the national grade 12 exam results of both male and female students show a declining trend between 2010 and 2014 EC. The gender parity in the grade 12 standardized test score remains fixed throughout the five years without showing any sign of narrowing. On average, the test scores of male students decreased by around 50 per cent between 2010 EC and 2014 EC. In the same period, female students' average grade 12 test score declined by around 52 per cent.

Figure 8: Trends in national grade 12 exam results disaggregated by gender

Trends in standardized test scores of grade 12 students_NATIONAL
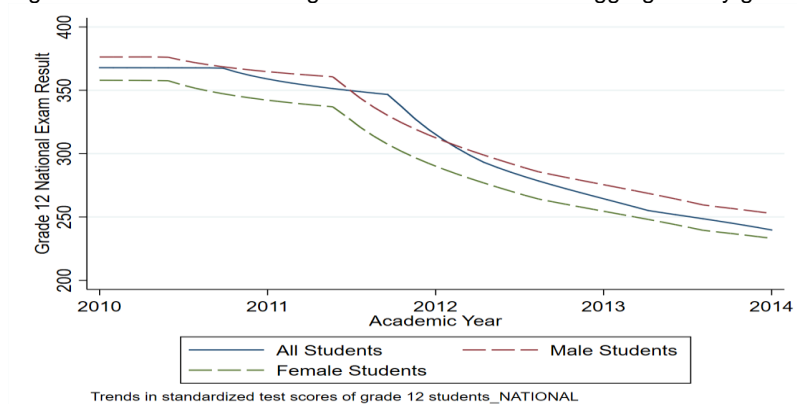
However, Figure 8 does not provide any information on how the impact of armed violence and conflict on reducing national grade 12 exam results varies between male and female students. Therefore, we conducted further quantitative analyses to examine this trend. The answer to this inquiry is that there is no statistically significant variation in the impact of conflict on school average grade 12 exam results based on the gender of students. In conformity with the quantitative findings on the absence of a statistically significant heterogeneity in the results on the gender impact of conflict on grade 12 test scores, the IDI responses on the varying impact of conflict on child education based on gender reveal mixed findings. As a high school teacher from East Wollega zone puts it: *"Both boy and girl students' class performance decreased due to this conflict. They are constantly unhappy both when going to school and returning home because of the conflict."* Therefore, both boys and girls are affected by armed violence and conflicts, but in different ways.

5. CONCLUSION AND RECOMMENDATIONS

In Ethiopia children's well-being and human capital development have been affected severely due to the recently armed violence and conflicts that erupted in different parts of the country. This study has attempted to examine the impact conflict brought about on the well-being and human capital development of children by analysing data collected relating to the lived experiences of children, their parents/guardians and teachers in conflict-affected zones in Afar, Amhara, Benishangul-Gumuz and Oromia regional states. Although the nature (causes, parties involved and incidents) of the conflict varies from one region to another, what appears to be common in all the settings are the consequences of the conflict. Our analysis reveals that the violent conflict has caused multidimensional damages to the society in conflict-prone areas of all

the regions included in this study, with the effect being much pronounced in terms of the well-being and educational achievements of children.

Almost all of the informants in this study described their horrific experiences in the wake of armed violence and conflict in their respective areas. Their narrations of major incidents during or right after the outbreak of the violent conflict disclose loss of family members, physical and psychological harm, loss of assets, properties and income source, displacement, destruction and damage to school infrastructures and materials. All these factors took a severe toll on the learning outcomes and academic achievement of students. In this respect, our empirical assessment on the loss in academic achievements attributed to armed violence and conflict reveal that, on average, the academic achievement of grade 12 students has significantly declined in conflict-affected areas compared to the trends observed in conflict-unaffected areas.

Whether the impact of the conflict is more pronounced on boys or on girls would seem to be less clear as there are respondents who argue that girls are more affected than boys and vice versa. A key takeaway from opposing remarks by the study participants is that both boys and girls are significantly affected by armed conflict, but in different ways. Boy students are impacted by their direct involvement in the conflict or because they are targeted by fighting parties due to perceptions of their recruitment to the opposing armed group. This finding from the qualitative data is validated by our quantitative analysis as we found no statistically significant heterogeneous gender impact of conflict on grade 12 test scores in any of the study regions.

Based on the key findings of this research, there are a number of actions that should be undertaken to mitigate and reverse the impact of armed conflict on child education in Ethiopia. Accordingly, this study provides the following actionable specific recommendations:

Peace efforts: continuous efforts to address the underlying causes of conflict and find ways to put an end to ongoing conflicts.

Psychosocial support: Children who have experienced conflict may need psychosocial support to help them cope with the trauma they have experienced. This support can be provided by trained professionals, such as psychologists or social workers.

Rehabilitation of schools: Rehabilitation of schools affected by conflict is a complex and challenging task, but it is essential to ensure that children have access to education. Some of the key considerations for rehabilitating schools affected by conflict include:

- The first priority is to ensure that the school is safe for children to attend. This means clearing the school of explosives, repairing any damage to the building and replenishing school equipment and materials.

- The rehabilitation of schools should be a community-led effort. This means involving parents, teachers and other community members in the planning and implementation of rehabilitation projects.

Providing alternative learning opportunities: Large numbers of students are still out of school and displaced due to armed violence and conflict in their residential area.

- For students who cannot attend their former schools due to active armed violence or conflict, alternative learning opportunities should be provided, such as distance learning, mobile schools, or accelerated learning programmes.

- Help students with finding new schools in their current place of residence after conflict-induced displacement.

Providing recovery support programs to rebuild livelihoods: Displaced students (and their families) should be provided with support to help children continue their education. This could include social assistances for livelihood recovery.

ACKNOWLEDGEMENTS

6. REFERENCES

Blomberg, S. Brock and Hess, Gregory D. 2002. The Temporal Links Between Conflict and Economic Activity. *Journal of Conflict Resolution,* 46(1), 74-90.

Brown, G.K. 2011. The influence of education on violent conflict and peace: Inequality, opportunity and the management of diversity. Prospects: *UNESCO Quarterly Review of Comparative Education,* 41(2), 191-204.

Cerf, M.E., 2023. The social-education-economy-health nexus, development and sustainability: perspectives from low-and middle-income and African countries. *Discover Sustainability*, 4(1), Article number 37.

Cervantes-Duarte, L. and Fernández-Cano, A. 2016. Impact of armed conflicts on education and educational agents: A multivocal review. *Revista Electrónica Educare*, 20(3), 238-261.

Chen, Siyan, Loayza, Norman V. and Reynal-Querol, Marta. 2008. The Aftermath of Civil War. *The World Bank Economic Review,* 22(1), 63-85.

Collier, Paul, Elliot, Lani, Hegre, Håvard, Hoeffler, Anke, Reynal-Querol, Marta and Sambanis, Nicholas. 2003. Breaking the Conflict Trap. Civil War and Development Policy. Oxford: Oxford University Press.

Collier, Paul. 1999. On the Economic Consequences of the Civil War. *Oxford Economic Papers New Series*, 51(1), 168-183.

Davies, Victor A. B. 2008. Postwar capital flight and inflation. *Journal of Peace Research,* 45(4), 519-537.

Deininger, K. 2003. Causes and consequences of civil strife: Micro-level evidence from Uganda. *Oxford Economic Papers*, 55 (4), 579-606.

Ekzayez, A., Alhaj Ahmad, Y., Alhaleb, H. and Checchi, F. 2021. The impact of armed conflict on utilisation of health services in north-west Syria: an observational study. *Conflict and Health*, 15(1): 1-10.

Flores, Thomas Edward and Irfan Nooruddin. 2009. Democracy Under the Gun. Understanding post-conflict Economic Recovery. *Journal of Conflict Resolution,* 53(1), 3-29.

Gates, Scott, Hegre, Håvard, Mokleiv Nygard, Håvard and Strand, Håvard. 2012. Development Consequences of Armed Conflict. *World Development*, 40(9), 1,713-1,722.

Gesesew, H., Berhane, K., Siraj, E.S., Siraj, D., Gebregziabher, M., Gebre, Y.G., Gebreslassie, S.A., Amdeslassie, F., Tesema, A.G., Siraj, A. and Aregawi, M. 2021. The impact of war on the health system of the Tigray region in Ethiopia: an assessment. *BMJ Global Health*, 6(11), e007328.

Ghobarah, Hazem Adam, Huth, Paul K. and Russett, Bruce M. 2003. Civil Wars Kill and Maim People Long after the Shooting Stops. *American Political Science Review,* 97(2), 189-202.

Gylfason, T. 2001. Natural resources, education, and economic development. *European Economic Review*, 45(4), 847–859.

Iyer, P., Rolleston, C., Rose, P., and Woldehanna, T. 2020. A rising tide of access: what consequences for equitable learning in Ethiopia? *Oxford Review of Education*, *46*(5), 601-618.

Jones, N., Abebe, W., Emirie, G., Gebeyehu, Y., Gezahegne, K., Tilahun, K., Workneh, F. and Vintges, J. 2022. Disrupted educational pathways: The effects of conflict on adolescent educational access and learning in war-torn Ethiopia. In *Frontiers in Education* (Vol. 7, p. 963415). Frontiers Media SA.

Kugler, T., Kang, K. K., Kugler, J., Arbetman-Rabinowitz, M. and Thomas, J. 2013. Demographic and economic consequences of conflict. *International Studies Quarterly*, 57(1), 1–12.

Lai, B. and Thyne, C. 2000. The effect of civil war on education, 1980–97. *Journal of Peace Research*, 44(3), 277–292.

Li, Q. and Wen, M. 2005. The immediate and lingering effects of armed conflict on adult mortality: A time-series cross-national analysis. Journal of Peace Research, 42(4), 471–492.

Lopez, J. H., and Wodon, Q. 2005. The economic impact of armed conflict in Rwanda. *Journal of African Economies*, 14(4), 586–602.

McMahon, W. W. 2000. Education and development: Measuring the social benefits. Clarendon Press.

Ministry of Education (MOE). 2015. Education Sector Development Program V 2015/16-2019/2020, Addis Ababa: Ministry of Education of the Federal Democratic Republic of Ethiopia.

Muthanna, A., Almahfali, M. and Haider, A. 2022. The Interaction of War Impacts on Education: Experiences of School Teachers and Leaders. *Education Sciences*, 12(10):719.

Ogunade, Adeyemi O. 2011. Human Capital Investment in the Developing World: An Analysis of Praxis. Seminar Research Paper Series. Paper 38.
https://digitalcommons.uri.edu/lrc_paper_series/38

Olson, Mancur. 1993. Democracy, Dictatorship and Development. *American Political Science Review*. 87(3): 567-576.

Organski, A.F.K. and Kugler, Jacek. 1980. The War Ledger. Chicago: University of Chicago Press.

Pankhurst, A., Araya, M. and Woldehanna, T. 2017. Education and learning: preliminary findings from the Young Lives Round 5 Survey in Ethiopia.

Pereznieto, P., Magee, A. and Fyles, N. 2017. Mitigating threats to girls' education in conflict-affected contexts: Current practice. United Nations Girls' Education Initiative (UNGEI).

Shemyakina, O. 2006. The Effect of Armed Conflict on Accumulation of Schooling: Results from Tajikistan. HICN Working Paper no 12.

UNICEF. 2007. Child poverty in perspective: An overview of child well-being in rich countries. Innocenti report card 7. Florence: UNICEF.

UNICEF. 2021. Upholding Public Investment Commitments for Education Amidst COVID-19. Ethiopia Budget Brief 2020/21.

United Nations Educational, Scientific and Cultural Organisation (UNESCO). (2011). The hidden crisis: Armed conflict and education. Education for All Global Monitoring Report. Paris: UNESCO.

UNESCO. 2015. Education for All Global Monitoring Report 2015. Paris: UNESCO

UNESCO. 2015. Education for all: National review report of Ethiopia. Retrieved from
http://unesdoc.unesco.org/images/0023/002317/231724e.pdf.

United Nations Population Division. 2022. World Population Prospects: 2022 Revision.

United Nations Statistics Division. 2020. Demographic Yearbook – 2020.

Urdal, H. and Che, P.C. 2013. Civil war and gender inequalities in health: The impact of armed conflict on fertility and maternal mortality. *International Interactions*, 39(4), 489–510.

World Bank. 2020. Human Capital Country Brief, Human Capital Project, Retrieved from: https://www.worldbank.org/en/publication/human-capital

World Bank. 2022. Ethiopia Education Sector Public Expenditure and Institutional Review (PEIR). The World Bank, Washington D.C.

ANNEX

Table A1: Sample students by region: administrative data on grade 12 students test score

Region	Freq.	Per cent	Cum.
Afar	17,153	1.20	1.20
Amhara	635,602	44.46	45.66
Benishangul-Gumuz	20,956	1.47	47.12
Oromia	755,980	52.88	100.00
Total	1,429,691	100.00	

Weathering the Storm: Climate Shocks Threaten Children's Skills and Learning But Social Protection Can Mitigate Impact[12]

Kath Ford and Alula Pankhurst
Young Lives Ethiopia

Abstract

This study examines the long-term consequences of early exposure to climate shocks, such as droughts and floods, on children's physical growth, nutritional status, and foundational cognitive skills. Leveraging evidence from Young Lives, we highlight the profound and enduring impacts of climate shocks on children's ability to learn, progress in school, and acquire essential skills, exacerbating inequalities in education and skill development.

Critically, our findings reveal that these effects are neither inevitable nor irreversible. This research provides the first empirical evidence demonstrating that social protection interventions, such as food aid, can mitigate the negative consequences of climate-induced shocks. By reducing disparities in skills development and learning outcomes, particularly among children from the poorest households, social protection emerges as a vital tool to address climate-driven inequities.

The study underscores the urgency of adapting and scaling social protection programmes to shield children from the intertwined effects of poverty and climate change. By strengthening children's resilience and fostering equitable skill development, such interventions can play a pivotal role in mitigating climate-induced vulnerabilities and ensuring sustainable human capital development.

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[12] This chapter is based on the Young Lives Policy Brief 61, with the same title by Kath Ford which can be accessed at: https://www.younglives-ethiopia.org/publication/weathering-storm-climate-shocks-threaten-childrens-skills-and-learning-social.

Children living in poverty in low- and middle income countries are bearing the brunt of worsening climate change and its impacts, affecting many areas of their lives such as health and nutrition, education, water and sanitation, and housing. This chapter draws together Young Lives evidence on the impact of early climate shocks in particular on children's basic skills and learning, finding that early exposure to droughts and floods has a profound impact on children's nutrition and physical growth, with long term consequences for their skills development, ability to learn and progress in school.

Importantly, Young Lives evidence shows that these impacts are not irreversible or inevitable, and even more significantly, our new research finds that social protection, for example food aid, can mitigate these negative effects, reducing climate induced inequalities in skills development, learning and education, particularly for those living in the poorest households.

This is the first evidence showing the potential impact of social protection on improving children's foundational cognitive skills in low - and middle - income countries and stress the need to adapt and expand social protection programmes to better protect children from the negative effects of climate change and poverty and ultimately, improve children's skills development.

Early exposure to climate shocks has profound long-term consequences for children's development, including skills and learning.

 When extreme weather events destroy crops, harm livestock or lead to higher food prices, vulnerable households struggle to maintain nutritious diets, with severe long-term consequences for children's physical growth and skills development. In Ethiopia, Young Lives evidence shows that children exposed to severe drought in early childhood are likely to be shorter in height than their peers (physically stunted), and suffer more infections (such as diarrhoea) up until the age of 5, which might also negatively affect nutrient absorption and later growth (Bahru et al. 2019).

We have also shown that children who experience early childhood stunting (at age 1 and age 5) perform significantly worse in basic vocabulary and maths tests in later childhood at age 8, compared to their peers (Woldehanna, Behrman and Araya 2017).

Climate shocks can have intergenerational impacts on children's growth and skills development

Worryingly, the adverse effects of climate shocks on nutrition and growth can transmit from mothers to their children, with significant long-term intergenerational impacts on children's skills development and ability to learn. In Ethiopia, Young Lives study children born to mothers exposed to the famine of 1983–5 were, on average, shorter and had less schooling than their peers (similar to their mother's experience) (Tafere 2016).

In India, analysis of Young Lives data matched with historical rainfall data shows that droughts, flooding or cyclones experienced by a mother while she is pregnant can negatively affect her future child's vocabulary skills by age 5. Longer-term effects on basic maths and social and emotional skills (such as self-esteem and self-efficacy) manifest even into adolescence up to the age of 15 (Chang, Favara and Novella 2022).

Climate shocks also negatively affect children's foundational cognitive skills

Our latest research shows that early exposure to climate shocks can also negatively affect children's foundational cognitive skills. Foundational cognitive skills are a strong predictor of educational outcomes and refer to basic cognitive processes – the building blocks – critical for complex thought and effective learning, including long-term memory, working memory, implicit learning and inhibitory control skills[13]

In Peru, rainfall shocks (droughts and floods) experienced during the first 1,000 days of life – particularly during the gestation period – have long-lasting negative effects on children's working memory and their ability to concentrate on a specific task (inhibitory control), and, to a lesser extent, on their long-term memory skills, measured at the age of 12. This is most likely due to related nutritional deficiencies (Pazos et al. 2023).

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[13] For more detail, see related Young Lives Policy Brief 59 (Ford, von Russdorf and Ahlborn 2023).

Figure 1. *Percentage of Young Lives children who had experienced at least one drought or flood that affected the household economy by age 15*
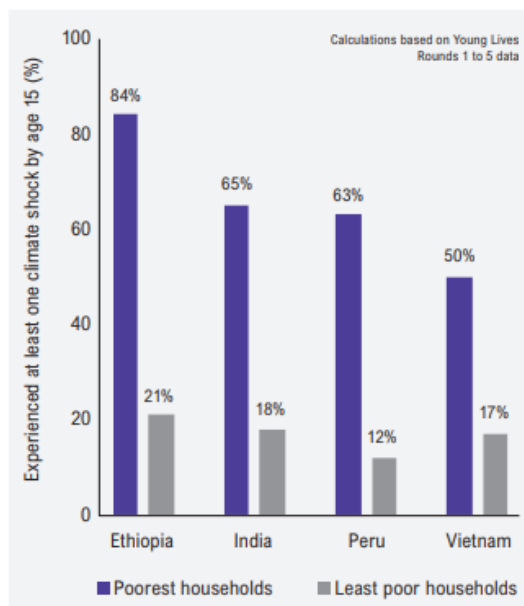
Children living in the poorest households are most affected, and when climate shocks intersect with gender inequality, adolescent girls are particularly disadvantaged

Children living in the poorest households are significantly more affected by the consequences of extreme weather events. In Ethiopia, 84 per cent of Young Lives children living in the poorest households had experienced at least one extreme weather event that affected the household economy by the age of 15, compared to only 21 per cent in the least poor households. Similar trends are seen in India (65 per cent versus 18 per cent), Peru (63 per cent versus 12 per cent) and Vietnam (50 per cent versus 17 per cent) – see Figure 1 (Porter and Ford 2022).

Image ©Young Lives/Antonio Fiorente

“ My body weight has greatly declined due to lack of sufficient food [after last year's drought] … we used to go to school without eating anything. We could not follow lessons properly due to hunger, and this contributed to the dropout of my sister and myself. ”

Shashitu, 15-year-old girl in rural Ethiopia (Chuta 2014)[3]

Poorer households are less resilient to financial hardships when climate shocks hit, which can increase the risk of interrupted education.

Families without access to affordable credit are likely to spend less money on their children's education (e.g. on school fees, learning materials or transportation) and are more likely to withdraw children from school (with the increased risk of children engaging in both paid and unpaid work). In Vietnam, our evidence shows that lower household income due to crop failures directly reduces the amount of time children spend in school at ages 8 and 15, particularly those from poorer households (Nguyen 2013).

When climate shocks lead to additional household work (e.g. walking further to collect clean water in times of drought or flooding) or extra childcare responsibilities (due to closed nurseries or schools), the burden invariably falls on adolescent girls and young women. These additional unpaid duties further reduce available time to study, and increase the risk of adolescent girls dropping out of school altogether, just as we have seen during the COVID-19 pandemic (Favara et al. 2022).

The impacts of climate shocks and poverty on children's growth and skills development are not irreversible or inevitable

Young Lives research shows that children suffering from chronic undernutrition, as measured by growth stunting, can recovery over a much longer period than previously thought – well beyond the first 1,000 days, even into adolescence up to age 15, indicating significant 'growth plasticity' throughout childhood (Georgiadis and Penny 2017).

Physical growth recovery is also associated with better performance (at least a partial catch-up) in cognitive tests and progression through school, by ages 8 and 12 (Georgiadis et al. 2017). For example, across all four study countries, children who were physically stunted at age 1, but had recovered by age 8, performed significantly better in maths, vocabulary and reading tests, compared to children who were still stunted at age 8 (although their scores were still lower than children who were never stunted) (Crookston et al. 2013).

While recognising the critical importance of investing in children's development and nutrition in the first 1,000 days, Young Lives evidence shows that sustained investment throughout childhood is also crucial, especially for those from the most vulnerable households.

School feeding programmes can provide important nutritional support to children affected by climate shocks. Young Lives evidence on the impact of India's Midday Meal Scheme (targeting primary schools) shows that recipient children who suffered undernutrition due to severe droughts in infancy demonstrate significant catch-up in physical growth by age 6. Growth catch-up is shown in both weight-for-age and height-for-age measurements, suggesting that school meals can have substantial impact on children's long-term development (Singh, Park and Dercon 2014).

Social protection offers significant potential to support children's development and improve skills and learning in the face of climate shocks

Social protection provides a critical safety net to help the world's most disadvantaged children fulfil their potential. This includes a wide variety of programmes implemented around the world to reduce and prevent poverty, including through cash transfers, food aid, welfare programmes and social insurance schemes. Our ground-breaking new evidence shows that social protection can reduce inequalities in children's foundational cognitive skills (measured at the age of 12). This is achieved when social protection mitigates some of the negative effects of climate shocks

and poverty, primarily through enabling better diets, reducing pressure on children to work, increasing time for learning and improving access to early education.[4]

In Ethiopia, children benefiting from the Productive Safety Net Programme (PSNP) have significantly better long-term memory. The children who benefited most were those who had experienced early undernutrition (leading to physical stunting), including those who had experienced rainfall shocks during their first year of life, and during the gestation period while their mother was pregnant (Freund et al. 2023).

Children benefitting from the PSNP also have better implicit learning skills (or 'muscle memory'). This is most likely due to increased household resources changing how children and other family members spend their time. The children who benefited were those who engaged in unpaid labour – working on the family farm or business – and those who spent no time studying before their household received support (Freund et al. 2023).

Image ©Young Lives/Antonio Fiorente

“ [Children from PSNP households] get food and have better capacity to understand the lessons [at school]. But those from non-PSNP go to school without food and do not follow their lessons properly. ”

Kassaye, 14-year-old boy in rural Ethiopia

Policy Implications

The UK government's new White Paper on international development highlights that accelerating progress towards universal social protection will reduce extreme poverty and hunger, and increase resilience to climate and other shocks (FCDO 2023). Our evidence shows that adapting and expanding social protection programmes, as part of a broad crosssectoral approach to supporting children's development, also offers significant potential to improve skills development and address inequalities in learning and education in the face of the climate crisis. This includes:

■ Adapting and expanding social protection programmes to be more 'shock-responsive' to support the most disadvantaged households in disaster-prone regions, including sustained support in response to acute nutritional deficits caused by climate shocks. Linking social protection programmes to climate risk monitoring and early warning systems can also ensure vulnerable households are supported before extreme weather events occur.

■ Delivering 'child-sensitive' social protection to create a protective environment for all children, from infancy to adolescence, especially those most vulnerable to the impacts of climate shocks. Prioritising sustained support to children who are undernourished or physically stunted (including beyond the first 1,000 days), those who are excluded from preschool and early education, and those who spend excessive time on paid or unpaid work, household duties or childcare responsibilities, is likely to yield the greatest benefits for improving children's skills and learning.

■ Prioritising safety nets for adolescent girls and young women, particularly for pregnant teenagers and young mothers vulnerable to climate shocks and nutritional deficits. This is crucial not only to safeguard their own health and well-being, but also for their children's long-term development, breaking intergenerational cycles of poverty and inequality.

■ Designing social protection programmes and related impact evaluations to realise (and measure) both the direct and indirect benefits for children. By doing so, these programmes can deliver more comprehensive and sustainable impacts, including improving long-term skills development and learning under threat from climate shocks. Demonstrating the long-term role that social protection can play in supporting children vulnerable to climate change should be considered in cost-effectiveness analysis, and could also help unlock additional investment through climate finance.

■ Extending and improving school feeding programmes, including for children in pre-primary, primary and secondary education. In addition to social protection, school feeding programmes can help sustain early gains and support children's later development (and provide incentives for school attendance), particularly in areas vulnerable to food insecurity. Our research shows that children's skills are malleable from infancy through to adolescence, supporting the call to extend school feeding programmes beyond primary schools to include both pre-primary and secondary schools.

■ Building the evidence base on how climate-related shocks, nutrition, skills development and learning interconnect and what can be done to better support coordinated cross-sectoral adaptation and mitigation strategies. Further longitudinal research is critical to understand changing trends over time and the impacts of specific climate shocks in different countries and social contexts.

References

Bahru, B.A., C. Bosch, R. Birner and M. Zeller (2019) 'Drought and Child Undernutrition in Ethiopia: A Longitudinal Path Analysis', PLoS One 14.6: e0217821. https://doi.org/10.1371/journal.pone.0217821.

Berhane, G., M.H. Abay and T. Woldehanna (2015) Childhood Shocks, Safety Nets and Cognitive Skills: Panel Data Evidence from Rural Ethiopia, *ESSP II Working Paper* 73, Washington, DC and Addis Ababa: International Food Policy Research Institute (IFPRI) and Ethiopian Development Research Institute (EDRI). http://cdm15738. contentdm.oclc.org/utils/getfile/collection/p15738coll2/id/128965/ filename/129176.pdf (accessed 28 November 2023).

Chang, G., M. Favara and R. Novella (2022) 'The Origins of Cognitive Skills and Personality: The Effect of In-utero Climate Shocks on Adolescents and Young Adult Life Outcomes', *Economics & Human Biology* 44: 101089.

Chuta, N. (2014) Children's Agency in Responding to Shocks and Adverse Events in Ethiopia, *Young Lives Working Paper* 128, Oxford: Young Lives. https://www.younglives.org.uk/sites/default/ files/migrated/YL-WP128_Chuta_Childrens%20Agency%20 and%20Shocks.pdf (accessed 28 November 2023).

Crookston, B.T., W. Schott, S, Cueto, M. Penny, A.D. Stein and J.R. Behrman (2013) 'Postinfancy Growth, Schooling, and Cognitive Achievement: Young Lives', *The American Journal of Clinical Nutrition* 98.6: 1555–63. https://doi.org/10.3945/ajcn.113.067561.

Favara, M., R. Freund, C. Porter, A. Sánchez and D. Scott (2022) 'Young Lives Interrupted: Short-Term Effects of the COVID-19 Pandemic on Adolescents in Low- and Middle-Income Countries', *The Journal of Development Studies* 58.6: 1063–80. FCDO (Foreign, Commonwealth & Development Office) (2023) 'International Development in a Contested World: Ending Extreme Poverty and Tackling Climate Change', https://assets.publishing. service.gov.uk/media/6560874b0c7ec8000d95bdcf/internationaldevelopment-in-a-contested-world-ending-extreme-poverty-andtackling-climate-change.pdf (accessed 28 November 2023). Ford, K., S. von

Russdorf and L. Ahlborn (2023) Unlocking Potential: How Social Protection can Improve Disadvantaged Children's Foundational Cognitive Skills, *Young Lives Policy Brief* 59, Oxford: Young Lives. https://www.younglives.org.uk/ publications/unlocking-potential-how-social-protection-canimprove-disadvantaged-childrens (accessed 28 November 2023).

Freund, R., M. Favara, C. Porter and J. Berhman (2023) 'Social Protection and Foundational Cognitive Skills During Adolescence: Evidence from a Large Public Works Programme', *The World Bank Economic Review* lhad035. https://doi.org/10.1093/wber/lhad035.

Georgiadis, A. and M.E. Penny (2017) 'Child Undernutrition: Opportunities Beyond the First 1000 Days', *Lancet Public Health* 2.9: e399. https://doi.org/10.1016/s2468-2667(17)30154-8.

Georgiadis, A., L. Benny, L.T. Duc, S. Galab, P. Reddy and T. Woldehanna (2017) 'Growth Recovery and Faltering Through Early Adolescence in Low- and Middle-income Countries: Determinants and Implications for Cognitive Development', *Social Science & Medicine* 179: 81–90. https://doi.org/10.1016%2Fj. socscimed.2017.02.031.

Global Coalition to End Child Poverty (2023) 'A Disproportionate Burden: Children in Poverty Bearing the Brunt of the Climate Crisis', https://www.endchildhoodpoverty.org/publications-feed/ climatechange (accessed 5 December 2023).

ILO and UNICEF (2023) 'More than a Billion Reasons: The Urgent Need to Build Universal Social Protection for Children. Second ILO–UNICEF Joint Report on Social Protection for Children', Geneva and New York: ILO and UNICEF. https://www.ilo.org/ wcmsp5/groups/public/-

--ed_protect/---soc_sec/documents/ publication/wcms_869602.pdf (accessed 28 November 2023).

Nguyen, T.D. (2013) Shocks, Borrowing Constraints and Schooling in Rural Vietnam, *Young Lives Working Paper* 94, Oxford: Young Lives. https://www.younglives.org.uk/sites/default/files/migrated/ YL-WP94_Nguyen.pdf (accessed 28 November 2023).

Pazos, N., M. Favara, A. Sánchez, D. Scott and J. Behrman (2023) Long-term Effects of Rainfall Shocks on Foundational Cognitive Skills: Evidence from Peru, *PIER Working Paper* 23-001, Philadelphia: Penn Institute for Economic Research. https://economics.sas.upenn. edu/system/files/working-papers/23-001%20PIER%20Paper%20 Submission.pdf (accessed 28 November 2023).

Porter, C. (2023) 'Comment: Reprioritising Inclusion and Equity to meet SDG4 requires thinking beyond the education sector', International Journal of Educational Development, forthcoming.

Porter C., and K. Ford (2022) 'Education Is under Threat from Climate Change – Especially for Women and Girls', *Young Lives Blog*. https://www.younglives.org.uk/news/education-under-threat-climatechange-especially-women-and-girls (accessed 30 November 2023).

Scott, D., J. Lopez, A. Sánchez and J. Behrman (2022) The Impact of the JUNTOS Conditional Cash Transfer Programme on Foundational Cognitive Skills: Does Age of Enrolment Matter?, *PIER Working Paper* 22-019, Philadelphia: Penn Institute for Economic Research. https://economics.sas.upenn.edu/system/files/workingpapers/22-019%20PIER%20Paper%20Submission.pdf (accessed 28 November 2023).

Singh, A., A. Park and S. Dercon (2014) 'School Meals as a Safety Net: An Evaluation of the Midday Meal Scheme in India', *Economic Development and Cultural Change* 62.2: 275–306.

Tafere, K. (2016) 'Inter-generational Effects of Early Childhood Shocks on Human Capital: Evidence from Ethiopia', https://econpapers.repec.org/scripts/redir.pf?u=https%3A%2F%2 Fageconsearch.umn.edu%2Frecord%2F236056%2Ffiles%2 FHC052416.pdf;h=repec:ags:aaea16:236056 (accessed 28 November 2023).

Woldehanna, T., J.R. Behrman and M.W. Araya (2017) 'The Effect of Early Childhood Stunting on Children's Cognitive Achievements: Evidence from Young Lives Ethiopia'*, Ethiopian Journal of Health Development* 31.2: 75–84. https://www.ejhd.org/index.php/ejhd/ article/view/1234/940

Exploring Ethiopian adolescents' economic aspirations and opportunities: findings from the GAGE longitudinal study

Presler-Marshall, E., Jones, N., Baird, S., Yadete, W., Endale, K., Hamory, J., Das, S. and Woldehanna, T.
Gender and Adolescence: Global Evidence

Introduction

In the first two decades of the millennium, Ethiopia made significant strides in development, with improvements across various sectors highlighting the government's dedication to improving the lives of its citizens. Between 2000 and 2020, for example, the poverty rate was nearly halved, dropping from 46% to 24% (United Nations Development Programme (UNDP) Ethiopia, 2018; World Bank, 2021). Despite this rapid progress, Ethiopia remains one of the world's poorest countries, ranking 176 out of 193 countries on the United Nations Human Development Index (UNDP, 2024). Moreover, since 2020 – when the Covid-19 pandemic began, when conflict broke out in Ethiopia's northern regions (leading to skyrocketing inflation), and when droughts affected many areas of the country – economic progress has not just slowed, but reversed (UNDP 2022; UNDP, 2024). UNDP estimates that since 2020, poverty rates and food insecurity have risen in all regions of the country (UNDP, 2022).

This paper, which draws on a fuller report (see Presler-Marshall et al., 2024a), builds on previous research by the Gender and Adolescence: Global Evidence (GAGE) programme and synthesises findings from Round 3 data collection (in 2021 and 2022) to explore patterns in Ethiopian adolescents' economic empowerment. Paying careful attention to similarities and differences between groups of adolescents (aged 13–17 at the time of Round 3 data collection)– based on their gender, geographical location, and intersecting disadvantages, including disability and child marriage – we explore multiple indicators of economic empowerment. These include household livelihoods and access to social protection, and adolescents' occupational aspirations, access to education and training, opportunities to work for pay, input into decisions about spending, and opportunities to save and borrow. The report concludes with implications for policy and programming.

Sample and methods

This paper draws on mixed-methods data collected in Ethiopia between early 2021 and late 2022. It adds to what we have learned from data collected at Baseline (2017–2018) and during Round 2 (2019–2020). For Round 3, budget limitations meant that GAGE researchers only surveyed adolescents living in rural South Gondar, rural East Hararghe and the city of Debre Tabor (see Figure 2). The total number of adolescents included in the Round 3 quantitative sample was 3,857; all were also included in Round 2 research (see Table 1). Adolescents were aged 10-12 at baseline and were a mean of 14.3 years old when surveyed for Round 3.
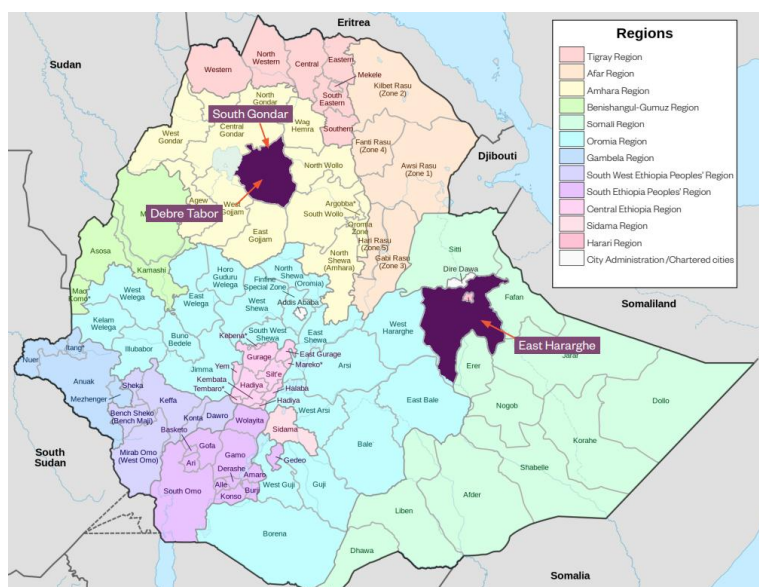
Figure 9: GAGE Round 3 research locations

	Rural South Gondar	Rural East Hararghe	Urban Debre Tabor	Total
Girls	1034	1002	187	2223
Boys	743	702	189	1634
Total	1777	1704	376	3857

Table 7: Quantitative panel sample

The qualitative sample for this report was primarily purposively drawn from the larger quantitative sample, but it also includes additional research participants who were purposively selected to explore the effects of the recent conflict in South Gondar – given that this represented a major shock to young people, their households, and their communities. In total, the qualitative sample included 242 adolescents, 219 caregivers and 198 key informants (see Table 2).

	Rural South Gondar	Rural East Hararghe	Urban Debre Tabor	Total
Girls	90	27	9	126
Boys	81	29	6	116
Total adolescents	171	56	15	242
Mothers	58	35	18	111
Fathers	56	34	18	108
Key informants	125	63	10	198

Table 8: Qualitative sample

Prior to commencing research, GAGE secured approval from ethics committees at ODI and George Washington University, the Ethiopian Society of Sociologists, Social Workers and Anthropologists, and the research ethics boards from the relevant regional Bureaus of Health of Ethiopia. We also secured informed assent from adolescents aged 17 and under, and informed consent from their caregivers and key informants. There was also a robust protocol for referral to services, tailored to the different realities of the diverse research sites (Baird et al., 2020).

Findings

Household assets and access to social protection

Adolescents' households own very few assets. At Round 3, respondents reported a mean of only 3.7/16 assets on an index[14] (see Figure 3). In line with existent evidence, location differences were highly significant, with households in urban Debre Tabor (6/16) owning nearly twice as many assets as those in rural areas of East Hararghe (3.3/16) and South Gondar (3.2/16). Between Round 2 and Round 3, adolescents in all locations saw a small but significant improvement (0.5/16) in ownership of household assets.

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[14] The index included items ranging from a working radio or mobile phone to a table or mattress.
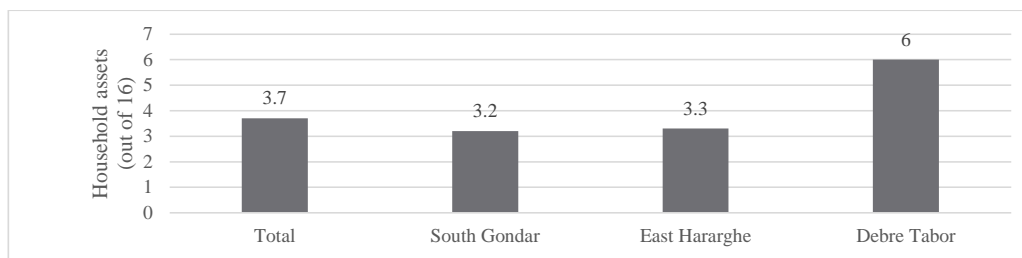
Figure 10: Household assets, adolescents

A large minority of rural adolescents' households were receiving benefits from Ethiopia's flagship social protection programme, the Productive Safety Net Programme (PSNP), at the time Round 3 data was collected: 29% in South Gondar and 28% in East Hararghe (see Figure 4). However, very few adolescents in Debre Tabor reported benefiting from the PSNP (1%), because the roll-out of the Urban Safety Net Programme has stalled in recent years. In the 18 months between Round 2 and Round 3, adolescents in South Gondar were slightly (but significantly) less likely to be benefiting from the PSNP (by 3 percentage points). Current levels of receipt of the PSNP in East Hararghe were unchanged between the two rounds.

Figure 11: Currently receiving PSNP, adolescents

With exceptions, rural adolescents and their caregivers reported that household livelihoods primarily depend on agriculture. There were, however, location differences in terms of the type of agriculture and the extent to which that agriculture is or is not supporting household economies. In East Hararghe, the story was mixed. Respondents in some communities reported producing cash crops, especially *khat,*[15] and longer-term improvement in household incomes. A 16-year-old boy observed that households in his community have thrived in recent years, due to new irrigation wells and new roads to reach *khat* markets: *'People have generators to bring the*

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[15] *Khat* is a shrub grown in the Horn of Africa. Its leaves are chewed for a stimulant effect.

water from the deep wells and to improve the production of the khat. So, people are becoming rich from time to time.' Respondents in other East Hararghe communities reported that agriculture is no longer able to sustain the household. A 15-year-old girl, when asked about her diet, replied that while she and her family used to eat well, '*Now we become poor.*'

In rural South Gondar, the story was more uniform: respondents mostly reported subsistence agriculture – and declining household incomes. A mother from that zone noted that the land is so over-worked that it no longer produces without fertiliser, which has become very expensive: '*The harvest decreased because we are unable to afford the cost of fertiliser… the land depends on it. It doesn't give good harvest without it. Now we harvest little.*'

In urban Debre Tabor, household livelihoods were more mixed. Quite a few young people reported that their caregivers had salaried work as teachers or working for non-governmental organisations (NGOs), or ran their own small shops. Others reported that they (primarily boys and young men) or their fathers engaged in daily labour or that their mothers sold foodstuffs at the local market. Although young people living in Debre Tabor are, on average, much better off than their peers in rural areas, many live hand-to-mouth and are constantly worried about having enough given the higher cost of living in an urban area.

In rural areas in both East Hararghe and South Gondar, drought in the months immediately preceding data collection had impacted the livelihoods and food security of many households. A 16-year-old girl from East Hararghe explained, '*This year there was a drought in our area, and we were exposed to food shortage. Our sorghum, khat and plants dried.*' A key informant from South Gondar similarly noted, '*The drought has a direct negative impact on parents. They can't harvest well, and they can't feed the family*.'

In South Gondar, the impacts of drought were amplified by the impacts of conflict. Rural respondents reported that due to ongoing violence, they could not take their livestock to pasture or market or weed their crops. A 17-year-old girl reported, '*The war affected my father's farming… he couldn't work on the field properly, fearing the war situation, and… couldn't weed the field, and this reduced the product.*'

In both rural areas and Debre Tabor, conflict-related inflation added to families' economic stress. A 15-year-old girl from a rural area explained, '*The price for everything was increased a lot… For example, berbere [chili pepper] were very expensive during the war.*' A boy the same age from urban Debre Tabor noted that inflation has been so high that he worries about his

family's food security: '*If the situation will continue like this, we may not afford to buy food for us.*'

In East Hararghe, young people and caregivers agreed that social protection reaches too few families, and that benefit levels are inadequate, given family size. A 14-year-old boy explained that few families in his community are supported by the PSNP: *'They provide support to about 7 people in a village… It does not reach all the people in the kebele.'* A father stated that not only are households in East Hararghe not well supported by the PSNP and other forms of social protection, but that they have been further stressed by government requests that households make extra contributions to support the government's military efforts:

There is no support for the community. Rather, the government asks us to contribute for different reasons. We have been contributing money. The least we give is 1,000 birr [approximately US$8.00] for defence forces, and other reasons.

In South Gondar, where households have also had some access to emergency aid designed to offset the economic impacts of the recent conflict, respondents were similarly underwhelmed by social protection programming. A key informant noted that his community has never had access to the PSNP:

People living around Qualisa area are getting the PSNP support for consecutive years, but our village is not getting the support… We complained about it. But they give us a deaf ear.

One father stated that this is because only people that have political connections can access benefits:

When the government sent food or other support for the people, they are only those who have relatives or friends of the government official who can get the support. The poor can't get the support.

Respondents also reported that emergency aid provided during the conflict was too limited. It prevented starvation during the months of active conflict, but ended too soon to support people to recover and rebuild their livelihoods. One mother explained that, '*They provided wheat because the area was affected by the war. We were provided three times. Then it was terminated after three months.*'

Although an Urban Safety Net Programme has been established in multiple urban localities across the country, in Debre Tabor one father noted that access to social protection is not only limited, but non-existent: *'There is no safety net in Debre Tabor.'*

Occupational aspirations

Across locations, most adolescents (81%) reported aspiring to skilled or professional work (see Figure 5). Location differences were highly significant, with those in urban Debre Tabor (93%) (where most adolescents were enrolled in school, see below) more likely to report aspiring to such work than those in rural South Gondar (85%) and East Hararghe (75%). In East Hararghe, gender differences were also highly significant, with boys (89%) (who were again more likely to be enrolled in school) far more likely to aspire to skilled or professional work than girls (66%). Since Round 2, there has been a small but significant (3 percentage points) decline in the proportion of adolescents who aspire to skilled or professional work. The largest decline, by 8 percentage points, was for girls in East Hararghe – most likely due to their higher chance of having recently experienced child marriage (see Presler-Marshall et al., 2024b).
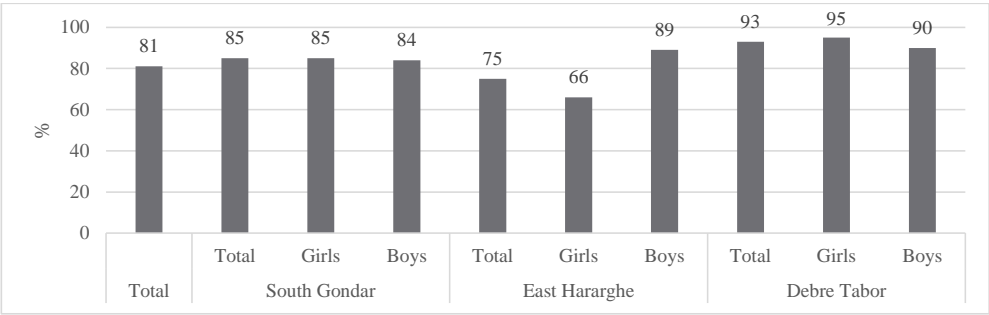
Figure 5: Aspires to skilled or professional work, adolescents

In aggregate, 41% of adolescents reported that they face at least one barrier to realising their occupational aspirations. Those living in urban Debre Tabor (62%) and rural South Gondar (45%) were more likely to report barriers than those living in East Hararghe (32%), presumably because those living in East Hararghe were less likely to aspire to skilled or professional work. In Debre Tabor (56%) and South Gondar (38%), adolescents were more likely to report that they lack the education and skills to achieve their goals than they were to report other barriers (see Figure 6). In East Hararghe, adolescents were more likely to report economic barriers (18%) to their aspirations.
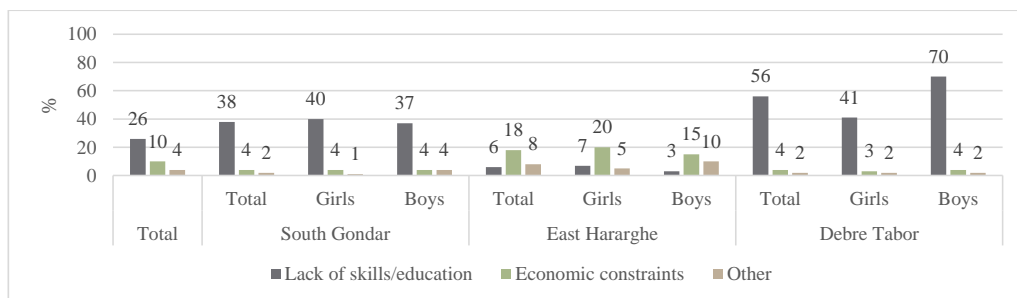
Figure 6: Barriers to aspirations, adolescents

At Round 3, more than a third of adolescents (38%) reported that they will need to migrate to realise their aspirations (see Figure 7). Location differences were highly significant, with those in rural South Gondar (45%) most likely to report needing to migrate, and those in urban Debre Tabor least likely (23%). Gender differences were significant only in East Hararghe, where 44% of boys but only 27% of girls reported that they will need to migrate to realise their aspirations.
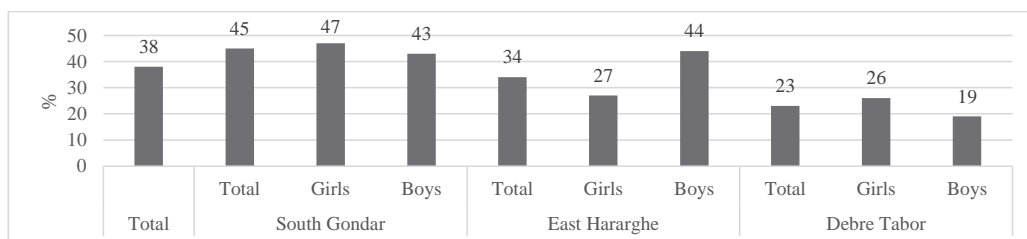
Figure: Need to migrate to realise aspirations, adolescents

Of rural adolescents who have considered migrating, the Round 3 survey found that most (83%) have considered migrating to one of Ethiopia's urban centres (see Figure 8). Another 10% have considered migrating to another rural area. The remainder, disproportionately from East Hararghe, have considered migrating abroad. In South Gondar, but not East Hararghe, there are gender differences in adolescents' preferred destinations, with boys preferring to migrate to another rural area and girls preferring to migrate to an urban area.
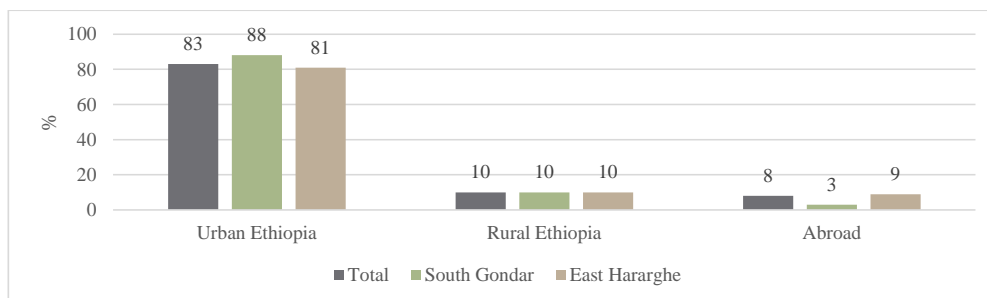
Figure 8: Preferred destination, of rural adolescents who have considered migrating

Adolescents detailed a wide variety of occupational aspirations. This is partly because many of the young people taking part in Round 3 research had also participated in an adolescent-focused NGO programme called Act With Her, which included lessons on setting short-term and long-term personal goals. Many of these were somewhat lofty. A 16-year-old girl from East Hararghe, who was unusual in that she was attending secondary school, explained that her short-term goal was to do well in 9th grade, saying that in the longer term, '*I may become an engineer.*' A 17-year-old boy from Debre Tabor reported his aspiration to become a pilot: '*It is my interest starting from my childhood. Even if my parents are not happy with my choice, it is my favourite choice.*' Other young people reported more practical aspirations. For example, a 13-year-old girl from South Gondar reported that her longer-term goal is to become a bank teller: '*I will go to secondary school in Ebenat then after I complete that, I want to work in a bank.*'

Although a minority of young people, disproportionately from Debre Tabor, expressed longstanding interest in a particular occupational pathway, most adolescents were clear that their aspirations were centred less on any given career, and more on achieving economic success. A 16-year-old boy from East Hararghe stated that his priority was earning a lot of money, so that he could support his family: '*I want to be rich and construct a house in an urban area and to support my family*' A girl the same age but from South Gondar similarly reported, '*I want to complete my education, secure a good job and support my parents financially.*'

Most adolescents were highly aware of how fragile their aspirations are. Across locations, but especially in rural areas, many young people (and their caregivers) cited the costs of secondary and post-secondary education as a significant barrier to realising educational and occupational goals. A 15-year-old boy from South Gondar explained: '… *the major reason for adolescent*

boys' loss of interest to learn is problems they have at home, mainly parents' inability to afford school material.'

Many young people, and their caregivers, also observed that persistently high youth unemployment, especially among the most educated, is lowering educational aspirations and shifting occupational aspirations. A 16-year-old girl from Debre Tabor stated that, *'Previously I wanted to be an engineer but I have changed my mind because as you know, getting a job after graduating with engineering is becoming impossible in the country.'*

Although youth migration – both inside Ethiopia and to the Middle East – has become common in recent years, migration was rarely integral to young people's narratives about their occupational aspirations. When it was, and in line with the GAGE survey findings, the largest group of young people discussed moving to urban areas to pursue post-secondary education or to find paid work. A 14-year-old girl stated, '*I want to attend Addis Ababa University because Addis Ababa is civilised.'* A smaller group of young people reported aspiring to move to the United States or the European Union.

Access to education and training

As noted in the companion report on education, the Round 3 survey found that 75% of adolescents were still enrolled in formal education (see Figure 9) (see also Presler-Marshall et al., 2024c). Despite conflict in Amhara region, enrolment was significantly higher in Debre Tabor (97%) and South Gondar (80%) than in East Hararghe (Oromia region) (66%). Gender differences matched figures from the Ministry of Education (2023), and were significant in rural areas. In South Gondar, girls were more likely to be enrolled than boys (84% versus 74%). In East Hararghe, the gender gap was much larger and favoured boys (84% versus 53%).
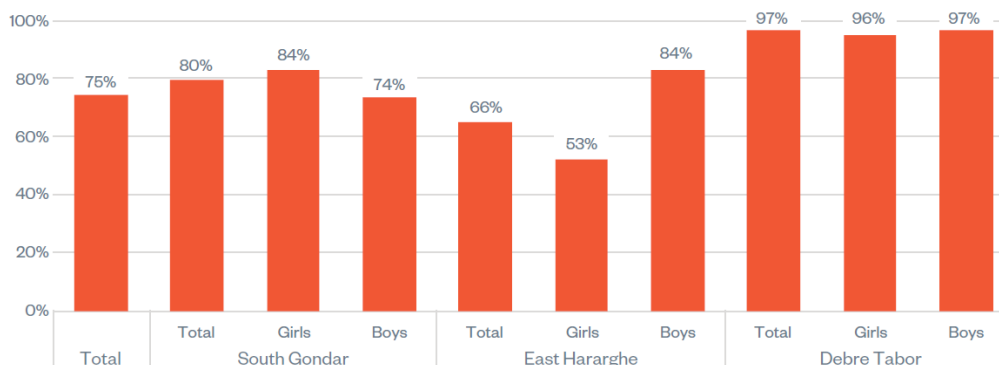
Figure 9: Adolescents' enrolment at Round 3

Between Round 2 and Round 3, adolescents' enrolment fell by a significant 6 percentage points. Declines were driven by adolescents living in rural areas, and were much larger in South Gondar (10 percentage points), which was impacted by recent violence, than in East Hararghe (3 percentage points). In South Gondar, boys' enrolment fell by 14 percentage points between the two survey rounds, and girls' enrolment fell by 8 percentage points. In East Hararghe, girls' enrolment fell by 4 percentage points, and boys' enrolment fell by 2 percentage points.

Qualitative findings extend and nuance the Round 3 survey findings. Due to stark differences between locations, including conflict in Amhara and reversed gender patterns between South Gondar and East Hararghe, we present these by location – disaggregating by gender where relevant.

South Gondar

In South Gondar, respondents identified myriad barriers to girls' and boys' educational uptake. Many mentioned the continued impact of poverty. In some cases, there are real costs to education. A father reported that in his *kebele*, parents are asked to pay to send their children to school: '*This year the school asked parents to pay 300 birr for each child. You can see, how can a parent who has 3 or 4 children pay the school fee? ….People in this kebele live under severe poverty.*' In other cases, there are opportunity costs to education, which can be high given that the labour market is not generating enough jobs for well-educated young people. A key informant – pointing out the newer, better constructed homes in his community – explained to the interviewer that: '*Those young people drop out of school, put their future at risk and help their family financially.*'

Conflict has also contributed to young people's school-leaving, because schools were closed, looted and destroyed during fighting. A *woreda*-level key informant with the Bureau of Education explained that: '*During the war time, they destroyed learning materials in many schools including the desk, the blackboards, the desktops, and also other materials.*'

Finally, efforts to improve educational quality have come at the cost of limiting some girls' and boys' access. The Amhara regional government recently closed the satellite schools that served remote communities, and has instead been encouraging parents to send their children to formal schools in more central communities. However, because schools are located around *kebele* centres, and are too far away to be accessed by many young adolescents and adolescent girls (given safety concerns), a significant number of young people have now lost access to education. A community leader stated, '*We closed the schools, which caused many children to discontinue their education because the place is far from here and the children couldn't come here.*'

Other barriers to education in South Gondar primarily impact boys. Many of the boys in the South Gondar GAGE sample started school some years later than they should have – sometimes beginning first grade at age 10 or 11[16] – because they were required to herd cattle until their next oldest brother could take over. Boys' agricultural responsibilities also prevent them attending school regularly. A 16-year-old boy explained: '*My father wanted me to look after the cattle all day … Because of that, I couldn't follow my education attentively. I was absent from school many days.*' By mid-adolescence, often before boys in South Gondar have completed primary school (due to late enrolment), work-related migration also pulls them out of school. A 15-year-old girl reported that out of her class of 40 students, only 10 are boys: '*When they* [boys] *get to the age of puberty, they prefer to go to arid areas like Metema to look for a job, than to continue their education.*' A teacher commented that adolescent boys' disadvantage vis-à-vis girls is also related to a *woreda*-level policy decision to only pay for girls' boarding expenses at secondary school level: '*Since four years ago, the woreda has sent only girls to boarding schools, since the government and NGOs give emphasis for girls' education.*' Recent conflict has also disadvantaged boys, because they were more likely than their female peers to take up weapons and join the military. A community leader explained, '*The country was collapsing and they didn't see any future for them in the school, so they went to the war.*'

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[16] The official age of entrance to kindergarten is age 5; first grade begins at age 7.

Although in South Gondar girls' enrolment is higher than boys', girls still face multiple gendered barriers to accessing education. For example, respondents noted that girls are rarely given enough time to study. A mother stated, '*Girls are busy with housework, they cook food, do cleaning and take care of animals, and they are busy. Because of workload, girls do not get enough time to study.*' Concerns about girls' sexual purity and safety also prevent girls in South Gondar from accessing education. Although this primarily impacts those transitioning to secondary school (see below), girls are at risk as soon as they reach puberty. A father from South Gondar stated: '*I observed boys violating girls while they were on their way to and from school… I observed boys harassing girls*.' Girls in South Gondar, like their peers in East Hararghe, also see their access to education limited by menarche (the onset of menstruation), due to schools' limited provisioning of water, sanitation and hygiene (WASH) facilities.

East Hararghe

Respondents in East Hararghe also identified multiple barriers to adolescent girls' and boys' access to education. Most commonly, they reported that parents do not understand the value of formal education beyond basic literacy and numeracy. A 14-year-old boy explained, '*They send their children to school until they know counting numbers only…All that they need is that – becoming able to count money and to do simple mathematics that will help them do business.*' Other respondents reported that poverty limits young people's access to education, especially at secondary school level and given the recent drought that has affected the country. A father noted that the cost of school supplies is more than many households can bear: '*This year a dozen exercise books costs 780 birr… a single father is schooling 5, 6 or 7 children. You can multiply by 780.*' A *woreda*-level key informant with the Bureau of Education stated, '*The households that have money send children to secondary school in the town and educate them. Those who do not have resources are unable to educate their children in secondary schools.*' Several respondents reported that economic opportunity is also pulling adolescents out of school in East Hararghe. A 17-year-old boy explained at length: '*Last year, many children from the community were enrolled in school but this year, this has been declining… Young people and adolescents are more focusing on producing khat farming and trading business.*'

With the caveat that several respondents reported that *kebele* officials are now fining the parents of girls who are absent from school – and that the recently installed wells with electric pumps have reduced the time that girls must spend collecting water – young people and adults in East Hararghe overwhelmingly focused on the gendered barriers to education faced by

adolescent girls. Most respondents first reported that girls' school-leaving is their own fault, and that they are leaving due to child marriage. A mother stated: '*Girls quit education and get married.*' With only a few exceptions, however, respondents reported that girls' disengagement from school is driven by parental demands. A 17-year-old boy explained, '*Girls have lots of work to do…They have work overload. It is not like towns here.* A mother admitted, '*We order girls to cook food for her brother and send him to school and order her to stay at home and work. We say education of girls is useless.*' Girls noted that even in cases where a mother supports her daughter's education, social norms and community pressure generally work to limit it. A 16-year-old girl explained: '*Adults in the community discourage mothers, saying "Why do you bother educating girls, by spending money on expensive educational materials?"*' Girls explained that after years of poor attendance (for which they are often punished by teachers), dropping out of school seems a rational response – especially given very limited local opportunities for paid work (primarily *khat* farming). A 17-year-old girl who left school after grade 4 explained: '*We have to prepare breakfast…when we arrive at school, we are late and our teachers are disappointed with us, they beat us for being late. So we drop out of school.*'

Debre Tabor

In urban Debre Tabor, although the average household is better off than those in rural areas, poverty limits some girls' and boys' access to education. Other barriers to education are gendered and primarily impact girls. A 13-year-old girl stated that parents' control over girls' mobility and time can also impact girls' attendance: '*I had to look after my baby brother… I have missed 14 days of the school year.*'

Access to income

The Round 3 survey found that the average adolescent did 5.3 hours of unpaid work each day (see Figure 10). Adolescents in rural South Gondar (5.7 hours) allocated more of their daily time to household labour than their peers in East Hararghe (5.3 hours) and Debre Tabor (3 hours). Unsurprisingly, girls in all locations spent more time on domestic work than boys (e.g. 2.5 hours a day versus 1.7 hours a day in Debre Tabor). In rural areas, girls also spent more time each day doing care work than boys (e.g. 1.2 hours a day versus 0.8 hours a day in South Gondar). In rural areas, boys spent more time than girls doing agricultural work (e.g. 3.3 hours a day versus 1 hour a day in East Hararghe).

The gender gap in terms of total number of daily hours spent on household labour varies by location. In South Gondar, boys work 30 minutes more each day than girls (6 hours versus 5.5 hours). In East Hararghe and Debre Tabor, girls work for longer each day than boys. The largest gender gap is in East Hararghe, where girls work (on average) 42 minutes more than boys each day. In the 18 months between Round 2 and Round 3, rural adolescents were contributing an average of 30 extra minutes of unpaid work each day to their household.
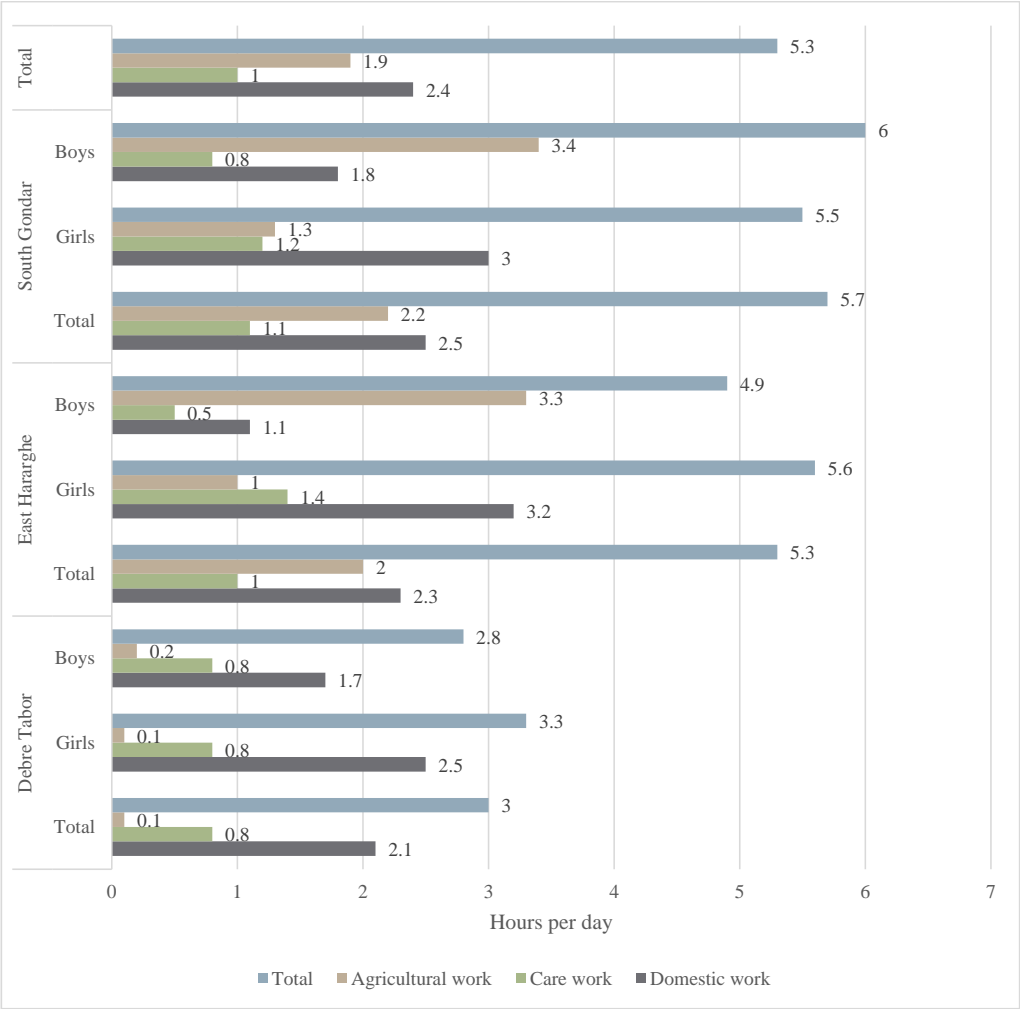
Figure 10: Adolescents' daily unpaid work

Few adolescents (9%) reported on the Round 3 survey that they had worked for pay in the past 12 months (see Figure 11). Location differences were significant, with adolescents in East Hararghe (12%) (where *khat* production is booming) more likely to have worked for pay than their peers in rural South Gondar (7%) and Debre Tabor (5%). Gender differences were also significant, with girls in all locations (7%) less likely to have had paid work in the past year than boys (12%). The gender gap was largest in South Gondar (3% versus 11%). At Round 3, adolescents were 2 percentage points less likely to have had paid work in the past year than they were at Round 2. The largest decline, 8 percentage points, was in East Hararghe.
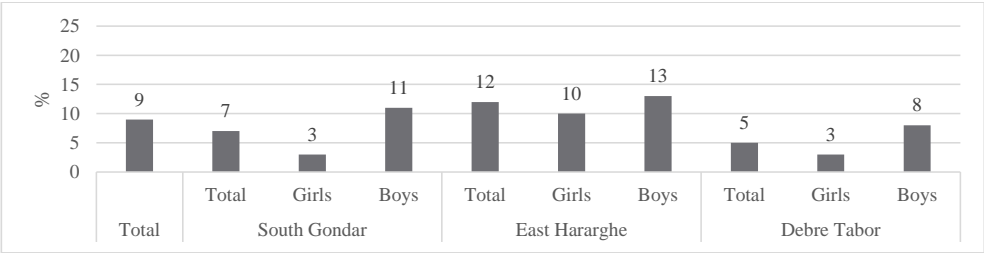
Figure 11: Has had paid work in the past year, adolescents

Of rural adolescents who reported working for pay in the past year, those in East Hararghe (400 birr) (approximately US$3.20) reported higher earnings in the past week than those in South Gondar (245 birr) (approximately US$2.00) (Figure 12).

Figure 12: Median wages in the past week, of adolescents reporting paid work in the past year[17]

Of adolescents who reported having had paid work in the past year, just over half (57%) reported that they kept any of their own wages (see Figure 13). This was more common in East Hararghe (61%) than in South Gondar (49%).

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[17] There were too few adolescent workers in Debre Tabor to report, because most families prioritise education.
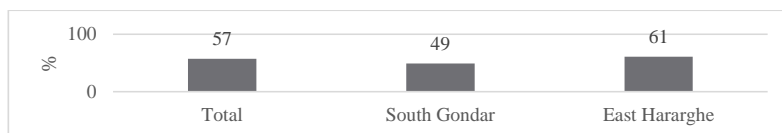
Figure 13: Kept at least some of own wages, adolescents who have had paid work in the past year[18]

During Round 3 qualitative interviews, respondents reported that young people contribute significant amounts of unpaid labour to their household. In line with the survey findings, the type of labour was highly dependent on sex. With exceptions, boys primarily reported helping their father with agricultural work. A 15-year-old boy from South Gondar reported, '*We boys look after the cattle.*' Girls, on the other hand, are tasked with helping their mother with domestic work. A 13-year-old boy from East Hararghe explained, '*Girls start to support their parents from age 7… They fetch water, go to the mill and gather firewood. They look after their younger siblings and also cook. They collect animal dung and clear the cowshed… At age 10, a girl can do every domestic activity.*' A 16-year-old boy from Debre Tabor noted that domestic work is simply not seen as the purview of men and boys: '*It is our culture that males do not involve* [themselves] *much in housework.*' Because agricultural work is seasonally limited (to daylight hours) whereas care and household work are never-ending, the result of this division of labour, according to participants in our qualitative research, is that most girls contribute far more of their time to their families than do boys. A 13-year-old girl from Debre Tabor, when asked how she spends her leisure time, replied, '*I do nothing else other than studying. I do not have that much time to spare after doing chores.*'

During interviews, relatively few adolescents discussed working for pay. Reports of paid work were most common in East Hararghe, where *khat* farming has rapidly expanded in recent years. A key informant explained that both boys and girls are involved, albeit at a different scale: '*Girls sell khat in the town near the village…Boys sell big amounts of khat, taking it to another town.*' In addition to harvesting and trading *khat*, girls in East Hararghe sometimes reported running their own small business, sometimes to buy their own school supplies (which are provided to boys by their parents) and other times to support the household. A 15-year-old girl from East Hararghe stated, '*I am buying school materials… I am buying beans and selling by roasting it… I buy beans at 60 birr and I will roast it to sell it at 120 birr.*'

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[18] There were too few adolescent workers in Debre Tabor to report.

In rural South Gondar, nearly all adolescents taking part in the qualitative research reported that they had not worked for pay, and indeed, identified unemployment as a significant source of stress in their lives (see Presler-Marshall et al., 2024d). A key informant explained that, '*The government is not creating job opportunities for the youths.*' Respondents in South Gondar shared the view that when young people *do* work for pay, it necessarily involves migration – for boys, primarily to undertake seasonal agricultural labour in other Ethiopian regions and nearby countries; and for girls, to work as domestic workers in Ethiopia's urban areas and throughout the Middle East. A 16-year-old boy from South Gondar explained that many of his peers have left the community to find work: '*Adolescent boys mostly migrate to the lowland areas like to Metema, Humera… Many girls migrated to Addis Ababa, Bahir Dar and other towns to work as housemaid.*' Although respondents noted that boys' migration has increased in recent years, due to drought and conflict, it is growth in girls' migration that they identified as having taken off. A key informant reported, '*Girls' massive migration to cities is a new trend… Parents persuade their daughters to go to the cities so that they can send them money back.*'

Several girls even reported that girls, rather than boys, are actively pressured by their parents into migration because parents believe that girls will be more diligent about sending remittances. A 16-year-old girl from South Gondar stated, '*They think the females will send the money for their parents and the boys will save the money to start a better job and return to home.*' Respondents also acknowledged that pressure on girls to engage in work-related migration is despite widespread understanding of how exploitative and dangerous that work can be. A 13-year-old boy from South Gondar stated that everyone in his community knows that only brokers benefit from girls' migration: '*Brokers make girls' lives miserable after migration…No one will help girls to avoid labour exploitation.*'

In Debre Tabor, reports of paid work were even more rare than in rural South Gondar. This is primarily due to higher school enrolment. That said, respondents agreed that it is common for boys to have part-time work, sometimes to help support their families but more often to pay for their own recreational expenses. Boys shine shoes, carry goods in markets, and (if they are very enterprising) run small businesses online.

Decision-making over spending

At Round 3 only 15% of adolescents – regardless of location or gender – reported that they had helped decide how to spend money in the past year. In aggregate, adolescents' input into spending was down 3 percentage points since Round 2, despite the fact that the individuals

surveyed were now 18 months older. The largest differences between rounds were for girls in East Hararghe, down 7 percentage points, and girls in Debre Tabor, up 6 percentage points.

In line with the Round 3 survey findings, adolescents taking part in qualitative research reported very little spending. Those that did primarily reported spending on productive assets (e.g. buying products to sell), school supplies, and household needs. A 12-year-old boy from East Hararghe explained of his spending, '*I buy rice sacks and decompose them to the fibres that I make the rope from. I sell the rope.*' Only a few boys in Debre Tabor reported some discretionary spending. A 17-year-old boy from that town reported how he spends his pocket money: '*I used it to buy reference books and to enjoy with my friends.*'

Respondents' broader narratives underscore a stark gender divide in how young people spend their money. Boys, while they do spend on their own schooling and household needs, are disproportionately likely to 'waste' their money in bars and cafes – often on unhealthy habits such as drinking (South Gondar), *khat* (East Hararghe), or gambling (see Presler-Marshall et al., 2024d). Girls and young women, on the other hand, are disproportionately likely to see their wages entirely appropriated for household use. A father from South Gondar explained what happens with migrant girls' earnings: '*They send money for saving. However, in some cases, their family spend the money and they suffer economically and psychologically when they come back home.*'

Opportunities to save and borrow

In aggregate, 26% of adolescents reported that they had some savings (see Figure 14). Location and gender differences were significant. Despite their lower chances of having had paid work in the past year, adolescents in South Gondar (28%) and Debre Tabor (27%) were more likely to have savings than their peers in East Hararghe (23%). In all locations, boys (44%) were more likely to have savings than girls (23%), presumably because they are more likely to work for pay. The gender gap was largest in Debre Tabor (36% versus 18%). Between Rounds 2 and 3, the percentage of adolescents reporting having savings fell by 24 points. The largest decline was in East Hararghe (44 percentage points).
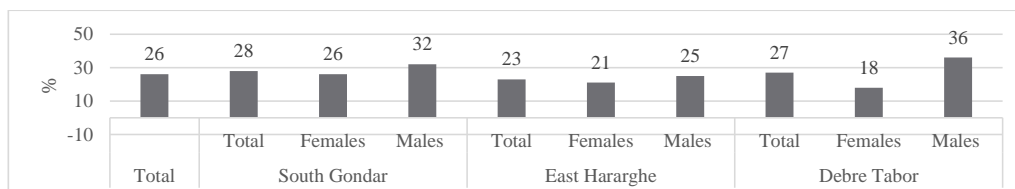
Figure 14: Reported having any savings, adolescents

During qualitative interviews, it was common for adolescents to report having saved small sums, primarily to cover educational expenses. Although a few girls reported that they had learned the value of saving at school (in girls' clubs), most reported that Act With Her programming had encouraged them to begin saving. An 11-year-old girl from East Hararghe reported that she and her peers were jointly saving, at school, to support less well-off students: '*We learn at school in girls' club about saving and loan… Our saving in group is very important, we use that to support students that do not have educational materials, pen or exercise book.'* Two 12-year-old boys, also from East Hararghe, noted that they were saving, in boxes kept at home, for their own future needs. One explained, '*We have begun to make savings after joining this project* [Act With Her] *If you keep it* [the money] *with you, it will not stay with you. You may buy something with it.* Several young people commented that although Ethiopia has a long history of informal savings groups, these have not always worked out for members due to social customs that Act With Her has discouraged. A 14-year-old girl from South Gondar explained: '*When our mothers were gathering in one place to collect the money from each member of the association each month, there was a party, so they were spending more money on the party.'*

Although caregivers reported a great deal of informal borrowing – of grain and cash, to meet survival needs – only one adolescent reported having accessed informal credit. The 11-year-old girl saving money earned through selling chickpea at school reported that she and her peers had obtained start-up capital from the teacher who runs the girls' club: '*We started the chickpea business with money that we borrowed from our teacher.*' Access to formal credit is rare – even for adults. A finance sector key informant from South Gondar admitted that this is because potential borrowers must provide collateral, which few have, and because government credit schemes are too poorly funded. He stated, '*We don't have that much money to lend and we can't give the loan if they don't have something… By the way it is not the problem of this woreda only, but the whole country in general.*'

Conclusions and implications for policy and programming

GAGE Round 3 research found that few Ethiopian adolescents – especially those from rural areas – can be said to be either currently economically empowered or likely to be so in the near future. Although most adolescents have high occupational aspirations, most also understand how tenuous those aspirations are, given limited household resources and social protection (to afford education and productive investment), the size and shape of the Ethiopian labour market, and recent conflict. In addition, access to paid work is limited, even in the urban areas that rural residents perceive to offer more opportunities. Whenever adolescents do find paid work, their earnings are extremely low and tend to be spent on household consumption, rather than productively invested or saved for the future.

Regional and gender differences add texture to these broad conclusions. For example, Amhara region has been more impacted by recent conflict than Oromia region, which has threatened the former's historical advantage in uptake of education, especially for boys. Amhara has also seen less growth in its cash economy, which is pushing more young people – girls and boys – into distress migration. East Hararghe, in Oromia region, is experiencing the opposite: as the cash *khat* economy expands, it is pulling adolescents out of school. Across nearly all metrics, girls are disadvantaged compared to boys. They are more likely to leave school prematurely (especially in East Hararghe), spend more time on unpaid household labour (especially when they marry), are less likely to work for pay, are more likely to have their wages appropriated for household use, and are less likely to have savings for the future.

Based on our research findings, we propose the following policy and programmatic actions to accelerate progress in improving adolescents' access to the skills, social protection, assets and decent work that will support them to become economically empowered adults.

1) **Increase access to social protection that is responsive to the needs of adolescents according to their age, gender and disability status, and provide adequate support to households impacted by drought and conflict to enable them not only to survive, but to recover:**

- Expand access to the PSNP and cash and asset transfers so that households can afford to let their children prioritise education – ideally through to completion of secondary school. Where young people are living independently, make this support available directly to them.

- Ensure that PSNP benefit levels account for recent inflation and disability-related costs and that community lists are updated annually to ensure that young people who are living independently are eligible when in need.
- Ensure that households and communities impacted by drought and conflict receive not only adequate emergency support but also longer-term access to the PSNP as they rebuild their livelihoods and assets.
- Scale up PSNP and cash transfer programming in urban areas, especially those with high levels of chronic poverty, to ensure that adolescents in the poorest households can take advantage of educational opportunities.
- Expand school feeding and the provision of school supplies and uniforms.
- Introduce labelled or conditional cash transfers as part of PSNP support to incentivise children's regular attendance and reduce children's engagement with child labour (paid and unpaid).
- Continue scaling up health insurance to protect households from high health expenses (including those related to transport, medication and medical testing) and pair this with improved awareness-raising about what health insurance does and does not cover. Insurance should be provided free to the poorest households (including those enrolled in the PSNP and those whose livelihoods were destroyed by recent conflict) and for those with disabilities, and at reduced cost to those whose earnings do not take them above the poverty line. Accountability mechanisms should be strengthened to ensure that this rule is correctly applied, and monitoring systems should be strengthened to ensure that the insured have access to timely, quality health care.

2) **Support adolesents to develop the skills they need for economic independence:**

- Enforce, in all communities, policies mandating education through the end 8th to ensure that adolescents develop the foundational skills they need to become economically empowered adults.
- Expand opportunities for out-of-school young people – including girls who are (or have been) married and young people with disabilities – to return to the classroom to attain (at a minimum) basic numeracy and literacy skills, scaling up evening classes as needed and prioritising communities where access to education has been disrupted by conflict and drought.
- Expand special needs education. This should include training more teachers on inclusive pedagogies, establishing more and better-resourced self-contained classrooms in more

communities, offering more grades of tailored education, and improved resourcing (including specially trained teaching assistants) to help students with disabilities continue to thrive once they have entered mainstream education.

- Beginning in early adolescence, provide students with individualised educational and occupational guidance (for instance, through school-based vocational guidance counsellors or youth empowerment programmes) to help them think about their options, set realistic goals (based on their abilities and interests and on local labour market realities), and plan how to operationalise those goals in the short term and longer term.

- Support youth employment by strengthening policy synergies between the Ministry of Education and the Ministry of Labour and Skills, modernising the school curriculum to ensure that students are acquiring the skills they need, and linking graduates with work opportunities.

- Continue scaling up financial literacy curricula in schools and community-based venues, ensuring that adolescents are exposed to iterative age-appropriate lessons, starting in primary school, that address budgeting, the importance of saving, how to negotiate when selling and buying, and how interest on credit/loans works.

- Pair numeracy and financial literacy courses with expanded peer-based opportunities for children and adolescents to save – using both formal and informal mechanisms – so that they can practise the skills they are learning. Consider involving parents in these opportunities, given research which suggests that young people save more when supported by their parents.

- Develop courses to support entrepreneurship, tailored to local contexts and inclusive of adolescents with disabilities, and girls who are (or have been) married.

- Provide – to older adolescents (and young adults) planning to work overseas – short-term skills training courses that teach occupational and language skills and make potential migrants aware of cultural differences.

- Ensure that girls, including those who are (or have been) married, are provided with the life skills and mentoring support that is likely to improve their outcomes in the longer term.

3) Strengthen measures to protect young workers from exploitative work:

- Ensure that young workers receive equal pay for equal work, regardless of gender and disability status.

- Pair efforts to raise awareness about the risks of migration with concrete actions that young people and their families can take to make migration safer.
- Strengthen awareness among young people (and especially among girls engaged in domestic work) of what constitutes exploitation and abuse, and how to report it.
- Improve enforcement of the policies designed to make migration safer, including better regulation of brokers, and preventing adolescents under the age of 18 from undertaking international migration.
- Include domestic work in labour laws and sign the International Labour Organization (ILO) Convention 189 on Domestic Workers to improve wages and working conditions, and to give workers recourse for abuse and non-payment of wages.
- Strengthen relationships with destination countries, as well as with international organisations such as the IOM, to ensure that international migration is safe and that the rights of migrants are protected in accordance with international laws and conventions.

4) **Expand young people's access to employment and credit:**

- Step up efforts to support young people's livelihoods (including by offering them tailored agricultural extension services, given that they are likely to be more open to new crops and new methods) by expanding government jobs programmes in both rural and urban areas, and by encouraging the foreign investment that will lead to job growth.
- Work to reduce corruption and nepotism so that young people have equitable access to government training, employment, and credit services.
- Expand access to credit for young people, ensuring that loans are paired with financial and business training – and, ideally, mentoring – to build young borrowers' skill sets. Ensure that repayment terms flexibly account for not only youth and inexperience, but also broader events or shocks (especially those that are weather-related) that might derail even solid business plans.
- Provide extra support to girls to grow their confidence and voice, and improve their control over their earnings, loans and investments.
- Support the livelihoods of young people with disabilities, making sure that they are included in youth-focused programming, tailoring assistance as needed, and simultaneously addressing the disability-related stigma that effectively shuts them out of the labour market.

- Monitor and take action to address the inclusivity of these opportunities in terms of recipients' gender, disability and marital status.

5) Invest in girls' economic empowerment by encouraging shifts in the laws and gender norms that continue to disadvantage them:

- Expand access to girls' clubs in both school and community settings so that girls have role models, mentors, and opportunities to develop the soft skills that will allow them to resist child marriage, advocate for continued access to education and training, and strive for economic independence.
- Work with parents, young people (including young husbands) and communities to shift the gender norms that leave adolescent girls with a disproportionate share of household labour, and less access to education, decision-making, mobility, employment opportunities, assets (including those they earned) and credit than their male counterparts.

References

Presler-Marshall, E., Jones, N., Baird, S., Yadete, W., Endale, K., Hamory, J., Das, S. and Woldehanna, T. (2024a) *Ethiopian young people's economic empowerment: Evidence from GAGE Round 3.* Report. London: Gender and Adolescence: Global Evidence

Presler-Marshall, E., Das, S., Jones, N., Baird, S., Yadete, W., Woldehanna, T., Hamory, J., Workneh, F. and Birra, M. (2024b) *Adolescent bodily integrity in times of crisis in Ethiopia: evidence from GAGE Round 3.* London: Gender and Adolescence: Global Evidence (www.gage.odi.org/publication/adolescent-bodily-integrity-in-times-of-crisis-in-ethiopia-evidence-from-gage-round-3)

Presler-Marshall, E., Das, S., Jones, N., Baird, S., Yadete, W., Woldehanna, T. and Hamory, J. (2024c) '*How could I think about my education when people are dying here and there?': evidence from GAGE Round 3 about Ethiopian young people's education*. London: Gender and Adolescence: Global Evidence (www.gage.odi.org/publication/how-could-i-think-about-my-education-when-people-are-dying-here-and-there-evidence-from-gage-round-3-about-ethiopian-young-peoples-education)

Presler-Marshall, E., Endale, K., Jones, N., Baird, S., Yadete, W., Kasahun, T., Woldehanna, T. and Hamory, J. (2024d) *'They told us not to be afraid and that our country continues': evidence*

from GAGE Round 3 about the psychosocial well-being of Ethiopian young people. London: Gender and Adolescence: Global Evidence (www.gage.odi.org/publication/they-told-us-not-to-be-afraid-and-that-our-country-continues-evidence-from-gage-round-3-about-the-psychosocial-well-being-of-ethiopian-young-people)

UNDP – United Nations Development Programme Ethiopia (2018) *Study on women in manufacturing in Ethiopia: opportunities, challenges and strategic interventions*. Addis Ababa: UNDP Ethiopia (www.et.undp.org/content/ethiopia/en/home/library/poverty/a-study-on-women-in-manufacturing-in-ethiopia.html)

UNDP (2022) *Crisis, resilience and opportunity: poverty, human development, and the macro-economy in Ethiopia, 2020–23.* Working Paper Series No. 1 Addis Ababa: UNDP Ethiopia (www.undp.org/sites/g/files/zskgke326/files/2023-03/UNDP%20Ethiopia%20_Working%20paper%20series%201.pdf)

UNDP (2024) *Human Development Report 2023/2024. Breaking the gridlock: reimagining cooperation in a polarized world.* New York: United Nations Development Programme (https://hdr.undp.org/system/files/documents/global-report-document/hdr2023-24reporten.pdf)

World Bank (2021) 'The World Bank in Ethiopia: overview'. Webpage. World Bank (www.worldbank.org/en/country/ethiopia/overview)

The State of Multidimensional Child Poverty and Deprivations in Addis Ababa and Dire Dawa

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Executive Summary

Despite economic advances in Ethiopia, substantial reductions in multidimensional child poverty have not materialized in recent years. Millions of children in Ethiopia experience multidimensional poverty, and lack basic necessities across various aspects of life. This report paints a concerning picture of urban multidimensional child poverty in Ethiopia, revealing a web of deprivations hindering not only their immediate well-being but also their future prospects. This summary highlights the state of multidimensional child poverty and deprivations using survey data from a total of 4,422 children (2,745 from Addis Ababa and 1,677 from Dire Dawa). Analysing child poverty in these major urban centres provide valuable insights into a significant proportion of the country's urban child population.

Key dimensions

- *Multidimensional child poverty (MCP) analysis in this report encompasses deprivations in health, nutrition, education, protection, water, sanitation, housing, information and participation, and leisure.*

Ethiopia's situation

- *High prevalence of MCP: Progress in reducing multidimensional child poverty has been slow in recent years. The two city administrations are grappling with an alarmingly high rate of multidimensional child poverty, affecting an estimated 41 per cent of children under 18. This translates to a total of roughly 800,000 children lacking fulfilment of basic needs in at least five crucial dimensions of child rights out of the nine considered in the study. Thus, two-fifths of children in Addis Ababa and Dire Dawa are deprived of at least five of the nine child rights.*

- *Variation in prevalence of MCP: Incidence of multidimensional child poverty is slightly higher in Addis Ababa (41.1 per cent) than in Dire Dawa (40.2 per cent). However, this*

difference is not statistically significant. Therefore, children in Addis Ababa do not face significantly higher deprivation rates than their counterparts in Dire Dawa.

- **Overlapping deprivations:** *Deprivations often overlap, rarely occurring in isolation, with children experiencing a combination of them. A staggering 97 per cent of children experience deprivations in two or more dimensions simultaneously, creating a complex web of deprivations.*

- **Determinants of MCP:** *Deprivations in water, leisure, housing and nutrition are the top four determinants of multidimensional child poverty incidence in urban areas, regardless of the gender of the child and city of residence. Further exploration of child- and household-level determinants of MCP incidence reveals that the number of deprivations and/or incidence of MCP significantly increases among girls, children with disabilities, orphaned children, children in households whose heads are engaged in unskilled jobs and whose heads are illiterate, children living in asset-poor households and with a large number of children under 5.*

- **Vulnerability by wealth:** *Children from asset-poor households are disproportionately affected by MCP, highlighting the link between income and access to basic necessities and services. As such, wealth disparity plays a significant role, with children from asset-poor households more likely to be multidimensionally poor. Overall, around 20 per cent of multidimensionally poor children (18.7 per cent of those in Addis Ababa and 28.4 per cent of those in Dire Dawa) live in asset-poor households.*

Moving forward

This summary emphasizes the need for immediate and comprehensive action towards tackling multidimensional child poverty. By acknowledging the global scope, and focusing on specific challenges like those in Ethiopia, we can work towards a future in which all children have the opportunity to thrive. In this light, the report concludes by outlining recommendations for policymakers and stakeholders to combat multidimensional child poverty. These recommendations include:

- **Combine interventions to result in complementarities**: *If multiple deprivations are addressed simultaneously by combining effective interventions that focus on resolving deprivation in any of the dimensions.*

- ***Invest in social protection programmes that address various deprivations****: As there is a strong link between wealth and multidimensional child deprivation (MCD), income poverty and inequality should be addressed to empower families and break the cycle of poverty in its all form.*

- ***Strengthen child protection and family support services****: Families at risk require support to help prevent children from resorting to street life. Moreover, child protection interventions should identify and take actions in cases of neglect, abuse, or abandonment to prevent children from running away or being forced onto the streets. Safe and supported reintegration with families should be facilitated whenever possible, or street children should be assisted to find permanent housing and integrate into society.*

- ***Conduct data-driven monitoring and evaluation:*** *Data should be collected and utilized to track progress on the fight against MCP over time. Utilizing timely and accurate data facilitates monitoring and evaluating interventions, to ensure their effectiveness in halting single or overlapping deprivations and adapt strategies as needed.*

- ***Mainstream multidimensional measures of poverty****: In addition to policies that promote economic growth and reduce income inequality, it is crucial to mainstream multidimensional child poverty indicators into national development plans, targeting multiple deprivations simultaneously taking into account geographic disparities and the needs of the most vulnerable.*

By taking a holistic approach, Ethiopia can create a future in which all children have the opportunity to thrive, free from the constraints of multidimensional deprivations.

1. Introduction

1.1. Background

Multidimensional urban child poverty is a complex issue affecting millions of children worldwide. It refers to a condition in which the well-being and future prospects of children in urban areas are affected by poverty across multiple dimensions. The dimensions of multidimensional poverty and deprivation include health, nutrition, education, protection, water, sanitation, housing, information and participation, and leisure. In urban settings, poverty can be particularly challenging for children, due to the high cost of living, limited access to essential services, and exposure to various forms of violence, exploitation and discrimination. Multidimensional poverty exacerbates these challenges by creating a vicious cycle of disadvantage that can persist across generations.

Several factors contribute to multidimensional urban child poverty, including income inequality, discrimination, conflict and natural disasters. In many urban areas, there is a large gap in income and resources between the rich and the poor (Chzhen & Ferrone, 2017). When the cost of living rises, low-income families find it hard to meet their basic needs, such as food, shelter and education. Moreover, exposure to violence, crime, and child labour are more prevalent in some urban areas, with a negative effect on a child's well-being and development. Regarding intersectionality, children from marginalized groups – such as children from minority ethnic groups and children with disabilities – are more likely to experience multidimensional poverty. Furthermore, situations of armed conflict and violent areas or natural disasters, such as floods and earthquakes, can also lead to displacement and multidimensional poverty of children.

In Ethiopia, progress in reducing MCD and poverty remains insufficient. Previous reports have shown that child deprivation and poverty in the country have continued to be among the highest in sub-Saharan Africa. The Central Statistical Agency (CSA) and UNICEF (2018) report shows that MCD in three to six dimensions fell by only about two percentage points in a five-year period, from 90 per cent in 2011 to 88 per cent in 2016. The same source reveals that in 2016 MCD was 94 per cent in rural areas and 42 per cent in urban areas. The average deprivation intensity was 4.5 in rural areas and 3.2 in urban areas, indicating that MCD is far higher in rural areas than in urban areas. One can anticipate that many children in the country are now facing multiple deprivations due to covariate shocks, such as the COVID-19 pandemic, the current political instability and war, and the Russia-Ukraine war, all of which are likely to have exacerbated multidimensional child poverty. Today, forced internal displacements caused by

armed conflict are increasing alarmingly across all corners of the country. The prevalence of such shocks will more likely increase the incidence of poverty in urban areas, which are the destinations of people leaving their homes to escape the current circumstances. Consequently, as children are particularly vulnerable, measuring children's multidimensional poverty in urban settings is crucial. Therefore, there is a need to update the MCD estimates using recent data to shed light on the current situation of Ethiopian children in general and urban children in particular.

There are four main reasons why studying urban child poverty and deprivation is essential. First, children living in urban areas are also vulnerable, and deserve to live free from poverty and deprivation. Studying urban child poverty and deprivations helps raise awareness about children's injustices and inequalities and can help mobilize action to address these moral and ethical issues. Second, the United Nations Convention on the Rights of the Child (CRC) recognizes the right of every child – regardless of where they stay – to live a life free from poverty and to access basic services such as education, health care, and adequate housing. Studying child poverty and deprivation helps with monitoring of progress toward fulfilling these rights, and can help hold governments accountable for their commitments. Third, child poverty and deprivation can negatively affect social cohesion and community well-being. Children who experience poverty and deprivations are more likely to experience social exclusion and discrimination, leading to crime, social unrest and instability. Fourth, child poverty and deprivations have long-term economic costs for individuals, families and societies. Children who experience poverty and deprivations are more likely to experience poor health, lower educational attainment, and reduced income in adulthood (Agyire-Tettey et al., 2021). This can lead to reduced economic productivity and increased social costs, such as greater health-care and criminal justice expenses, in urban areas. In summary, studying urban child poverty and deprivation is necessary for promoting social justice, protecting human rights, fostering economic development, and strengthening social cohesion.

To address multidimensional urban child poverty, it is important to adopt a comprehensive and integrated approach, considering the various factors contributing to poverty and their interrelationships. This includes investing in education, health care, housing, and social protection programmes to provide children and their families with the resources and support they need to thrive. Therefore, urban multidimensional poverty analysis plays a huge role in addressing the root causes of child deprivation, inequality, discrimination and social exclusion, and promoting inclusive and sustainable development that benefits all members of society.

1.2.   Purpose and objectives

The specific objectives of this study are to:

- Calculate the proportion of urban children that are multidimensionally poor in Addis Ababa and Dire Dawa city administrations of Ethiopia;

- Examine heterogeneities to examine the proportion of urban multidimensionally deprived and poor children, based on various profiling variables (such as; gender, age group, disability status, employment, city, social assistance, and so on); and

- Hear urban children's voices (including voices of children living in poor urban communities and slums and children in street situations) on child poverty and deprivations.

1.3.   Scope

This report assesses multidimensional child poverty in Addis Ababa and Dire Dawa cities using primary quantitative data collected between 15 November and 17 December 2023. The analysis and the results of this report focus only on the two city administrations, and thus other urban areas are not included in this study.

2. Concepts and context

2.1.   Defining and conceptualizing the MCD and MODA

The conceptual framework of multidimensional child poverty provides a holistic view of the problem of child poverty. The multidimensional understanding of poverty recognizes that poverty is not just a matter of income but also of deprivation in other areas of life (Thorbecke, 2013; Alkire et al., 2015). It also acknowledges that children are more vulnerable to poverty than adults. This framework can be used to develop policies and programmes that address key deprivations and ensure that all children have the opportunity to reach their full potential. Following Gordon et al. (2003), the conceptual framework for the multidimensional child poverty assessment in Ethiopia is based on the following key concepts.

Children are rights holders

Children have the same rights as adults, including the rights to survival, development, protection, and participation and inclusion. The understanding of 'children as right holders'

underpins the CRC and identifies the civil, political, economic, social and cultural rights of every child, regardless of their gender, race, religion, abilities or geographical location. State parties to the CRC, including Ethiopia, have committed to redress all forms of barriers and discriminatory actions that prohibit children from reaching their full development potential and contribute to nation building in all spheres of life. Thus, this study follows the human and child rights approach to ensure that children are treated as rights holders.

Poverty is multidimensional

The Sustainable Development Goals (SDG) starts with pursuing poverty reduction of all types and everywhere in 2030. Poverty is not just about income or lack of material resources, it also includes deprivation in other areas of life, such as health, education, nutrition, shelter, and water and sanitation. Target 1.2 of SDGs directly addresses multidimensional poverty in all forms, including overcoming child poverty. Based on Article 1 of the UNCRC, a child represents someone below eighteen. Child poverty denotes the lack of basic needs such as nutrition, education, health, water, and shelter services, resulting in lifetime deficits (UNICEF, 2023). Measuring and understanding child poverty serves as a handrail of policy, encourages sustained attention, and insights on warning of failure, sharpens accountability, assists in effective and efficient resource allocation for vulnerable children, and keeps efforts on track toward achieving SDG goals and targets. Children's wellbeing can be evaluated against different dimensions such as material, health, safety, education, family and peer relationships, behaviour and risks, and children's subjective sense of wellbeing. Children's well-being includes nutrition, educational opportunities, and general physical and psychological status (Dercon, 2012).

Figure 1: Conceptual Framework for Urban Child Multidimensional Poverty Analysis
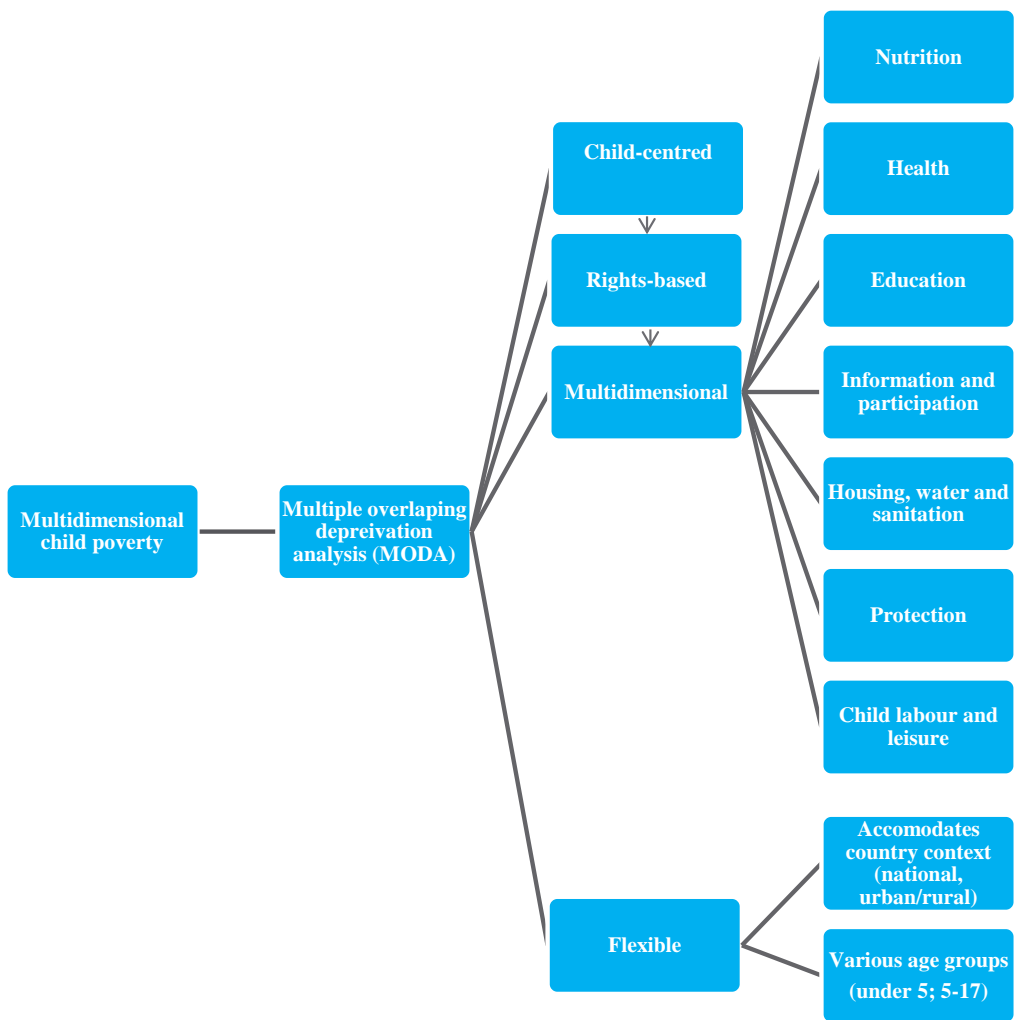
There are two extensively used frameworks in the literature to measure and analyse children's multidimensional poverty: the UNICEF Multiple Overlapping Deprivation Analysis (MODA) and the Oxford Poverty and Human Development Initiative (OPHI) framework (Hjelm et al. 2016). This study adopted the MODA framework to empirically examine multidimensional child poverty in two urban centres in Ethiopia. MODA is a child-centred flexible right-based framework that

contextualizes country-specific conditions. It mainly focuses on children's deprivation of basic needs, goods, and services needed for their protection, participation, survival, and development. Figure 1 above presents the framework showing that MODA has key features: it is child-centred, flexible, right-based, and can be managed per country-specific context. Besides, the analysis can be done at the national level or in the context of an urban-rural setup. Our analyses focus on the context of urban settings in Addis Ababa and Dire Dawa city administrations. Using MODA, our analyses address the basic dimensions of child welfare, including nutrition, health, education, participation, housing, water and sanitation, protection, child labour, and other global and country-specific child welfare-related features (see Figure 1).

3. Data and methods

This study used a mixed methods research design to assess multidimensional child poverty, using survey data to understand the phenomenon comprehensively. After clearly defining the research objectives that the study aims to address (see section 1.2) and developing the conceptual framework to guide the study (see section 2), the steps that this study takes to implement a mixed methods approach are as follows:

3.1.   Data sources and type

Quantitative data are collected through household surveys. Our survey questionnaire includes structured questions to capture household and child-level deprivations across the dimensions and indicators presented in Appendix A.

The questionnaire also includes sections to capture household and child-level characteristics that can serve as profiling variables for disaggregated urban multidimensional child poverty assessment. The main survey respondents were primary caregivers of children in the household. Our measure of multidimensional child poverty is a measure of the sum of unmet child rights to survival, development, protection, and participation aspects. Therefore, our survey captures the dimensions of child poverty to be examined and the indicators that are used to measure them. The survey questionnaire was based on the EDHS, with added modules on child deprivation dimensions which were considered essential for child wellbeing during stakeholder consultation meetings. The additional modules are based on internationally tested survey modules derived mainly from UNICEF's survey programme, the Multiple Indicator Cluster Survey (MICS).

3.2.   Sample design and size

In accordance with the ToR, the study's location is in Addis Ababa and a few selected cities. To this end, our quantitative household survey was conducted in Addis Ababa and Dire Dawa city administrations. We used a similar sample design and selection method as the 2016 EDHS to determine the number of sample households from each city administration.[19] Accordingly, using a stratified multistage sampling technique, as explained in Appendix B, a total of 2,243 households with children below 18 years were randomly selected from a list of households from both city administrations (see Table 3.2). Following a similar sampling design and method as EDHS 2016 to determine our sample size ensured the comparability of this study's findings with those of the first report by CSA and UNICEF Ethiopia (2018) on multidimensional child deprivation in Ethiopia, which used the 2016 EDHS. Table 3.3 shows the distribution of sample children, based on sex and age group.

Table 3.2: Sample distribution for the survey

Cities	Number of sample clusters	Number of sample households
Addis Ababa	53	1,388
Dire Dawa	32	855
Total	85	2,243

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[19] A detailed description of the sampling design used under the EDHS 2016 is presented in Appendix B.

Table 3.3: Descriptive statistics on the analytical sample of children

Sex of the child	Age group				
	0-4 years	5-9 years	10-14 years	15-17 years	Total
Female	639	691	529	330	2189
	29.19	31.57	24.17	15.08	100.00
Male	725	766	492	250	2233
	32.47	34.30	22.03	11.20	100.00
Total	1364	1457	1021	580	4422
	30.85	32.95	23.09	13.12	100.00

First row has frequencies, and second row has row percentages

3.3. Computation of MCD indices

Like the CSA & UNICEF (2018), this study uses the UNICEF MODA methodology of de Neubourg et al. (2012) that contains both single-dimension deprivation analysis (which calculates the percentage of children deprived in each dimension and each of its constituting indicators), and multidimensional deprivation analysis (which includes counting the number of dimensions that each child is deprived in to calculate the deprivation distribution, overlaps between deprivations and MCD indices). The MCD indices are calculated by giving each dimension an equal weight, as each represents a right and every one of them is an equally important contributor to children's overall well-being. This study also ran logistic regressions to gain an insight about factors associated with children's likelihood of being multidimensionally deprived. The formulas used to compute the MCD indices are presented as follows.

MCD head count rate

The MCD headcount rate (H) is the proportion of children in the total reference population who are deprived in a number of dimensions that is equal to or above the chosen cut-off point (equivalent to the poverty line). The calculation is based on the formula below:

$$H = \frac{q_k}{n_a}, \ q_k = \sum_{i=1}^{n} y_k$$

95

where, H – multidimensional child deprivation rate; q_k – number of children deprived in at least K dimensions in the age group; na – total number of children in the age group; y_K – deprivation status of a child depending on the cut-off point K; Di – number of deprivations that each child *i* experiences; K – cut-off point.

The analysis in this study calculates the MCD rate for all the possible cut-off points – from one to nine dimensions. However, the report focuses on presenting findings calculated using a cut-off point of five dimensions.

Average intensity of multidimensional deprivation

The average intensity of multidimensional deprivation (A) is equivalent to poverty depth in monetary poverty analysis and measures the breadth of deprivation among multidimensionally deprived children. It is calculated as the sum of all deprivations that multidimensionally deprived children (that is, children deprived in five or more dimensions) experience as a share of all possible deprivations among those deprived in at least K dimensions (that is, 9). This measure can be reported in two different forms: i. The average number of deprivations experienced by multidimensionally deprived children in absolute numbers, or ii. The proportion of deprivations experienced out of the total number of dimensions analysed, using the following formulas:

$$A \text{ in absolute number} = \frac{\sum c_k}{q_k} \qquad A \text{ in ratio} = \frac{\sum c_k}{q_k \times d}$$

where, A – average intensity (in number or as ratio) of multidimensional deprivation according to the cut-off point K; q_K – number of children deprived in at least K dimensions in the age group; d – total number of dimensions considered per child; c_K – number of deprivations each multidimensionally deprived child *i* experiences, with $c_K = D_i * y_K$; n – total number of children in the age group; K – cut-off point.

Adjusted MCD Index

The Adjusted Multidimensional Child Deprivation Index (M0) is a composite measure that integrates both MCD headcount rate and average deprivation intensity. The Index ranges between 0 and 1, with 0 denoting that no child is multidimensionally deprived and 1 denoting that all children are multidimensionally deprived and that the average deprivation intensity is nine. M_0 is called the 'adjusted' multidimensional poverty index, as it satisfies the 'dimensional monotonicity' property of poverty measures, meaning that it is sensitive to changes in the depth

of deprivation even if the multidimensional headcount ratio does not change. For instance, if a child who was previously deprived in three dimensions is now deprived in four of them, the index increases. Likewise, if the proportion of children who are multidimensionally deprived increases while average deprivation intensity remains the same, the index will also increase. The adjusted MCD index is calculated as:

$$M = H \times A = \frac{\sum_{1}^{q_k} c_k}{n_a \times d}$$

4. Multiple deprivation analysis

4.1. Deprivation count and distribution

Figure 6.1 shows that 41 per cent of children are deprived in five or more dimensions, while more than 85 per cent are deprived in three or more dimensions. Further disaggregation shows that the number of deprivations children experience varies across age groups, gender and city of residence. Specifically, children aged 5-17 years, girls, and children in Addis Ababa experience higher level of deprivations in five or more dimensions than the other groups (children under 5 years, boys, and children in Dire Dawa, respectively).

Overall, depicting the number of deprivations per child sheds light into the incidence of multidimensional child poverty using various cutoffs and thresholds. Accordingly, as shown in Figure 6.1 (a), almost all children between 0-17 years experienced deprivations in at least one dimension. Meanwhile, around 97 per cent, 86 per cent, and 66 per cent, of children aged 0-17 years are deprived in two or more, three or more, and four or more dimensions respectively.

4.2. Multidimensional child deprivation incidence, intensity and adjusted index

The MCD measures can be calculated using various numbers of deprivations in the dimensions. MCD incidence, intensity and the adjusted index using cutoffs ranging between deprivations in at least one dimension to deprivations in all dimensions are presented in Table 6.1 for the whole sample, and in Table 6.2 disaggregated for the two city administrations. Accordingly, MCD incidence is as high as 99.6 per cent (98.6 per cent in Addis Ababa and 99.8 per cent in Dire Dawa) when we use a cutoff of one or more dimensions, and it is as low as 0.1 per cent (0.2 per cent in Addis Ababa and 0.03 per cent in Dire Dawa) when the cut off is set at deprivations in all nine dimensions.

The cutoff used in this study for MCD estimates is deprivation in five or more dimensions. The choice of 50 per cent or more of deprivations in the dimensions to identify multidimensionally deprived children is in line with the CSA and UNICEF (2018) study. Using a threshold of five dimensions to identify multidimensionally poor children, the MCD incidence rate is 41 per cent (41 per cent in Addis Ababa and 40 per cent in Dire Dawa (Tables 6.1 and 6.2)). Table 6.2 further shows a slight difference in average deprivation intensity between the two cities. Average deprivation intensity in absolute numbers is 5.6 in Addis Ababa and 5.7 in Dire Dawa. In percentages, on average 62.2 per cent of children are multidimensionally poor in Addis Ababa, and 63.3 per cent in Dire Dawa.

Figure 6.1: Deprivation count and distribution, for the whole sample and disaggregated by age, gender and city

(a) Total sample

(b) Disaggregated by age groups

(c) Disaggregated by gender

(d) Disaggregated by region

99
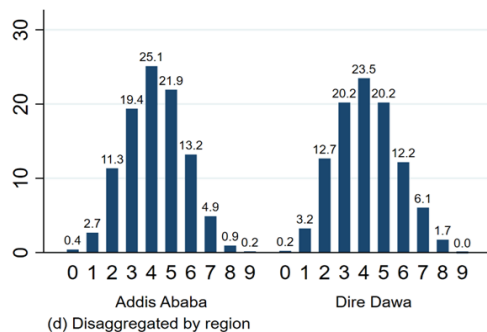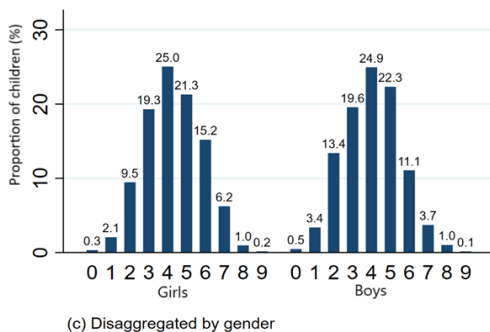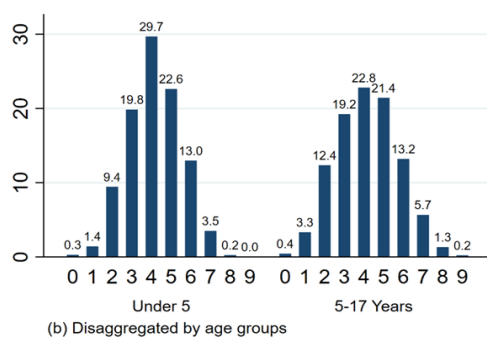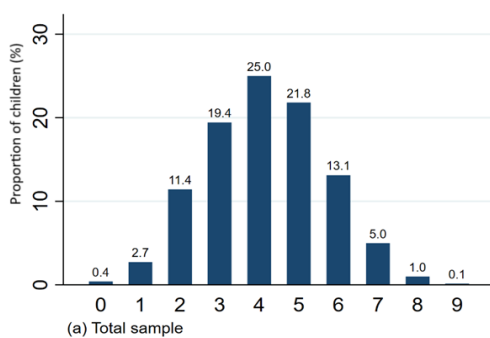
Table 6.1: Multidimensional child deprivation incidence, intensity, and Adjusted MCD index by dimensional cut-off, all children under 18

Cut-off (K dimensions)	Multidimensional Child Deprivation Rate (H), %	Multidimensionally Deprived children (in absolute numbers)	Average Deprivation intensity (A) (in number)	Average Intensity among the deprived (A) (in percent)	Adjusted Multidimensional Child deprivation Index (M0)
1-9 deprivations	99.6	1,865,549	4.2	46.7	0.47
2-9 deprivations	96.9	1,814,588	4.3	47.8	0.46
3-9 deprivations	85.5	1,600,598	4.6	51.1	0.44
4-9 deprivations	66	1,236,735	5	55.6	0.37
5-9 deprivations	41	768,716	5.6	62.2	0.26
6-9 deprivations	19.2	360,229	6.4	71.1	0.14
7-9 deprivations	6.1	114,342	7.2	80.0	0.05
8-9 deprivations	1.1	21,192	8.1	90.0	0.01
9 deprivations	0.1	2,776	9	100.0	0.00
Total Children	1,873,043				

4.3. Deprivation intensity by age group and city

As shown in Table 6.3, the proportion of children under 5 who experienced deprivations in any number of dimensions is higher than that of children between the age of 5-17 years, except for the number of deprivations in five or more dimensions.[20] This implies that incidence of multidimensional child deprivation is higher among children aged under 5 than for those aged 5-17 years for cutoffs of one or more to four or more dimensions.

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[20] Several indicators are not applicable to children under 1 year of age, which means they have less chances of being deprived in all the dimensions.

Table 6.3: Deprivation intensity, children deprived in dimensions by age group

Dimensions	Under 5		5-17 years	
	Multidimensional Child Deprivation Rate (H), %	Average Number of Deprivation	Multidimensional Child Deprivation Rate (H), %	Average Number of Deprivation
1-9 dimensions	99.7	4.2	99.6	4.2
2-9 dimensions	98.3	4.2	96.2	4.3
3-9 dimensions	88.8	4.5	83.9	4.6
4-9 dimensions	69	4.9	64.6	5.1
5-9 dimensions	39.3	5.5	41.8	5.7
6-9 dimensions	16.7	6.2	20.4	6.4
7-9 dimensions	3.7	7.1	7.2	7.2
8-9 dimensions	0.2	8	1.5	8.1
9 dimensions	0	-	0.2	9

As shown in Figure 6.2 (a), water, leisure, housing, and nutrition are the top four contributors to MCD incidence for children under 18 years of age in Addis Ababa and Dire Dawa. These four dimensions collectively account for around two-thirds of MCD incidence. The disaggregation across the age groups also shows a similar story (Figure 6.2 b and c).

Figure 6.2 (a)-(c): Deprivation composition among deprived in 5-9 dimensions, by age group and city

(a) All children

(b) Under 5

	Health	Nutrition	Education	Housing	Water	Sanitation	Protection	Information	Leisure
Addis Ababa	6.3	14.6	7.1	15.2	16.9	8.4	6.9	7.9	16.8
Dire Dawa	7.5	12.8	9.8	13.3	14.5	9.9	9.9	6.2	16.0

(c) 5-17 years
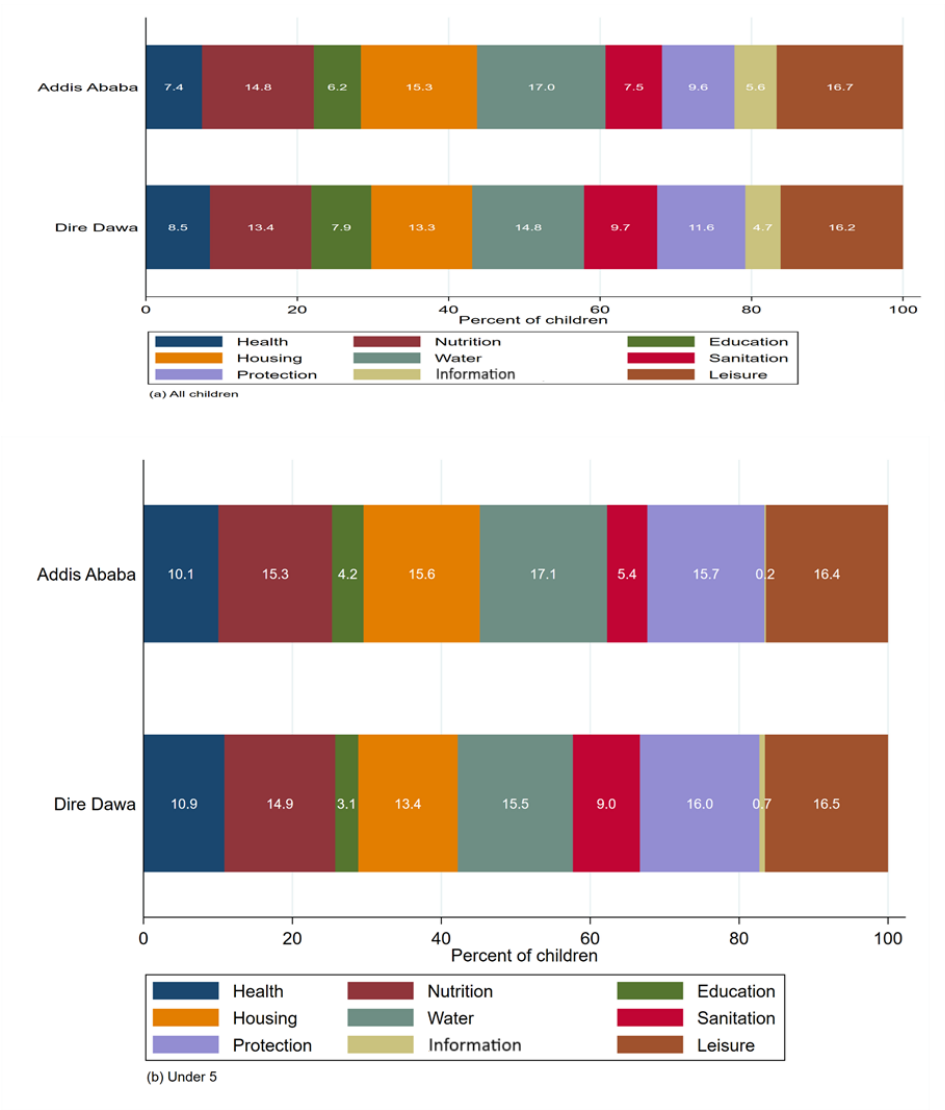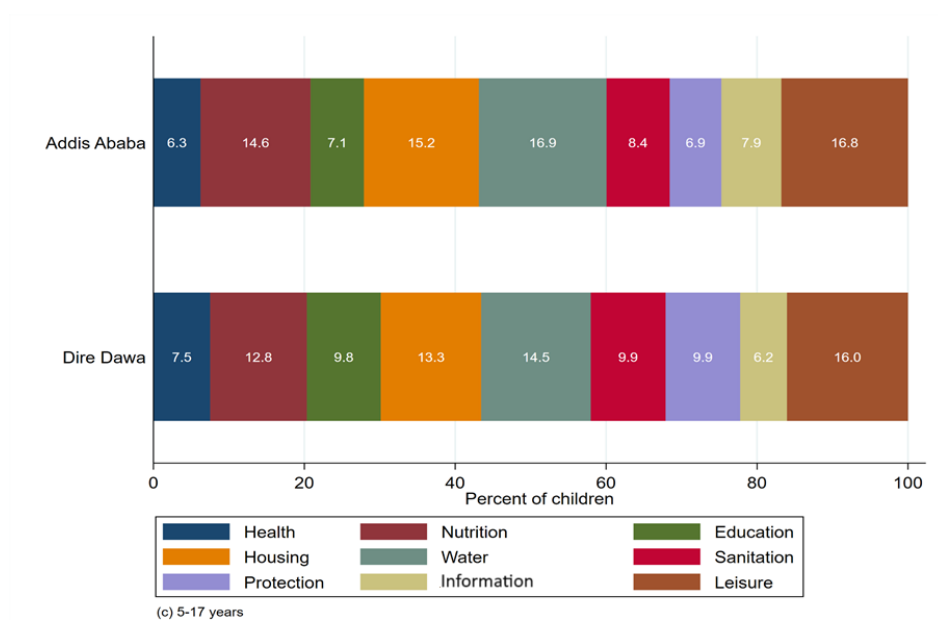
5. Trend analysis

To ensure comparability, this report's trend analysis examines dimensions similar to those covered in the 2016 MCD report, using the same indicators. The data in Table 8.1 and Table 8.2 indicate an overall reduction in child deprivation rates across all dimensions covered in both reports that use identical indicators in each dimension. However, there is a notable increase in deprivations of child development, health and water dimensions in Addis Ababa (see Table 8.1). On the contrary, there are reductions in deprivation levels in nutrition, sanitation and housing by 36.7, 4.5 and 3.4 percentage points respectively. In Dire Dawa, deprivations in sanitation, nutrition, and housing showed significant improvement for children under 5, with reductions by 35, 30.4 and 30.2 percentage points respectively. Moreover, deprivation in the health, development/stunting and water dimensions for the same age group and city fell by 19, 17.8 and 9 percentage points respectively.

The large reductions in deprivations in all six dimensions in Dire Dawa could be due to slight variations in the analytical sample used in the CSA and UNICEF (2018) report and this study. The 2018 report is based on the 2016 EDHS data, which include both urban and rural clusters in Dire Dawa. However, for this study, we only selected urban clusters in Dire Dawa, as the main focus is assessing MCD in large urban centres taking the case of the two cities.

Table 8.1: Trend of deprivation (%) by dimension, under 5, by city

	Addis Ababa		Dire Dawa	
Dimensions	2016	2023	2016	2023
Development / stunting	14.7	24.2	39.8	22
Health	13.5	22.3	43	24
Nutrition	62.5	25.8	64.2	33.8
Housing	54.4	51	54.5	24.3
Water	3.3	13.4	34.4	25.4
Sanitation	18.7	14.2	51.3	16.3

Table 8.2 demonstrates a decline in deprivation of dimensions among children aged 5-17 years in Addis Ababa, except for housing and water. There has been a 33-percentage-point increase in deprivation on housing and 8.2 percentage points increase in deprivation in the water dimension in the city among children aged 5–17. Table 8.2 also illustrates the fall in deprivations in all of the six dimensions considered for children aged 5–17 years in Dire Dawa between 2016 and 2023. Notably, the biggest fall in dimensional deprivation is observed for the health-related knowledge and information and participation dimensions, followed by the sanitation and housing dimensions.

Table 8.2: Trend of deprivation (%) by dimensions, 5-17 years by city

	Addis Ababa		Dire Dawa	
Dimensions	2016	2023	2016	2023
Health-related knowledge	39.3	14.3	70.2	6.8
Education	19.9	13.7	36.2	25.8
Information and participation	58.9	10.5	70.4	14.4
Housing	19.8	52.8	52	20
Water	2.1	10.3	32.2	18.7
Sanitation	18.7	13.8	50	16.2

6. Conclusion

Our survey on MCP in Addis Ababa and Dire Dawa shows that there were about 800,000 multidimensionally poor children in the two cities in 2023, or about 41 per cent of the child population in the two cities. This means two-fifths of children in the two cities lack basic needs and services across nine non-monetary dimensions: health, nutrition, education, child protection, water, sanitation, housing, information and participation, and leisure.

As MCP is a composite index, we need to identify the dimensions and indicators that highly contribute to the probability of a child being multidimensionally poor. Accordingly, 89 per cent are deprived in water (with prevalence of indicator-level deprivation of 85.8 per cent in water availability), 77.7 per cent deprived in leisure (indicator-level deprivations of 58 per cent in safe space to play outside, 48.7 per cent in possession of recreation materials, and 28.8 per cent in engaging in leisure activities), 64.1 per cent are deprived in housing (indicator-level deprivations of 46.9 per cent in housing material, 41.4 per cent in housing problems, and 14.3 in overcrowding), and 54.9 deprived in nutrition (indicator-level deprivations of 52.2 per cent in food shortage, 48.1 per cent in MMD, 31.3 per cent deworming, and 24.1 per cent in stunting). Deprivations in the remaining dimensions are: 41.1 per cent deprived in child protection (indicator-level deprivations of 59.6 per cent in birth registration, 27.6 per cent in physical or psychological aggression, and 5.6 per cent in left home alone), 26.8 per cent deprived in health (indicator-level deprivations of 20.4 per cent in distance to health facility, 8.5 per cent in immunization, and 6.9 per cent knowledge about ORS), 24.1 per cent deprived in sanitation (indicator-level deprivations of 46.6 per cent in materials for menstrual hygiene and 14.1 per cent in improved toilet facility), 23 per cent deprived in education (indicator-level deprivations of 18.8 per cent in ECD activities, 13.8 per cent in distance to school, and 11.3 per cent in delay in grade level), and 20.5 per cent deprived in information & participation (indicator-level deprivations of 57.2 per cent in receiving family planning messages, 46.9 per cent in information device in the household, 17.2 per cent in participation in celebrating special occasions and 11.1 per cent in hanging out with friends).

Incidence of multidimensional child poverty has increased between 2016 and 2023, though this is affected by the new set of indicators and dimensions used in the later year.

7. Policy implications

Based on the main findings of the study, key policy implications include:

- **More focus on investment to improve the situation of dimensions with high levels of deprivation:** Investment in improving access to water, housing, and nutrition is essential for enhancing child well-being. This includes developing infrastructure for clean water supply, creating

affordable housing options, and promoting food security through local agricultural initiatives. By also supporting education on nutrition and sustainable practices, communities can ensure that families have the resources and knowledge necessary to thrive.

- **Integrated approaches to address dimensions with high deprivation rates**: Adopting integrated approaches that link housing, health, and nutrition is crucial for addressing high deprivation rates. By designing holistic programs that involve collaboration among various sectors, communities can provide comprehensive support tailored to their specific needs. Engaging local organizations and empowering community members to advocate for their interests fosters resilience and drives sustainable improvements in overall quality of life. **Investing in social protection programmes that address various deprivations**: As there is a strong link between wealth and multidimensional child deprivation, income poverty and inequality should be addressed to empower families and break the cycle of poverty in its all form. Household and child-level characteristics that predict incidence of MCP could be used as targeting criteria to reach children that are highly likely to be multidimensionally poor.

- **Strengthening child protection and family support services**: Families at risk should be supported to help prevent children from resorting to street life. Moreover, cases of neglect, abuse, or abandonment should be identified and intervened in to prevent children from running away or being forced onto the streets. Safe and supported reintegration should occur with families whenever possible, or street children should be assisted to find permanent housing and integrate into society.

- **Data-driven monitoring and evaluation:** As this survey highlights, data should be collected and utilized to track progress on the fight against MCP over time. There should be continuous efforts to generate and utilize timely and accurate data, to facilitate monitoring and evaluation interventions and ensure their effectiveness in halting single or overlapping deprivations, and to facilitate adaptation of strategies as needed.

- **Mainstreaming multidimensional measures of poverty**: Besides policies that promote economic growth and reduce income inequality, multidimensional child poverty indicators should be mainstreamed into national development plans, targeting multiple deprivations simultaneously taking into account geographic disparities and the needs of the most vulnerable.

8. References

Abate, D., Eyeberu, A., Adare, D., Negash, B., Alemu, A., Beshir, T., ... & Dessie, Y. (2022). Health status of street children and reasons for being forced to live on the streets in Harar, Eastern Ethiopia. Using mixed methods. *Plos one*, *17*(3), e0265601.

Agyire-Tettey, F., Asuman, D., Ackah, C. G., & Tsiboe-Darko, A. (2021). Multidimensional child poverty in Ghana: Measurements, determinants, and inequalities. *Child Indicators Research*, *14*, 957-979.

Alderman, H., Behrman, J. R., Glewwe, P., Fernald, L., and Walker, S. (2017). Evidence of impact of interventions on growth and development during early and middle childhood. In Bundy, D. A. P., de

Alkire, S., Roche, J.M., Ballon, P., Foster, J., Santos, M.E. and Seth, S. (2015). *Multidimensional poverty measurement and analysis*. Oxford University Press, USA.

Chzhen, Y., & Ferrone, L. (2017). Multidimensional child deprivation and poverty measurement: Case study of Bosnia and Herzegovina. *Social Indicators Research*, *131*(3), 999-1014.

Central Statistical Agency (CSA) and ICF. (2016). Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

CSA and UNICEF Ethiopia (2018). Multidimensional Child Deprivation in Ethiopia.

de Neubourg, C., Chai, J., de Milliano, M. and Wei, I.P.Z. (2012). Multiple Overlapping Deprivation Analysis (MODA).

Dercon, S. (2012). Understanding child poverty in developing countries: Measurement and analysis. *Childhood poverty: Multidisciplinary approaches*, 52-69.

Gordon, D., Nandy, S., Pantazis, C., Townsend, P. and Pemberton, S.A. (2003). *Child poverty in the developing world*. Policy Press.

Hjelm, L., Ferrone, L., Handa, S., & Chzhen, Y. (2016). Comparing approaches to the measurement of multidimensional child poverty.

Hoddinott, J., Maluccio, J. A., Behrman, J. R., Flores, R., and Martorell, R. (2008). Effect of a nutrition intervention during early childhood on economic productivity in Guatemalan adults. *Lancet*, 371:411–416.

Silva, N., Horton, S., Jamison, D. T., and Patton, G. C., editors (2017). Child and adolescent health and development. IBRD / The World Bank, Washington D.C., third edition.

Thorbecke, E. (2013). Multidimensional poverty: conceptual and measurement issues. *The many dimensions of poverty*, pp.3-19.

UNICEF (2023). Monitoring the Situation of Children and Women. UNICEF Data. Accessed June 2023 from https://data.unicef.org/topic/child-poverty/.

Wang, C. and Burris, M.A. (1997). Photovoice: Concept, Methodology and Use for Participatory Needs Assessment. *Health Education & Behaviour, 24:* 369-387.

9. Annexes

Appendix A: The dimensions and indicators of multidimensional child poverty

No.	Dimension	Indicators	Under 5	5-17 years
1	**Health**	More than 30 minutes to nearest health facility *	X	X
		Skilled birth assistance: unskilled birth attendance	X	
		Adequacy of antenatal care (ANC) services: mother had less than 4 ANC visits during pregnancy or 4+ ANC visits were performed by an unskilled health professional	X	
		Incomplete vaccination	X	
		knowledge on oral rehydration salts (ORS) for treatment of diarrhoea: mother does not have knowledge OR a child lives in a household where no adolescent or adult female knows about ORS for treatment of diarrhoea	X	
		Knowledge about HIV and AIDS: a child aged 5-14 years lives in a household where none of the adolescent or adult members has knowledge about HIV transmission and prevention; a child aged 15-17 years does not have knowledge on HIV transmission and prevention		X
2	**Nutrition**	Exclusive breastfeeding: child is not exclusively breastfed for the first 6 months of life	X	
		Infant and young child feeding (IYCF) practices: child is not fed a minimum acceptable diet (MAD)	X	
		Stunting (height-for-age less than -2 standard deviation from WHO reference)	X	
		Wasting (weight-for-height less than -2 standard deviation from WHO reference)	X	
		Underweight (weight-for-age less than -2 standard deviation from WHO reference)	X	
		Vitamin A supplement: a child has not received a vitamin A supplement during the last 6 months	X	
		Worm medication: a child has not received a deworming medication	X	
		A child is not fed at minimum meal frequency (MMF) *	X	X
		Food shortage: a child lives in a household that worried about having enough food over the past 7 days *	X	X
3	**Education**	Early childhood development: Over the past three days, a child was not engaged by an adolescent or adult in at	X	

		least four of the following activities: reading books; telling stories; singing songs; being taken outside; playing together; naming/counting or drawing) *		
		It is more than 30 minutes to the nearest school appropriate for the child's grade level *		X
		School enrolment: a child aged 5-6 years is not currently attending pre-primary school (0 class) *		X
		School enrolment: a child aged 7-17 years is not currently attending school		X
		School attainment: Grade-for-age (a child of primary school age, between 9 and 14 years, is two or more years behind; a child of secondary school age, between 15 and 17 years, is three or more years behind)		X
		Illiteracy: the child cannot read a full sentence		X
4	**Housing**	Housing material: roof, walls, floor (non-permanent material/natural material)	X	X
		Multiple housing problems (for example leaky roof/damp walls) *	X	X
		Overcrowding: the number of people per room (excluding kitchen) (the child is living in a household with more than 4 people per room) *	X	X
		Indoor pollution (the child is exposed to indoor pollution from usage of unclean cooking fuels (for example, kerosene, coal/lignite, charcoal, wood, straw/shrubs/grass, animal dung or agricultural crop residue) for cooking inside the house with no separate kitchen)	X	X
5	**Water**	The household uses an unimproved water source (unprotected wells, unprotected springs, surface water (for example, river, dam or lake); vendor-provided water; bottled water, if water for other uses such as cooking and personal hygiene is from unimproved source; and tanker truck-provided water)	X	X
		The time to water source is more than 15 minutes: the child's dwelling is located more than 15 minutes away (in rainy or dry season) from reaching the main drinking water source (that is, 30 minutes to go and come back).	X	X
		Water availability from the drinking water source in the past two weeks: deprived if five days or less*	X	X
6	**Sanitation**	The household has access to an unimproved toilet type (public or shared latrine; flush/pour flush to elsewhere (not into a pit, septic tank, or sewer); a pit latrine without a slab; bucket latrines; hanging toilet/latrine; and no facilities/bush/field (open defecation))	X	X
		Solid waste disposal: the child's dwelling is exposed to environmental pollution from inadequate solid waste disposal: dug out, thrown away, burning of waste, or other*	X	X
		Menstrual health products are not available to girls when needed*		X
7	**Child protection***	A child aged 0-59 months is left alone at home for more than one hour	X	
		Psychological aggression (a child aged 1-14 years experienced either being shouted, yelled or screamed, or being called dumb, lazy or another name) OR Physical punishment (a child aged 1-14 years experienced any of the following: being hit or slapped on the face, head	X	X

		or ears; being beaten up as hard as possible)		
		Engages in child labour according to the ILO-UNICEF definition		X
		Female genital mutilation/harmful practices for girls	X	X
		Birth registration: if the child's birth is not registered at civil registration and vital statistics *woreda/kebele* bureau	X	
8	**Information and participation**	Information devices: no information device (television, radio, phone or mobile phone) available in the household	X	X
		A child aged 5-17 years does not participate in celebrations on special occasions (birthday, name days or religious events) *		X
		A child aged 5-17 years does not have friends around to play and hang out with *		X
		A child aged 15-17 years has not heard family planning messages in the last few months through participation in community events or conversations		X
9	**Leisure ***	A child aged 1-17 years does not possess any recreation items or materials (outdoor or indoor)	X	X
		There is no safe space outside the house where a child aged 1-17 years can play	X	X
		A child aged 1-17 years does not engage in regular leisure activity	X	X

* New indicator or dimension compared to the CSA and UNICEF (2018) report, using the 2016 EDHS data.

Appendix B: Sampling Design

This study followed a similar sampling design as the 2016 EDHS. We present the sampling design of the 2016 EDHS as reported in CSA and ICF (2016) as follows.

The 2016 EDHS sample is determined using a two-stage stratified sampling technique. Considering our study focuses only on urban areas, particularly Addis Ababa and Dire Dawa city administrations, the first stage involved selecting 56 enumeration areas (EAs)[21] from Addis Ababa and 32 EAs from Dire Dawa with probability proportional to the EA size. The EA size is the number of residential households in the EA as determined in the PHC. A household listing operation was implemented in the selected EAs, and the resulting lists of households served as the sampling frame for the selection of households in the second stage. Some of the selected EAs were large. The selected large EAs with more than 200 households were segmented to minimize the task of household listing. Only one segment was selected for the survey with probability proportional to the segment size. Household

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[21] An EA is a geographic area that covers an average of 181 households. A complete list of all EAs and the estimated number of residential households are provided by the Population and Housing Census (PHC) sampling frame, which is the same sampling frame used for the 2016 EDHS.

listing was conducted only in the selected segment. Thus, a 2016 EDHS cluster is either an EA or a segment of an EA.

In the second stage of selection, a fixed number of 28 households per cluster were selected with an equal probability systematic selection (i.e., systematic random sampling) from the newly created household listing (see Table 3.2 for the final sample size from the two cities). The survey interviewer interviewed only the pre-selected households.

Workshop Note: Plenary Session: Research Presentations

Prepared by: Dr Kidan G/Egziabiher (MoWSA)

Five research papers were presented:

1. Dr. Jemal M. Adem (PSI): *The Impact of Conflict on Children's Education in Ethiopia*

2. Workneh Yadeta (GAGE): *Adolescent Economic Empowerment: Challenges and Opportunities – Findings from GAGE Mixed Methods Research*

3. Dr. Kaleab Kebede (PSI): *The State of Multidimensional Child Poverty and Deprivations in Urban Areas*

4. Dr. Tilahun Girma (NEWA): *A Study on Determining the Status and Priorities of Ethiopian Women*

5. Dr. Alula Pankhurst (Young Lives Ethiopia): *Weathering the Storm: Climate Shocks & Poverty Threaten Children's Long-term Development*

Key Comments and Questions from Panelists

Dr. Aboubacar Kampo (UNICEF Ethiopia)

- Emphasized the need to assess the practicability of policy implications, noting that research conclusions may not always translate smoothly into implementation.

- Highlighted the importance of contextualizing poverty analyses to avoid contradictory conclusions.

Mr. Schadrack Dusabe (UN Women Ethiopia)

- Commended the substantive research findings and stressed the need for policy recommendations to ensure complementarity between child protection and women's empowerment initiatives.

- Noted the critical connection between child nutrition and the empowerment of mothers in policy development.

Yehualashet Mekonen (Africa Child Policy Forum)

- Called for greater emphasis on child poverty and prevention strategies.

- Cited political instability as a critical factor undermining progress, based on the Forum's research.

Gezahegn Getahun (Ethiopian Statistical Association)

- Asked all presenters about strategies for ensuring data quality, particularly in conflict-affected areas.

- For NEWA, questioned the clarity of the research design and the exclusion of certain zones from the study.

Hiwot Gebeyehu (UNICEF)

- Sought clarification on the multidimensional poverty analysis comparing Addis Ababa and Dire Dawa, considering Ethiopia's current economic challenges.

- Raised concerns about the challenges faced by borrowers in microfinance institutions, particularly regarding collateral and loan repayment.

Tizita (Ireland Social Protection)

- Highlighted the importance of social protection programs, especially for shock response, and referenced a World Bank equity assessment.

- Requested clarification on the targeting of social protection programs in the GAGE research.

Dr Getachew Bekele

- Delivered congratulatory remarks on the forum's 15th anniversary, praising its contributions to research and practice for women, children, and youth.

Presenters' Responses

Dr. Jemal M. Adem (PSI)

- Clarified that the study was cross-sectional and did not directly compare Addis Ababa and Dire Dawa using identical indicators.

- Acknowledged gaps in poverty analysis due to methodological constraints.

Dr. Tilahun Girma (NEWA)

- Emphasized the importance of data quality, despite challenges such as conflict during data collection.

- Stated the study was descriptive and intended as a foundational input for further research.

Workneh Yadeta (GAGE)

- Detailed robust supervision mechanisms for data collection in conflict zones.

- Highlighted gaps in social protection (e.g., exclusion of newly married families) and advocated for policy adjustments.

Dr. Kaleab Kebede (PSI)

- Explained PSI's use of audio audits to ensure data quality.

Dr. Alula Pankhurst (Young Lives Ethiopia)

- Emphasized the value of open-access longitudinal data for researchers and policymakers.

- Encouraged broader dissemination of findings through media and local translations.

Conclusion

The plenary session provided a platform for rigorous discussion on critical issues affecting women, children, and youth in Ethiopia. The intersection of research, policy, and practice was underscored, with a collective call for actionable solutions to address challenges such as conflict, poverty, and climate shocks.

Research Presentation on Violence against Children

(Parallel Session One)

Dr. Yitaktu Tibebu
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The Assessment of Service Provision Challenges and Opportunities on Child Sexual Abuse: The Case of Selected Safe Houses and One-Stop Centers in Addis Ababa

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Abstract

The purpose of this study is to assess the service delivery challenges and opportunities in selected one-stop centers found in Gandhi,Minilik II and Tirunesh Beijing hospitals and safe houses which are IFSO, OPRIFS, and AWSAD in Addis Ababa. The one-stop center service is provided by various governmental stakeholders working together in one location, with referral linkage of safehouses.A mixed research method was employed to demonstrate how sexually abused children got the support they needed to get by using a convergent parallel mixed method study design. In the study, by using a stratified purposive sampling technique divide the respondents between service receiver and provider. Therefore, a total of 56 respondents participated in the research in addition to 5 key informants. Semi-structured Interviews, questionnaires, key informant interviews and document reviews were used to collect data. Descriptive statistics and thematic analysis were used to analyze the data. The findings show that medical, legal and psycho-social supportare the most common types of services offered, depending onthe requirements of each survivor. The service provision also faces Socio-economic, legal and managerialchallenges. Establishment and expansion of one-stop centers and availability of child protection policies and regulations are taken as opportunities to provide services for children who have been sexually abused. Hence it is recommended to strengthen integration and implementation of standard operation procedures was given as a Recommendation.

Introduction

Child sexual abuse is a significant public health issue in Africa, with at least 5% of young women experiencing such abuse as children. The lack of data and procedures to address child abuse in emergency situations, hospitals, and healthcare facilities has resulted in a significant gap in child protection service delivery. In Ethiopia, the issue's prevalence, seriousness, and possible causes have been revealed through various studies. In Addis Ababa, the magnitude of child sexual abuse is 42.7%, with 74% of the 214 children reporting having experienced sexual abuse (Alemayehuetal2022).

One-stop centers have been established in Ethiopia, such as Gandhi Hospital in Addis Ababa and Adama One-stop Center in 2013. These centers provide medical care, psychosocial support, legal services, and socioeconomic reintegration. However, barriers to quality services exist at the county level, including legal services and victim livelihood support. Most cases of sexual abuse go unreported due to fear of discrimination, stigmatization, or loss of support and resources.
Addis Ababa has a high prevalence of sexual abuse among high school students, with 28.6% of male children being abused and 62.5% among high school students. Studies on service delivery in Addis Ababa showsthe challenges in providing services for sexually abused children, such as prolonged legal cases, absence of referrals, and shortage of resource and skilled human power. A cross-sectional survey conducted in Addis Ababa found that more than half (64.9%) of street children did not participate in any form of initiative promoting sexual and reproductive health.
The issue is worth investigating due to the lack of comprehensive studies on child sexual abuse, the lack of an exhaustive study on service provision challenges facing stakeholders and governmental bodies, and the urban-rural migration making children more vulnerable.

Methodology

This study employs a mixed-methods research approach, incorporating both qualitative and quantitative methods.

Purposeful sampling technique is used to select and identify valuable information for the study which involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest. It is also preferable to effectively use limited resources (Patton, 2002).

Stratified sampling is a technique to get a representative sample from a population that researchers have divided into somewhat comparable subpopulations (strata). To make sure that certain subgroups are represented in the sample, researchers apply stratified sampling. Additionally, it enables them to get accurate data on the features of each group (Frost, 2023).

Based on the above, A combination of the two techniques was employed, which leads to a two stage sampling technique. First, we divided the population in sub–groups and we used purposive sampling in the sub-groups. Its purpose is to capture major variations and each of the strata should constitute a fairly homogeneous sample (TVSD (2023) and Patton, (2002)).

This study employed a stratified purposive sampling method to select participants from two key strata: service providers and service receivers at a One-Stop Center. The criteria for service receivers were whether they had experienced sexual abuse, accessed services at the one-stop center, and were referred to safehouses. Service providers were selected based on their experience providing direct services to sexually abused children at the one-stop center. The first stratum comprised 23 individual service providers, and the second stratum consisted of 33 individual service receivers. In addition to these strata, five key informants, presumed to have specific insights into the topic were also included in the study. In total, 56 respondents from the two primary strata and 5 key informants participated in the research.

A convergent parallel design mixed methods study involves collecting and analyzing qualitative and quantitative data, comparing or linking the two, and then interpreting the results. This approach helps to provide a more comprehensive understanding of the phenomena (Creswell and Clark, 2011). Therefore, in order to better understand situations related to the research questions, the researcher opted to utilize convergent parallel design mixed methods for this study.

Questionnaires, semi-structured interviews, document reviews, and key informant interviews were utilized to gather data for this study. Descriptivestatistics and thematic analysis were used for data analysis for both quantitative and qualitative data, respectively.

Ethical consideration

The primary ethical concern was informed consent. While the assent forms for children is signed by their guardians and consent forms for key informants were signed by themselves. Participants' voluntary involvement and confidentiality were also upheld. The researcher explained the study's purpose, procedures, and benefits. All participants were informed that they could withdraw at any time during the interview, and that their responses would remain confidential and published anonymously in the research. Additionally, adhering to the principle of "do no harm," questions, attitudes, or comments that could endanger a child or reactivate the pain of traumatic experiences were avoided. Ethical clearance was granted by the Addis Ababa Health Bureau of Public Health Research and Emergency Management Directorate. Demographic Characteristics of Respondents

Demographic characteristics of children living in safe houses (strata one)

Strata one is composed of children who live in safe houses. The age of respondent childrenindicates that 87.9%(freq. =29)fall between the age interval   12-18 and 12.1% (freq. = 4) fall between the age interval 9- 12. The sex composition is only focused on female children 100%(freq. =33). The educational status of the children under grade 5 is78.8%(freq. = 26), from grade 6-8 is 12.1%and totally not enrolled school are 9.1%. Their stay at the shelter under 3 month is 27.3%, 3 month 15.3% and while 54.5% stayed in the shelter above 3 month and under a 1 year and above a year is 3%.the birth place of 97% of the respondents is out of Addis Ababa while3% are from Addis Ababa.

Demographic characteristics of service providers from one-stop center (Strata two)

Strata two is composed of service providers from one-stop center.The sex composition of respondents from service providers indicates that 82.6% (freq. =19) were female and 17.4% (freq. = 4). The respondents are composed of nurses and doctors (43.5%), police (26.1%), counselor (13%), case manager (8.7%), lawyer (4.3%) and other position (4.3%).

Educational status of respondents is 73.9% of respondents are degree holder and the remaining 26.1% apart from diploma and master's degree have other type of educational status. Age of expertise related to child sexual abuse is less than a year 8.7%, interval of 1-2 year 8.7%, interval of 3-5 year 34.8%, 47.8% of respondents.

1. **Kind of services delivered to child victims of sexual abuse**

Quantitative result

Kinds of services provided by service providers and received by survivors of child sexual abuse were found from both strata to triangulate the responses by using a liker scale. The services related to legal, shelter psycho social support and medical care were used as variables.

Table 1.1. Provision of services from the point of view of service providers

provision of temporary shelter, food, health and psycho social support			
		Frequency	Percent
Valid	Agree	4	17.4
	strongly agree	19	82.6
	Total	23	100.0
documentation is well organized			
		Frequency	Percent
Valid	Agree	4	17.4
	strongly agree	19	82.6
	Total	23	100.0

The above table shows that the provision of temporary shelter, food, health care, and psychosocial support has been given in one-stop centers, which explained the agreement level of agree and strongly agree at 17.4% and 82%, respectively.

Table 1.2.the services provided to survivors of child sexual abuse from the view of survivors

Do you have your own bed, cloth, food at the safe house?			
		Frequency	Percent
Valid	Yes	33	100.0
Do you get medical, counseling and legal service?			
		Frequency	Percent
Valid	Yes	33	100.0
Did the perpetrator accused?			
		Frequency	Percent
Valid	Yes	32	97.0
	No	1	3.0
	Total	33	100.0

The table indicates that 100% of participants said yes to the question of whether they got the services or not, which implies they received the services regarding medical, health, legal, and psychosocial support. This confirms the agreement level of service provision from the view of the service provider with service receivers.

Table 1.3. Level of agreement on the center gives awareness for the community

Awareness creates by one-stop center			
		Frequency	Percent
Valid	strongly disagree	4	17.4
	Disagree	2	8.7
	Neutral	1	4.3
	Agree	4	17.4
	strongly agree	12	52.2
	Total	23	100

The table shows that 17.4% of professionals strongly disagree on the question of whether a one-stop center creates awareness. 8.7% disagree, 4.3% are neutral, 17.4% agree, and 52% of respondents strongly agree. Based on this result, the center creates awareness for the community to prevent child sexual abuse, but there are more things to do in relation to awareness creation; it has to be increased.

Qualitative result

One-stop centers, referred to as Justice and Care Centers for Women and Children, exclusively handle sexual abuse cases. These centers offer a range of services, including medical care, legal assistance, psychosocial counseling, an integrated referral process, case follow-up, and temporary shelter.

I.   Case managing

The case managers obtain the victim's information and permission to use the one-stop center's services. By being aware of the victim's circumstance, direct them to the appropriate facility. If they require medical attention, counseling, or legal assistance, and document the information and follow up the legal cases after they referred to their districts.

II.   Medical

Bleeding, discomfort, or discharge, urination problems frequent urinary tract infections, unwanted pregnancy, sexually transmitted disease diagnoses are included in health problems face by sexually abused children. Medical service provides physical examination, physical injury cure, HIV protection and prevention treatment, prevention of sexually transmitted disease vaccines for hepatitis B, and according to Ethiopian criminal law no 551 when the situation fulfils give service for abortion.

III. Counseling

Counseling service is given to survivors of child sexual abuse. The survivor's family members can also access the service. The standard states counselling services are provided monthly or once on a two-month basis and it have an assessment form. Play therapy and individual counseling are the service provided for survivors. This is for survivors who comes and lives with their parent or relatives not the survivors who live in safe houses. The safe houses provide individual and group counseling as well as life skill training in addition to music therapy, art therapy, sport, refreshment, family tracing, catch-up education, life skill training, follow-up after reunification, and incentive payment when survivors reunite with family.

IV. Legal services

Police, local residents, victims themselves, health facilities, and schools all make reports on sexual abuse to one-stop center. The police service works 24 hours a day and organizes information and takes words with attorney from victims of violence. If the children cannot return to their families, they will be placed in a shelter. When there is a risk that information will not be lost, the police hand over the records of the victims to the district.

V. Shelter

A temporary shelter is located at a one-stop center where victims can get beds, food, and sanitary supplies for up to 72 hours before they are transferred to safe-houses. The shelter can hold up to three survivors at a time.

VI. Referral

The work is accomplished in the one-stop center through referral networks. After providing health services and getting the victims case as a police case, the victims were referred to police stations in the districts where they lived for further investigation and to continue the court cases. On the other hand, to reduce double victimization, survivors who face abuse by cloth relatives and survivors who do not have family, live on the street, and are vulnerable in any circumstance are relocated to safe houses that deal with such abuse cases.

VII. Documentation

Case documentation is essential for survivors getting justice for the humiliation they face. Each professional has their own requirements for documenting information. The medical report requires information related to the name, the reason why the survivors take the medical response, the type of given medication, the result, and the doctor's opinion. The legal department includes information

related to dates of service, specific provider of care, districts, if the case requires legal or without legal issue, name, age, medical status, words received by police and lawyer, type of crime, the date where the crime happened, the date where investigation completed, the name of accuser and accused, criminal performance in brief. There is also a form that helps to receive words from survivors, including name, age, sex, school, birth date, religion, nationality, address, phone and signature of accuser.

Merged analysis

According to the data obtained from both quantitative and qualitative results shows that the services provided are psycho-social,legal, medical, shelter and referral services provided by one-stop centers with referral linkage of safe houses.

Based on the findings of quantitative, qualitative and document review data the researcher triangulates the services provided in the safe house are available and by comparing from the view of service providers and service receivers. Because the document shows the services provided, service providers agree with a 100% of services provided for receivers and the service receivers also confirmed that with 97% of legal service provision are available and other three services such as medical, psycho-social and shelter services are provided in the safe houses.

2. **Appropriateness of service delivery by service providers for sexually abused children**

Quantitative result

Satisfaction of the survivors for the service they receive, evaluation and social interaction of survivors used as variables. The data is presented by tables and pie chart to gain understanding on survivor's rehabilitation by using the services provided for them.

Table 2.1. Cross tabulation on satisfaction of survivors on perpetrators accusation

Are you satisfied that the perpetrator is accused as he deserves? * Did the perpetrator accused?				
		Did the perpetrator accused?		
		Yes	No	Total
Satisfaction of survivors on the accusation of the perpetrator as he deserves	Satisfactory	9	1	10
	Good	12	0	12
	very good	9	0	9
	Excellent	2	0	2
Total		32	1	33

The table indicates that 32 of the respondents replied that the perpetrator is accused however their satisfaction level for the punishment that the perpetrator deserves is 2 of satisfaction level is excellent,9 very good, 12 good and 9 satisfactory. Therefore the respondents are not much more satisfied on the accusation process of perpetrator because the highest frequency of the respondents on good.
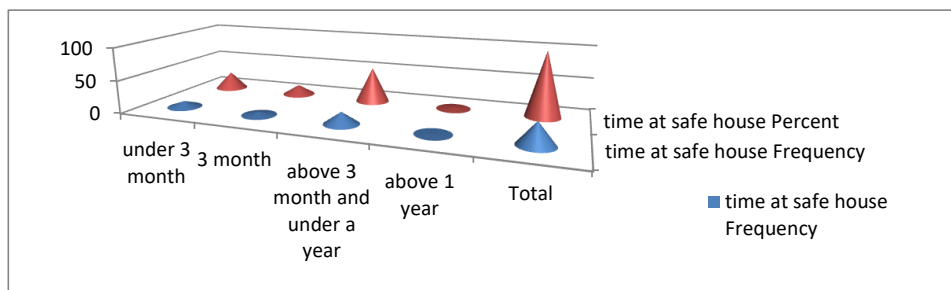
Figure2.1. Time spent by respondents at the safe house

The figure represents that 27.3% of participants stay at a shelter under 3 month, 15.2% for three months, above 3 months and under a year 54.5% and above a year is 3%.this shows that more than 50 % of participants spent time at a shelter in contrary with the standard of safe houses which explains that there should be a 3 month treatment for rehabilitation of survivors.

Table 2.2. Evaluation of respondents for received services

How do you evaluate your behavioral change after coming to this safe house?			
		Frequency	Percent
Valid	Good	3	9.1
	very good	17	51.5
	Excellent	13	39.4
	Total	33	100.0
How do you evaluate the treatment you have got from the caregivers?			
		Frequency	Percent
Valid	Good	7	21.2
	very good	5	15.2
	Excellent	21	63.6
	Total	33	100.0

How do you evaluate the service you get?		Frequency	Percent
Valid	Good	7	21.2
	very good	12	36.4
	Excellent	14	42.4
	Total	33	100.0

According to the table, 9.1% of respondents rate their behavioral change after arriving at the shelter as good, 51.5% as very good, and 39.4% as excellent. Caregivers' treatment is assessed as excellent at 63.6%, very good at 15.2%, and good at 21.2%. The service they receive is also rated 42.4% excellent, 36.4% very good, and 21.2% good. Therefore, it indicates that the evaluation of services obtained by survivors living in safe houses is improved, the children enjoy the services provided to them, the treatment provided by caregivers is beneficial to survivors' behavioral changes, and that service delivery is effective.
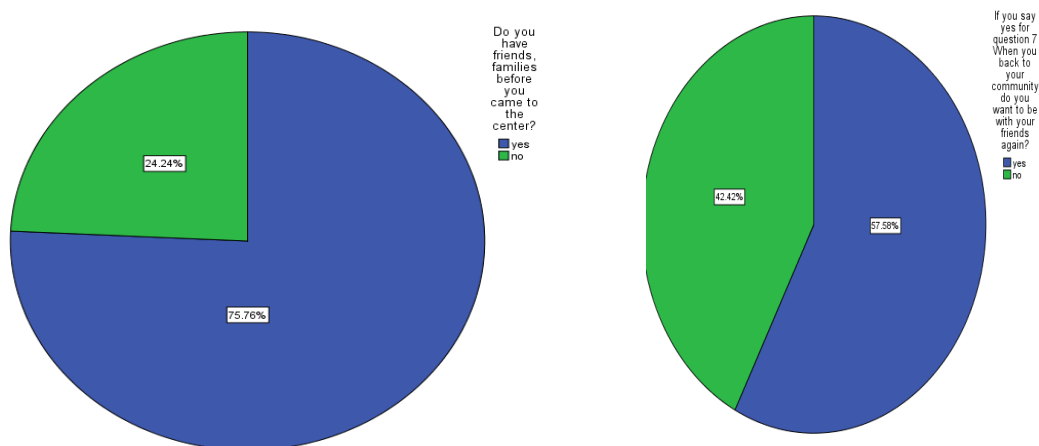
Figure 2.2. Social interaction of respondents

The figure express that 75% of respondents have friends before they came at the shelter but when they request when they return the place where they came from 42.4 % of respondents do not want to be with their friends. This shows there is reduction of social interaction after they get in to the shelter which means after they got assaulted.

Table 2.3. Level of agreement of service provider on Appropriateness of response for victims of child sexual abuse

The service provided by one stop center give appropriate response for survivors of CSA		Frequency	Percent
	Agree	5	21.7
	strongly agree	18	78.3
	Total	23	100.0

The table shows that 21.7% of respondents agree and 78.3% of respondents strongly agree on the service they provide is useful and appropriate for survivors of child sexual abuse. This means the services provided at one-stop centers are appropriate and useful for survivors of child sexual abuse.

Qualitative results

To understand the appropriateness of the services provided for survivors at one stop center, during arrival of the victim in the center the first contact is with case manager. The case manager applies need assessment and refers the victim to the professionals who provide services of medical treatment or psycho-social support or for the legal support based on their requirement of need.

There is no measurement for the appropriateness of services provided for survivors of CSA however the need assessment and care planning leads the way to provide the appropriate services by depending on the need of service requirement of survivors. Therefore when survivors receive medication, cured, understand how to use the medicine, and take it correctly the success of medical treatment observed by health professionals. The same is true for legal services and psycho social service when there is accusation of perpetrator and change in behavior of survivors respectively.

The accusation and punishment of perpetrators by law is an important part of the legal side of providing justice for victims of abuse. As a result, case managers follow up on cases until they are resolved by being with respective stakeholders.

In OPRIFS the Child Committee, which is made up of children and committee members that rotate monthly, oversees the employees, verifies the cleanliness of the kitchens, and inspects the food if the users do not like it. Based on this, they have the authority to make suggestions without having to wait for the monthly meeting. Suggestion boxes, on the other hand, are any other means via which survivors can express their thoughts on the service they use. A safeguarding officer inspects it on a daily basis.

Merged analysis

The appropriateness of services provided is assessed based on survivors' self-evaluation after receiving the services and their social interactions with the safe-house and one-stop center service delivery systems, according to data obtained through both qualitative and quantitative methods. The findings thus demonstrate that service providers think their offerings are suitable and helpful for their rehabilitation, but that children's social connection with others and their happiness with legal services are both quite poor.

Need assessment is a core process to provide appropriate services for survivors which provided as a means to give care in the case management manual of ministry of women and social affairs on (MoWCY, 2020). Therefore identification of need by the case manager and service mapping for referral is a task of one-stop centers to provide appropriate services for survivors of CSA.

The quantitative data shows evaluation of the services, treatment of care givers and the helpfulness of services from the perspective of survivors shows a good result. The survivors answer implies they are enjoying the service they get and understand their behavioral change by receiving the treatments. However the social interaction diagram shows when the children integrate with their community they don't want to back to be with their friends again. This shows that the self-confidence of the survivors is not well developed.

As it is explained on the ecological theory of micro system, relationships in a microsystem are bidirectional. Where child's immediate environment such as parents, siblings, teachers, and school peers which means that the child can be impacted by other people and the child's reactions to people can influence how they treat them in return, based on this idea developing the self-confidence of survivors increases their positive interaction with others that reduce double victimization of survivors.

The perpetrators accusation is the service provided by service provider organizations according to the data obtained even if there is accusation of perpetrators there is less satisfaction of victims on the legal process of how the perpetrators deserved to be condemned. This requires awareness rising of legal procedures for survivors and investigation on how legal services are provided.

There is also differentiation from the view of service receivers and providers on service appropriateness as the data shows almost 78% of them strongly agreehowever the social interaction and satisfaction of survivors on perpetrators acquisition is low which contradict with service need of survivors and the provision.

3. Service provision challenges for sexually abused children

Quantitative result

A quantitative analysis of the challenges that service providers at one-stop centers confront throughout the provision of services reveals that a lack of logistics, a lack of human resources, and a lack of compensation for professionals' overtime hours are the main issues.

Table3.1. fulfillment of logistics and safe working environment to provide service at one-stop center

there is safe working environment to provide services			
		Frequency	Percent
Valid	strongly disagree	1	4.3
	Disagree	1	4.3
	Agree	11	47.8
	strongly agree	10	43.5
	Total	23	100.0
enough availability of appropriate logistics for service provision			
		Frequency	Percent
	strongly disagree	2	8.7
	Disagree	12	52.2
	Neutral	1	4.3
	Agree	7	30.4
	strongly agree	1	4.3
	Total	23	100.0

The table shows that more than 90 % of participants agree and strongly agree for safe working environment of working place at one stop center. However in terms of availability of appropriate logistics 8.7% was strongly disagree,52.2% of participants disagree 4.3% neutral, 30.4% agree and 4.3% were strongly agree. This describes that there is a shortage of equipment's for delivering service at one-stop centers.

Table 3.2. Empowering mechanisms for professionals.

there is continuous skill development, monitoring and evaluation for professionals			
		Frequency	Percent
Valid	strongly disagree	7	30.4
	Disagree	7	30.4
	Neutral	2	8.7
	Agree	7	30.4
	Total	23	100.0

The table shows that agreement levels of professionals 30.4% of participants strongly disagree, 30.4% disagree8.7% neutral and 30.4% agree. This shows that there is no or less continuous skill development programs and weak method of monitoring and evaluation to empower professionals at one-stop center.
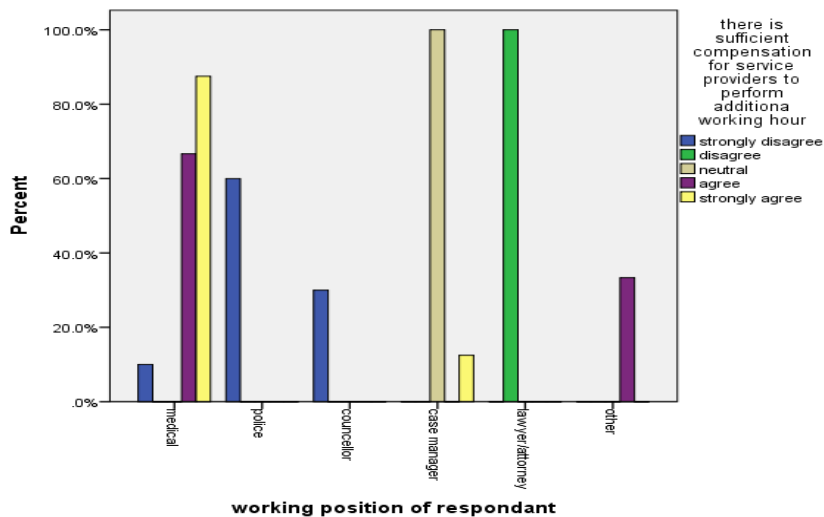
Figure 3.1. .Additional payment for over time with working position of respondents

The graph shows that the professionals who works on health issues have gain additional payment for additional working hours while others do not have receive any additional payment for their work of additional time. As one-stop centers have not recall for one organization the treatment of service providers is also different as their organization came from.

Table 3.3. Cross tabulation between working position and availability of enough human resource

<table>
<tr><td colspan="8">working position of respondent * there is well organized human resource to provide services successfully at one-stop center Cross tabulation</td></tr>
<tr><td></td><td></td><td colspan="5">There is well organized human resource to provide services successfully at one-stop center</td><td>Total</td></tr>
<tr><td></td><td></td><td>strongly disagree</td><td>Disagree</td><td>Neutral</td><td>Agree</td><td>strongly agree</td><td></td></tr>
<tr><td rowspan="6">working position of respondent</td><td>Medical</td><td>0</td><td>2</td><td>0</td><td>3</td><td>5</td><td>10</td></tr>
<tr><td>Police</td><td>3</td><td>1</td><td>0</td><td>2</td><td>0</td><td>6</td></tr>
<tr><td>Counselor</td><td>0</td><td>2</td><td>0</td><td>1</td><td>0</td><td>3</td></tr>
<tr><td>case manager</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td><td>2</td></tr>
<tr><td>Attorney</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td>Other</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td><td>1</td></tr>
<tr><td colspan="2">Total</td><td>3</td><td>7</td><td>1</td><td>7</td><td>5</td><td>23</td></tr>
</table>

The table shows that from 10 participant of medical position 8 of respondents agree and strongly agree and 2 of them are disagree, from 6 respondent of police officers 4 of them disagree and strongly disagree and 2 of them agree, from the 3 counselor 2 of them disagree and the lawyer is disagree. This implies that rather than health service all other positions needs additional human resource on the centers.

Table 3.4. Follow-up of children after referral

<table>
<tr><td colspan="4">follow up for children after referred to other institution</td></tr>
<tr><td></td><td></td><td>Frequency</td><td>Percent</td></tr>
<tr><td rowspan="6">Valid</td><td>strongly disagree</td><td>3</td><td>13.0</td></tr>
<tr><td>Disagree</td><td>8</td><td>34.8</td></tr>
<tr><td>Neutral</td><td>2</td><td>8.7</td></tr>
<tr><td>Agree</td><td>6</td><td>26.1</td></tr>
<tr><td>strongly agree</td><td>4</td><td>17.4</td></tr>
<tr><td>Total</td><td>23</td><td>100.0</td></tr>
</table>

The table shows that 13% strongly disagree, 34.8% disagree, 8.7% neutral, 2.1%agree, 17.4% strongly agree. This shows that one stop centers have a gap to follow up cases of children after they transferred to other institutions, however the case manager will follow up cases whether they get court decision or not.

Qualitative Result

    I.   Socio-economic challenges

Survivors and their families frequently underestimate the benefits and efficacy of counseling services. As a result, people do not return for counseling services after receiving medical therapy. This is true solely for service recipients at one-stop centers; however, individuals who are referred to safe houses receive individual and group therapy as well as life skills training. Awareness creation problem on male children abuse is very high. Even if the reason given to not mention the case by media reduces the incidence of abuse however the victims report is increasing day to day.

Some cases can only be resolved through mediation or negotiation with the child and the child's family for money in order to end the legal process; as a result, the survivors do not receive the services they are entitled to. Due to this mothers with limited financial resources will prefer monetary compensation to accuse the perpetrator. On the other hand when the perpetrators are fathers or stepfathers who are breadwinners for the family, the mother may cover the issue after the child obtains medical care due to financial concerns.

people are unaware of where the service can be obtained and miss information, they end up outside of their catchment area, which increases transportation costs for survivors, other additional costs, and the workload on service provider for example Gandhi hospital have a mandate to give services for districts such as lideta, nifas silk lafto, kolfekeranyo, Arada, addisketema, kirkos.Foryeka ,bole, gulele, districts minilik hospital and Tirunesh Beijing for akakikaliti and Abebech gobena for lemikura. However most cases reported for Gandhi hospital without its catchment area due to people's knowledge of the service given only at Gandhi hospital.

Fear of exposing abuse owing to fear of isolation and neglect has increased the amount of misleading information provided by survivors about how they were mistreated. The police officer gave her word as follows:

Another issue is a lack of family awareness about child rearing if there is no emotional connection between parent and child. The psycho social service provider explains the case as follows:

II. Legal challenges

The legal challenges face by survivors is takes long time when cannot find witnesses on the other hand unimproved child friendly courts and overcrowding of cases in the court makes difficult to close the cases of survivors. This makes time spent by a survivor at the safe house for long time more than the standard set which reduce the capacity to hold or receive survivors.

Key informant from safe-house explained the challenges encountered regarding to legal aid as follows

III. Managerial-structural challenges

i. Implementation challenges

To implement One-stop center services the implementer bodies have standard operational procedure which describes the mandate for each stake holders. The SOP describes ministry of justice, ministry of women and social affairs and ministry of health have a major responsible institutions to follow up and support one-stop centers. However the integration problem between these sectors and stakeholders makes difficulty on service provision at one-stop centers. In addition to this is the accountability of a center is not according to the consistent body on SOP. Each of professionals are accountable for the institution where they came from. Therefore reports or professional skill development and requirements to accomplish their task are a responsibility of their institution. This makes difficult the work of one-stop centers count as additional services. On the other hand even if there is no problems between interactions of service providers somehow misunderstanding between professionals of different stake holders.

ii. Poor infrastructure

The main challenges in service provision for sexually abused children in one-stop centers is unfulfilled logistics in medical treatment , such as shortage of medical kit, medicine and laboratory equipment. The reason is that it is shared with the entire hospital, so the more users of the hospital the more there is a shortage of medicine. On the other hand,unnecessary costs by the name of Support one-stop center by stake holders which made without survey creates misuse of resources. There is also lack of internet, shortage of printer, and stationery materials.

Additionally in counseling service for autistic and disable children there is no training manual and language barrier when the children came from different region. High cost for Shelter rent is also high costs for safe houses and crowded and small space for one-stop centers.

iii. Human resource management

The human resources deployed in service provision of sexually abused children have faces burn out management problem where the negative effect of case is not remained at only work place so burn out spill over in to every area of life including home, work and social life. In IFSO safe house if the victim becomes aggressive it is difficult to manage for care givers due to lack of skill how to manage cases.

Merged analysis

According to the data found from qualitative quantitative and document review, the challenges of service provision for sexually abused children falls on three main areas such as socio-economic challenges,legal and managerial challenges. Where managerial challenges consist of poor implementation, human resource management and poor infrastructure are the main challenges faced by service providers of child sexual abuse.

According to the triangulated finding of the research challenges of service provision falls in three themes which are socio-economic challenge, legal and managerial challenge.

The socio-economic challenge is always appear when there is fear of stigma. According to UNICEF (2019) most cases of sexual abuse go unreported because victims or their families are afraid of being discriminated against, stigmatized, or losing support and resources. The economic deprivation of child mothers also prevent them from reporting the abuse due to fear of economic challenge when the father or bread winner of the family is perpetrator, during this situation they come with their children for the case of medical assistance only by ignoring the legal process.

The legal challenge is mostly occur when there is no witness and the word of child for the police officer is differentiated from the word given to attorney. This challenge increase the duration of survivors at safe houses which hinder NGO's to receive additional survivors due to fixed performance. Managerial challenge is related with implementation challenges of policy, rules and regulations and the SOP for one-stop center, a poor infrastructure, difficulty in human resource management.

4. Opportunities to provide service for sexually abused children

Quantitative result

A variable used to determine opportunities to provide assistance for sexually abused children includes the use of the media to raise awareness, the availability of policies, rules, and laws as opportunities, as well as the training and supervision of professionals. These variables are addressed by using liker scale to gain appropriate information from service providers.

Table 0.1. Use of media to create awareness

		Frequency	Percent
one-stop center uses media for awareness creation to the community			
Valid	Disagree	1	4.3
	Neutral	3	13.0
	Agree	11	47.8
	strongly agree	8	34.8
	Total	23	100.0

The table indicates that agreement level of awareness creation by using media is 4.3%disagree,

13%neutral,47.8% agree34.8% strongly agree. This shows that one-stop centers create awareness

for the community which facilitates reporting mechanism of crimes. However it needs effort to create

awareness by using other means to address the entire community.

Table 0.2 opportunity for protection of children

		Frequency	Percent
available policies, rules and regulation can be taken as a good opportunity to protect children from abuse			
Valid	Neutral	2	8.7
	Agree	7	30.4
	strongly agree	14	60.9
	Total	23	100.0

The table shows that 8.7% neutral 30.4% agree and 60.9%strongly agree, this shows that.Available

policies, rules and regulation can be taken as a good opportunity to protect children from abuse helps

the work of child protection.
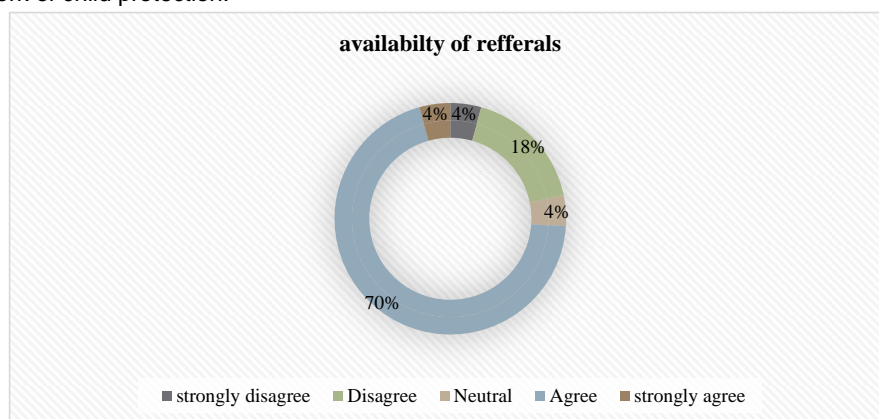
Figure 0.1 Level of agreement on availability of referrals by service providers

The figure indicates that 4% strongly disagree, disagree18%, neutral 4% agree 70%, strongly agree 4%. this shows that the highest percentage is with level of agreement is agree there for even if there is some times beyond the capacity of stake holders to receive service most of the time referrals or safe houses will receive survivors from one-stop centers

Table 0.3. Integration of stakeholders

integration of stakeholder to give timely and appropriate service for survivors of CSA			
		Frequency	Percent
Valid	Agree	12	52.2
	strongly agree	11	47.8
	Total	23	100.0

The table shows that 52.2% of respondents agree with integration of stake holders to provide timely and appropriate service. This implies that the service provision requires high interaction among stakeholder therefore it fulfills the requirement to provide appropriate services.

Qualitative result

From time to time one-stop centers are facilitated and increase in number nationally to provide comprehensive services at a time in one center is a good opportunity. In Addis Ababa starting from 2011Gandhi one stop center was institutionalized, in 2017minilikII one stop center followed by Tirunesh Beijing and Abebech Gobena hospital one-stop centers established for response of sexual abuse by the name of integrated justice and care center established. The medical service only for child sexual abuse is also available in Eka Kotebe and Paulos hospitals. This is good also for safe houses to manage cases because the victims transferred to safe house after receiving medication and will arrive with their medicines. Continuous communication between string committee and technical committee to lead one-stop center which is directed by standard operating procedure with a documented manual. The service given without any discrimination and providing services by giving priority for best interest of the child and considering the service appropriateness based on their need.

Merged Analysis

Both qualitative and quantitative result shows that availability of policy, referral linkages, establishment and expansion of one stoop centers are better opportunity to provide quality services for sexually abused children.

According to the data obtained from qualitative and quantitative data delivering comprehensive services integration of service providers at the one-stop centre and referral mechanism by guiding with service mapping is a good opportunity to expand service provisions in Addis Ababa city. In

addition to these available policy rules and regulations, the standard operational procedure manual is an additive factor for reporting mechanisms and identifies the roles and responsibilities of each stakeholder that guide the technical and string committee as well as the tasks and responsibilities of one-stop centre professionals.

However the observed structural challenge shows low implementation of the SOP that formulated to guide the working process of service provision for sexual abuse. Therefore, each of the professionals at the centre is represented by the institutions they came from. However, the SOP describes the mandate for control, management and follow-up one-stop centers for the Ministry of Justice and Women and Social Affairs. The reporting mechanism also has to be passed through between one-stop centers and these institutions, but the reporting mechanism is between professionals and the institutions in which they are represented. This system will loose the integration of stakeholders and forgetting the roles that has given by the SOP.

Conclusion

The findings of this study signify the kind of services provided for sexually abused children at one-stop centers and safe houses. The challenges face by service providers, service appropriateness for requirement of survivors and opportunities that make service provision easier.

The system copied from South Africa which is one-stop center that includes all service at one center gives response for sexually abused a child who requires high integration among stakeholders and sector ministries. The center makes the life of survivors easier by reducing double victimization and delay of services by fear and neglect of the children who suffered by sexual abuse. And it increases the reported case of sexual violence. From victim identification up to rehabilitation service is given by integrated system between governmental and non-governmental organizations, families of victims and community as a whole. The services provided are appropriate for their quest of service which are medical care, psycho social support ,legal and shelter services are provided for survivors of child sexual abuse based on in terms of their need within 72 hours at one-stop center and up to 3 months at safe houses.

However there are more challenges that hinder the smooth delivery of services which classified in three categories as implementation problem of the SOP, poor infrastructure, legal challenges and human resource management in terms of shortage, treatment of workers and empowerment mechanisms. On the other hand, opportunities for service provision include the availability of donors, policies, rules, and regulations, an increase in the number of one-stop services, and synergy across sector ministries and stakeholders. To summarize the findings, even though there are more obstacles, service provisions have a high contribution to survivors' rehabilitation that makes their lives better, and

accessibility of service for all without discrimination allows survivors to receive the service to which they are entitled.

Recommendations

To reduce managerial challenges, implementation of the SOP developed by respective ministries is recommendable for all stakeholders and sector ministries respective to ministry of justice and ministry of women and social affairs. This will strengthen the sector ministries' integration system. And settle budget for one-stop center is essential for service delivery. Stake holders and sector ministries should make a need assessment to identify the most significant gaps in service supply before and during providing support for one-stop centers.

One-stop centers and safe-house should develop a strategy that can measure appropriateness of services provided for survivors of child sexual abuse based on the perspective of service receiver. The responsible institution specifically courts should make work child friendly courts in to practice that reduce double victimization of survivors as well as protect confidentiality.

References

Adem.A. (2020).*Risks and Resilience among Sexually Abused Female Street Children in Addis Ababa, Ethiopia: An Interpretative Phenomenological Analysis of their Lived Experiences.*Addis Ababa University:Ethiopia

Adam,W.(2015).*conducting semi-structured interviews*. George Washington University. DOI:10.1002/9781119171386.ch19

African Charter on the Rights and Welfare of the Child, (1990).

Alemayehu.B, Taffese .N, chanyalew.E. (2022). *Magnitude of Child Sexual Abuse and Its Associated Factors among Children Treated in Public Hospitals of Addis Ababa*: Ethiopia.

Allnock.D, Bunting.L, Price.A, Klein.N, Ellis.J, Radford. L&Stafford.A. (2009). *Sexual abuse and therapeutic services for children and young people.*

Amare.T. (2017). *Child Rights Protection in Ethiopia: Critical Analysis of the Statutory Rape Provisions of the Criminal Code and Their Application*. Beijing Law Review: Vol.8 No.4.

AWSAD. (2023). Retrivedhttps://awsadethiopia.org/2023

Badoe.E. (2017). *A critical review of child abuse and its management in Africa. African Journal of Emergency Medicine*. Accra: Ghana

Creswell, J. W. (2005). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research.* Upper Saddle River, NJ, Pearson**.**

Creswell, J. W.,& Clark .P. V. (2011).*Designing and conducting mixed methods research*Thousand Oaks, CA: Sage

CynthiaW., SundbyJ., IzugbaraC., Nyambedha.O., PrinceR. (2019). *Challenges in Supporting Survivors of Child Sexual Abuse in Kenya: A Qualitative Study of Government and Non-governmental Organizations.* Journal of Interpersonal Violence 36(2):088626051984686 DOI:10.1177/0886260519846864)

Daro .D, Feldman S, Fluke J, Glodek C, Lifanda K, Wulczyn F. (2010).*Adapting a Systems Approach to Child Protection: Key Concepts and Considerations*:UNICEF:New York

Disasa, F.A., Belete, Y.S., Aragaw, Y.A., Wold, A.T., &Kumsa, A.T. (2020). *Violence Against Children and Associated Factors Among High School Students in Jimma Town.*

Edwin,K.(2019) .*Reality and validity of research instrument.*Critical Analysis of policies on special education in Kenya

Evan.O. (2023). *Bronfenbrenner's Ecological Systems Theory.* Retrieved at https://www.simplypsychology.org/bronfenbrenner.html.

Fischler.S. (2015). *Mixed methods.* Nova southwestern university.

Forbes. B, Luu. D, Oswald. E, Tutnjevic.T. (2011). *A systems approach to child protection.*World Vision International. ISBN 978-1-887983-91-4

Frost. J. (2023).*Stratified Sampling: Definition, Advantages &Examples.*Retrieved at https://statisticsbyjim.com/basics/stratified-sampling/.

Habtamu. D & Adamu .A. (2013). *Assessment of Sexual and Reproductive Health Status of Street Children in Addis Ababa .*Journal of Sexually Transmitted Diseases. Article ID 524076, http://dx.doi.org/10.1155/2013/524076

Hagos .A. & Abebe. S. (2023). Protection and Support Services for Sexually Abused Female Children in Ethiopia: journal of social service research. Addis Ababa. https://doi.org/10.1080/01488376.2023.2168834

Mohajan.H. (2018) *Qualitative Research Methodology in Social Sciences and Related Subjects*, Journal of Economic Development, Environment and People, 7(1), pp. 23-48

Ige. O & Fawole O.(2012). *Evaluating the medical care of child sexual abuse.* Ghana medical journal: Vol 46, No 1;University of Ibadan: Nigeria.

IFSO. (2023). retrieved http://www.ifsoethiopia.com/about/

Joynes, C. & Mattingly, J. (2018). *A systems approach to child protection.* K4D Helpdesk Report. Brighton, UK: Institute of Development Studies

Kabir, S. (2016). *Basic guidelines for research.* An introductory approach for all disciplines, 4(2), 168-180.

Keesbury .J, Onyango W, Undie .C, Maternowska .C, Mugisha. F, Kageha. E, Askew. I. (2012). *A Review and Evaluation of Multi-Sectoral Response Services (―One-Stop Centers‖) for Gender-Based Violence in Kenya and Zambia.* Population Council: Nairobi, Kenya.

Kotahari, c.R. (2004). *Research methodology:method and techniques.* New age international.published by new age international(P) Ltd.,publishershttps://www.newagepublishers.com.

Kuhn, T. S. (1970). *The Structure of Scientific Revolutions*, 2nd edition. The University of Chicago Press, Chicago,

Lauren T. (2022). *Cross-Sectional Study | Definition, Uses & Examples.* Scribbr. Retrieved December 11, 2022, from https://www.scribbr.com/methodology/cross-sectional-study/

Mathews. B. (2017) .*Child Sexual Abuse: Toward a Conceptual Model and definition.* 20(2).https://doi.org/10.1177/1524838017738726https://doi.org/10.1177/1524838017738726

Ministry of women and social affairs. (2020).National Child Protection Case Management Framework: Addis Ababa.

Mulambia, Y., Miller, A.J., MacDonald, G., Kennedy N. (2018). *Are one-stop centers an appropriate model to deliver services to sexually abused children in urban Malawi.* Vol 18 no145.

National Children policy of Ethiopia, (2017).

Nigussie. B. (2014).*child sexual abuse and its devastating effects on survivors.*The Ethiopian journal of social sciences and language studies (EJSSLS), vol1, no1,88-97

Organization for Prevention Rehabilitation and Integration of Female Street Children [Brochure]. (2019).n.p

Patton MQ. (2002). *Qualitative research and evaluation methods*. 3rd Sage Publications; Thousand Oaks, CA:

Piet.V&Hans.M.J. (2010).*Designing a research project*. Eleven International Publishing. ISBN 9059315723, 9789059315723.

Tadele. G. (2009). *Unrecognized victims: Sexual abuse against male street children in Merkato area,* Addis Ababa: Addis Ababa university.

Technical and vocational skill development. (2023). *planning and sampling unit two work book* retrieved at https://tvsd.colvee.org/mod/book/view.php?id=4188&chapterid=4495

Tesfaye.A .(2017) *Services for Vulnerable Children as a Means of Child Protection in Addis Ababa,* Yeka Sub City,Woreda-03.AAU.

Yilma. F. (2018*). Child victims of sexual violence communicate through Art Therapy.* Ethiopia

Yamane. T. (1969). Statistics: *An Introductory Analysis.* 3rd Edition, Harper & Row Ltd., New York.

Selengia V., Thuy H. N., Mushi D. (2020).*Prevalence and Patterns of Child Sexual Abuse in Selected Countries of Asia and Africa*: A Review of Literature Open Journal of Social Sciences, Vol.8 No.9, DOI: 10.4236/jss.2020.89010

UNICEF &IASC. (2019). protection from sexual exploitation and abuse:

UNICEF. (2022). G*lobal databases based on Demographic and Health Surveys* (DHS), Multiple Indicator Cluster Surveys (MICS) and other national surveys, 2005-2020.New York.

UNICEF, 2007.The UNICEF Protection, Rehabilitation and Prevention of Street Children and Street Mothers Project, Addis Ababa

United Nations Children's Fund (UNICEF). (2020). *Action to end child sexual abuse and exploitation.* UNICEF, New York.

United Nations Convention on the Rights of the Child, .(1989).The Convention on the Rights of the Child (CRC).

UN protocol. (2019). *The provision of assistance to victims of sexual exploitation and abuse.*

UN women. (2011) One-Stop Center for Survivors of Gender Based Violence. Zimbabwe

Wiley Online Library, (2018). *The Aetiology of Child Sexual Abuse: A Critical Review of the Empirical Evidence.* Child Abuse Review Vol. 27: 181–197 DOI: 10.1002/car.2517

Protection of the Girl Brides: The Veil and Struggle as a Child or Women Rights Issue

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Let me begin with the first triggering event I have had in relation to the protection of child brides. While I was a PhD student at Center for Human Rights at Addis Ababa University, we were asked to share our planned area for dissertation. And I presented my interest to work on issue of child marriage consolidating my argument sonly with women's human rights perspectives. I remember the first impression of our Professor who rather demonstrated his arguments strongly justifying it as a child rights issue. Child marriage among girls reveals the intersections of vulnerabilities due to age and gender. In this regard, legislation against child marriage must have 'two parallel' milestone provisions from international child rights and women's human rights instruments. However, the complexities and differences in child rights and gender equality standards, which in the view of some, ultimately deterred the child marriage laws from effectively addressing the concerns of child brides. Categorizing the protection of the girl brides as primarily a women's or child rights issue is essential yet triggers ongoing debates among scholars. The veil and struggle between the two paradigms gets its pick stage when one consider adolescent girls led child marriages. The children's rights literature emphasizes girls' agency while women's rights proponents consider it as a 'forced' marriage. During the primary data collection, I realized the importance of dwelling on this issue as it caused not only debates but also hostilities between the Women's Mobilization and Child Rights departments at the national as well as research targeted Regional, Zonal and Wereda levels. Based on an extended qualitative study conducted in the Amhara Regional State of Ethiopia along with the views of key stakeholders at the federal level, this paper explores the collaborations and existing contestations among the two departments. It further digs into the issue through elaborating the existing theoretical literatures from children and women's rights legal frameworks. An attempt is also made to provide concluding remarks centering on the rights of child brides.

1. Introduction

Child marriage is a globally recognized harmful practice that noticeably harms girls.[22] It is estimated that around 640 million girls and women currently living have been married during their childhood.[23] Researches indicate that 12 million girls are married before attaining eighteen years every year worldwide.[24] This means: 23 girls every minute and nearly 1 girl every three seconds or approximately 41,000 girls daily are becoming child brides globally.[25] In contrast, a data from UNICEF indicates approximately 115 million boys and men across the globe have been married while still in their childhood.[26] The child grooms accounts for only one-sixth of the child brides.[27] Because of the gender dimension of child marriage, Sustainable Development Goals (SDGs) measures child marriage among girls.[28]

Child marriage does not only deny girls free choice of partner and timing of marriage; it also curtails their childhood.[29] Besides, it impedes their schooling[30] and health.[31] Child brides are also exposed to early pregnancy and its related consequences, including fistula, depression, and social isolation.[32] Literature shows that child marriage is a leading cause of death for girls aged 15-19 along with their newly born children.[33] Furthermore, child marriage undermines child brides household decision-making power, obliges them to face domestic workload, restriction on their mobility, and they are also exposed to physical, emotional, and sexual violence.[34]

Ethiopia has adopted international and regional human rights instruments that explicitly condemn child marriage as a harmful practice.[35] Among these instruments, Ethiopia has acceded into the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),[36] the Convention on the Right of the Child (CRC),[37] the African Charter on Human and Peoples Rights,[38] the African Charter

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[22] See (Zaman and Koski 2020; The Child Marriage Research to Action Network (the CRANK) 2023; Raj 2010; Chow and Vivalt 2021; Deane 2021)
[23] See (UNICEF 2023)
[24] See (Girls Not Brides 2024a)
[25] See UN ONCHR, Supra note 305; See also Girls Not Brides. *About Child Marriage*. Accessed 4 February 2024. Available on https://www.girlsnotbrides.org/about-child-marriage/
[26] See UNICEF. *First Ever Analysis on Child Grooms*. 6 June 2019. Accessed 4 February 2024 https://www.unicef.org/press-releases/115-million-boys-and-men-around-world-married-children-unicef
[27] Ibid
[28] See SDG 5.3.1
[29] See (ACPF and Plan 2019, 68)
[30] See (Emirie 2005; Wodon et al. 2018; 2017)
[31] See (Raj 2010; Taylor et al. 2019; Irani and Latifnejad Roudsari 2018)
[32] Ibid
[33] See (Murphy 2019; ACPF and Plan 2019, 68; Irani and Latifnejad Roudsari 2018; Ntombela 2023)
[34] See (Abera et al. 2020; Ministry of Women and Social Affairs 2019; Chow and Vivalt 2021)
[35] See Ethiopian Human Rights Commission. *Ethiopia's Ratification Status of Human Rights Treaties*. Accessed 13 March 2024. Available on https://ehrc.org/download/ethiopias-ratification-status-of-human-rights-treaties/#
[36] Ibid, Ethiopia signed CEDAW on 8 July 1980 and ratified CEDAW on 10 September 1981
[37] Ibid, Ethiopia ratified CRC on 14 May 1991

on the Right and welfare of the Child (ACRWC)[39] and the Maputo Protocol.[40] Ethiopia has also been active in the African Union's *'Campaign to End Child Marriage in Africa.'*[41] In 2013, Ethiopia developed National Strategy and Action Plan to end HPs identifying child marriage as of the top five widely practiced gendered social norm.[42] At the first Global Girls Summit held in London in 2014, the country entered a commitment to end the practice by 2025.[43] Furthermore, Ethiopia has also launched the 'National Costed Roadmap to End Child Marriage (2020-2024)' in 2019.[44] Nevertheless, the prevalence of child marriage has continued[45] from being obvert to a hidden practice.[46]

Ethiopia already fails to meet the national target of eliminating the practice by 2025. Studies recommend that meeting the international target of eliminating the practice by 2030 will not also be possible without acceleration of progress.[47] Recent researches, in the country, show a declining trend[48] yet prevalence varies by region, and even between *kebeles*[49] across *weredas.*[50] In line with the 2016 Ethiopia Demographic and Health Survey (EDHS), the most recent one, 40.3% of young women aged 20-24 years were married before attaining eighteen years, and 14.1 % were married even before the age of 15.[51] With this rate, Ethiopia ranked first largest share from Eastern and Southern Africa,[52] top eleventh country with the prevalence rate of child marriage and fourth country with the highest absolute number of women married or in a union before the age of 18 years (2,276,000.00) globally.[53] The National coasted roadmap to eliminate child marriage in Ethiopia indicated that progress should be six times faster to end the practice by 2030.[54]

The expected acceleration of efforts necessities collaboration of efforts between the child rights and women's rights departments of the Women, Children and Social Affairs offices and this paperexamines the theoretical and practical challenges facing these departments during their intervention efforts. The paperhas five major sections. After this introduction section, the paper

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[38] Ibid, Ethiopia ratified the African Charter on Human and Peoples Rights on 15 June1998

[39] Ibid, Ethiopia ratified the African Charter on the right and welfare of the Child on 2 October 2002

[40] Ibid, Ethiopia ratified the Maputo Protocol on 18 July 2018

[41] See African Union, *African Union Campaign to end child Marriage*. Accessed 10 February 2024.Available on https://au.int/en/sa/cecm

[42] See (*Federal Democratic Republic of Ethiopia Ministry of Women Children and Youth Affairs, National Strategy and Action Plan on Harmful Traditional Practices (HTPs) against Women and Children in Ethiopia.* 2013)

[43] See (Ministry of Women and Social Affairs 2019)

[44] Ibid

[45] See (Emirie 2005; Jones et al. 2020)

[46] See (Emirie and Eshetu 2016)

[47] See (UNICEF 2018; Ministry of Women and Social Affairs 2019)

[48] See (Jones et al. 2016; 2020)

[49] A *kebele* is the lowest (smallest) administrative unit in Ethiopia, while a *wereda* is a district.

[50] See (Jones et al. 2019)

[51] Ibid

[52] See (UNICEF 2022, 8)

[53] See (Girls Not Brides 2024b)

[54] See (Ministry of Women and Social Affairs 2019)

presents the discussion of the legal conceptualization of child marriage. The third section is devoted to explaining the gender and age dimensions of child marriage under the international human rights law through pinpointing the child rights and women's rights perspectives. It then briefly looks into the study area and source of data. The fifth major section focus on the discussion of the key findings. Finally, the paperwinds up with concluding remarks.

2. Conceptualizing Child Marriage

The legal conceptualization of child marriage is founded on the premise that it is a harmful practice.[55] The Human Rights Council[56] defines child marriage as "*A marriage where one of the parties is a child.*"[57] It, then, expands the definition by elaborating on what it means to be a "child" based on CRC, "E*very human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.*"[58]The international legal framework for conceptualizing child marriage is based on age and protection perspective. Similar to the Human Rights Council, the CEDAW and CRC Committee[59] defined child marriage as "*Any marriage where at least one of the parties is under 18 years of age.*"[60]

The CEDAW and CRC Committee's further denote additional conceptualization of viewing child marriage as a *"*form of forced marriage *given that one or both parties have not expressed their full, free and informed consent.*"[61] Providing free and full consent entails '*non-coercive agreement to the marriage with a full understanding of the consequences of giving consent.*[62]

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[55] See (*UN General Assembly, Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages, 7 November 1962* 1962) Paper2 reads "… *abolishing customs, ancient laws and practices by ensuring, inter alia , complete freedom in the choice of a spouse, eliminating completely child marriages and the betrothal of young girls…*"; See (*The African Charter on the Right and Welfare of the Child, 11 July 1990, CAB/LEG/24.9/49(1990)* 1990) Paper21 - which is entitled as "*Protection against Harmful Social and Cultural Practices*" prohibits the betrothal and child marriages under its sub paper2; See also (ACHPR and ACERWC 2017, 4–5) which reads (see paragraph 9) - "*Although the issue of harmful practices was less known at the time of drafting of the CEDAW and CRC Conventions, both include provisions which cover harmful practices as human rights violations and oblige States parties to take steps to ensure that they are prevented and eliminated*"

[56] It is an intergovernmental body of 47 states that discuss and make recommendation on human rights topics, see International Justice Resource Center: Human Rights Council. 29 January 29. Retrieved form http://www.ijrcenter.org/universal-tribunals-treaty-bodies-and-rapporteurs/

[57]See (*Human Rights Council, Preventing and Eliminating Child, Early and Forced Marriage: Report of the Office of the United Nations High Commissioner for Human Rights, 2 April 2014, A/HRC/26/22.* 2014, Paragraph 4 & 5)

[58] See (*UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, Vol. 1577* 1990), see Paper1

[59] The CEDAW Committee is comprised of 23 independent experts (see https://www.ohchr.org/en/treaty-bodies/cedaw/membership) while the CRC Committee is comprised of 18 independent experts (see https://www.ohchr.org/en/treaty-bodies/crc/membership), each possessing moral character and distinguished expertise in the realm of human rights

[60] See (CEDAW and CRC Committee 2019, Paragraph 19);

[61] Ibid; See also the Human Rights Council provides more broadened definition for forced marriages, which states "*A forced marriage is any marriage which occurs without the full and free consent of one or both of the parties and/or where one or both of the parties is/are unable to end or leave the marriage, including as a result of duress or intense social or*

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By the flexible definition of a child established by the CRC, it is possible to attain a majority status before 18 years of age. This prompted the Human Rights Council to distinguish between the two terms: "child marriage" and "early marriage."[63] Early marriage, according to the Human Rights Council, refers to "*marriages involving a person aged below 18 in countries where the age of majority is attained earlier or upon marriage.*"[64]Accordingly, the stance adopted by the Human Rights Council is that a marriage is deemed an "early marriage" if either or both parties entering into the marriage are under the age of 18, despite the fact that the national law of the country allows for individuals to attain majority at an earlier age and therefore would not be classified as a "child marriage" under domestic law.

Existing literature usually employs the definitions of child marriage akin to those articulated by the Human Rights Council as well as the CEDAW and CRC committees[65]than the flexible universal marriageable age set by CRC. The definition set by United Nations Children's Fund (UNICEF) is worth mentioning since it has contributed to similar conceptualizations in related publications. The mandate of UNICEF is rooted in CRC[66] and ingrained its definition of child marriage from the conceptualizations of Human Rights Council as well as CEDAW and CRC committees. And UNICEF defines child marriage similarly as "*a marriage or union before the age of eighteen.*"[67]The United Nations Population Fund (UNFPA) is another significant United Nations agency with a clear mandate to combat gender-based violence (GBV) and harmful practices, specifically focusing on the eradication of child marriage.[68]The UNFPA has similarly defined the practice of child marriage, with a focus on the legal age of 18 years.[69] The following section elaborates the key international human rights laws from the child rights and women's rights perspectives.

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family pressure," See Paragraph 6; See also the sixth resolution of the Human Rights Council, page 2 (paragraph 10) which explicitly defined forced marriage *as "the inability of at least one of the parties to freely choose a spouse and enter into marriage with their full, free and informed consent."*

[62] See (ACHPR and ACERWC 2017, 5)

[63]Supra note 14 ((*Human Rights Council, Preventing and Eliminating Child, Early and Forced Marriage: Report of the Office of the United Nations High Commissioner for Human Rights, 2 April 2014, A/HRC/26/22.* 2014)

[64] Ibid; The Human Rights council further notes that "*Early marriage can also refer to marriages where both spouses are 18 or older but other factors make them unready to consent to marriage, such as their level of physical, emotional, sexual and psychosocial development, or a lack of information regarding the person's life options,"* Ibid paragraph 5

[65] See (ACPF and Plan 2019, 66), defined child marriage as "*any formal marriage or informal union in which one or both parties is or are under 18 years of age*"; See also (Wodon et al. 2018, 6) – "*Child marriage is defined as a marriage or union taking place before the age of 18*"; See also (De Siliva De Alwis and Wellesley Centers for Women 2007, 9), that states the term child marriages *"cover marriages of those under the age of 18"*

[66] The mandate of UNICEF is "*to safeguard the rights of all children, everywhere. That mandate is rooted in the 1989 Convention on the Rights of the Child (CRC), which sets out universal and indivisible rights that apply to every child, and the Sustainable Development Goals (SDGs) adopted by world leaders in 2015, which apply to every country,"* See https://www.unicef.org/eca/our-mandate-no-child-left-behind

[67]*See*UNICEF. *Child marriage*. Available on https://www.unicef.org/protection/child-marriage

[68]See UNFPA. *About Us*. Available on https://www.unfpa.org/about-us

[69] See UNFPA. *Ending Child Marriage and Rewriting the Future of Adolescent Girls*. Retrieved form https://www.unfpa.org/resources/ending-child-marriage-and-rewriting-future-adolescent-girls

3. **Combatting Child Marriage: The Child Rights and Women's Rights Perspectives**

Child marriage among girls reveals the intersections of vulnerabilities due to age and gender. In this regard, legislation against child marriage must have 'two parallel' milestone provisions from international child rights and women's human rights instruments. The cumulative reading of the two key instruments, the CRC[70] and the International Bill of women's Rights - CEDAW[71] is important and necessary.' CEDAW is silent about the age limit of a child but outlaws the betrothal and marriage of a child.[72] Hence, child marriage remained vague till CRC provided the definition.[73] In line with CRC, a child refers to "every human being below the age of eighteen years unless under the law applicable to the child, majority is attended earlier."[74] The CRC contains provisions that direct the accountability of states and safeguards girls against child marriage.[75] The CEDAW unambiguously upholds the right to choose a spouse and enter marriage without any gender-based discrimination.[76] In addition, this right must be exercised with full and free consent.[77]

The complexities and differences in child rights and gender equality standards, which in the view of some, ultimately deterred the child marriage laws from effectively addressing the concerns of child brides.[78]The CRC does not explicitly mention the practice of child marriages. However, it does include a provision that advocates the eradication of customs and traditions that are harmful to the well-being of children under Paper24(3).[79] Nonetheless, some argue CRC's focus is limited only to the age aspect, excluding the different realities of girls due to gender and harmful practices.[80] The critics contend that CRC dealt with harmful practices under Paper24 only concerning the highest attainable

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[70] See (*UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, Vol. 1577* 1990)

[71] See (*UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979, United Nations, Treaty Series, Vol. 1249, p. 13* 1979)

[72] See CEDAW Paper16(2), which reads: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory."

[73] See (Gaffney-Rays 2011)

[74] See CRC Paper1

[75] The CRC provisions addressing child marriage include Paper3, which sets the standard of the child's best interest; Paper12, which allows children to express their views on matters affecting their lives; Articles 28 and 29, which address the right to education; Paper6, which ensures children receive maximum support for survival and development; Paper9, which prohibits separation from parents against their will; Paper19, which protects children from physical or mental violence, injury, or abuse, including sexual abuse; Paper24, which protects children from sexual exploitation; Paper34, which protects children from abduction, sale, or trafficking; Paper35, which protects children from abduction/ sale or trafficking; and Paper36, which ensures children are protected from all forms of exploitation.

[76] See Paper16(1) and (2)

[77] Ibid

[78] See (ACPF and Plan 2019)

[79] Paper24(3) of the CRC, stipulates that it is the responsibility of states to "take all effective and appropriate measures to eliminate customary practices that are detrimental to the health/well-being of children."

[80] See (Blok et al. 2017)

standard of health.[81] One can also reasonably argue by citing Paper19 (1) of CRC[82] which protects a child from all forms of violence encompassing the impacts of child marriage. However, the counter arguments[83] state despite a reference to gender in CRC it has a gender-neutral standard. CEDAW, on the other hand, addressed the issue of child marriage boldly and explicitly under Paper16(2).[84] As per the provisions of the CEDAW, it is the responsibility of state parties to guarantee that child marriages are considered null and void, establish a clear legal age limit for marriage, and ensure the mandatory registration of all marriages.[85]

The exception clause provided by CRC broadens state legislative measures and provides legitimacy to national laws for the lower end of childhood below 18 years.[86] The CRC and CEDAW committees have jointly filled these gap by requesting states to set 18 as the age limit, and hence, no room for having discriminatory minimum ages between boys and girls.[87]Nonetheless, recent research has unveiled pervasive gender discriminatory provisions in laws governing the minimum age of marriage. A recent study conducted by Arthur et al.[88] examined the national laws of 193 member states of the UN (based on longitudinal data from 1995 to 2013) and determined that in 59 of these countries have discriminatory national legal frameworks, i.e. girls are legally allowed to marry at an age younger than their male counterparts with parental consent. Furthermore, there research shows 23 countries allow for the legal marriage of girls under the age of 18 years without any special authorizations or exemptions.[89]

Child marriage is a long-standing issue that continues to pose a global challenge.[90] Accordingly, the Human Right Council adopted six resolutions[91] while the UN member states adopted six substantive

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[81] See (ACPF and Plan 2019)

[82] Paper19 (1) reads "States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child."

[83] See (Blok et al. 2017; ACPF and Plan 2019)

[84] See also Paper2(f) of the CEDAW mandates that member states eliminate customs or practices that discriminate against women.

[85] Ibid

[86] According to the country's domestic laws, a majority can be attained before 18. See CRC Paper1; Committee on the Elimination of Discrimination against Women, General Recommendation 21, Equality in marriage and family relations, 1994, Paragraph 38 (which reads: "Some countries provide for different ages for marriage for men andwomen. As such, provisions assume incorrectly that women have a different rate of intellectual development from men, or that their physical and intellectual development at marriage is immaterial; these provisions should be abolished. In other countries, the betrothal of girls or undertakings by family members on their behalf is permitted. Such measures contravene not only the Convention but also a women's right freely to choose her partner")

[87] See (CEDAW and CRC Committee 2019)

[88] See (Arthur et al. 2018)

[89] Ibid

[90] See (Hamilton 2020); See also (Greene et al. 2018, 4)

[91]Human Right Council Resolution 24/23 (adopted on 25 September 2013); second resolution 29/8 on 2 July 2015; Resolution 35/16 (22 June 2017); Resolution 48/8 (16 November 2020), and the fifth resolution on 8 October 2021 (focused on impact of COVID 19) and the sixth resolution adopted in its 53rd session on 13 July 2023

resolutions.[92] Research indicates that the prevalence of child marriage is declining globally; however, this issue remains a pressing concern.[93] The progress made in addressing child marriage has been criticized for being slow[94] and 'uneven' as it fails to adequately protect the most vulnerable girls.[95] The practice of child marriage is most pervasive within the poorest households, among individuals with limited or no formal education, and in rural areas.[96] Furthermore, the rate of reduction is insufficient to meet the SDG goal of eradication by 2030.[97] Unfortunately, if current trends continue, it is estimated that it will take an additional 300 years to eliminate child marriages.[98] The pace of decline in the prevalence of child marriage is expected to accelerate significantly, with a projected reduction of nearly 20 times the current rate, to achieve the goal of eradicating the practice by 2030.[99] In line with this, countries with highest rate of child marriage prevalence, including Ethiopia, should continue researches on how to combat the practice and tailor   interventions accordingly. The following section briefly looks into the study area and source of data for the current research.

4. **Study Area and Source of Data**

Ethiopia is one of the countries with a high prevalence of child brides,[100] exhibiting significant regional disparities.[101] Amhara region is identified as the least in adolescent girls' agency in selection of spouses and first age at marriage.[102] Accordingly, empirical data was collected from Quarit *woreda, West Gojjam,* Amhara region. Two specific target communities were selected in consultation with Quwarit *Woreda* Women Mobilization Office, i.e. *Asheti Leba Gedel* and *Zambit Zeguda.*[103] The 2016 EDHS reveals Quarit *Woreda* has a total population of 114,771 (56,767 men and 58,004 women) and covers an area of 602.99 square kilometers. Only 4,750, or 4.14%, live in urban areas.[104]

The data were collected from multiple sources. Semi-structured interviews (n=45, 6F) was conducted with Committees to Eradicate Harmful Practices (HPs). To triangulate the findings, in-depth interviews (n=62) and FGDs (n=104) were conducted with community members (63M, 41F) involving adolescent

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[92] Resolution 68/148 of 18 December 2013; Resolution 69/156 of 18 December 2014 (the first substantive resolution); Resolution 71/175 of 19 December 2016; Resolution, 15 November 2018, and the fourth Substantive Resolution on 10 November 2020 (focused on COVID 19); UN General Assembly, Child, early and forced marriage: *resolution / adopted by the General Assembly,* A/RES/75/167, 16 December 2020; UN General Assembly, Child, early and forced marriage: *resolution / adopted by the General Assembly,* A/RES/77/202, 15 December 2022
[93] See (UNICEF 2023), before 10 years ago, it was one in four
[94] See (UNICEF 2022, 11)
[95] Ibid
[96] Ibid, See also (UNICEF 2022, 10)
[97] See (UNICEF 2023)
[98] Ibid
[99] Ibid
[100] See (UNICEF 2022; 2018; Girls Not Brides 2024b)
[101] See (Central Statistical Agency (CSA) and ICF 2016)
[102] See (Central Statistical Agency (CSA) and ICF 2016)
[103] See FGD 017, 12 April 2022, Quarit
[104] See (EDHS 2016)

girls, adolescent boys, female parents, male parents, religious fathers (priests), and elders. Additionally, the study also conducted interviews with key informants (n=12, 4F) consisting of health/extension workers (HEW), health center head (HCH), school principals/vice principals (SD), gender club focal female teachers (GCFFT) and women/youth grassroots association representatives. In addition, two focal persons from global actors Intergovernmental organizations (UNICEF and UNFPA) that are implementing project at the study areas were took part in the study.

5. Key findings

5.1 Who Leads the Planning of Child Marriage Eradication Efforts under MOWSA – The Controversy between Child Rights and Women Mobilization Offices

The National Roadmap confers the Ministry of Women and Social Affairs (MoWSA) the mandate to lead and facilitate the enforcement of combatting child marriage initiatives.[105] MoWSA operates at different administrative levels. It has Regional, Zonal, and *Wereda* offices that report to the federal Office. The federal Office collaborates directly and closely with the Regional Office - the Bureau of Women and Social Affairs (BoWSA).[106]

The MoWSA at the national level and its Bureaus at the regional level manages the overall National Costed Roadmap.[107] They conduct monitoring regularly to ensure that all actors follow the plan, implement it, and report on the progress.[108] In line with this, BoWSA leads the Amhara region initiatives to fight girls' child marriage. Consequently, BoWSA leads the Amhara Regional Alliance to End Child Marriage (and FGM) initiatives.[109] The Alliance provides a platform for coordinating the efforts of state[110] and non-state[111] actors to address the issue of child marriage in the region. It is also significant in uniting efforts, sharing experiences, and avoiding duplication of efforts to prevent and respond to child marriage among girls.[112]

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[105] Ibid.

[106] In-depth interview with AD2, 1 June 2022, Addis Ababa

[107] Ibid.

[108] Ibid.

[109] The Alliance has a Steering and Technical Committees; the Steering committee holds the senior management of the local government, CBO's and global partners , while the technical committee comprises the technical mid-level managers of the state and non-state members of the Alliance, see In-depth interview with AA008, 2 August 2022, Addis Ababa

[110] BoWSA (Chair), Health Bureau (Co-Chair), Bureau of Culture and Tourism (Secretory), Bureau of Education, Police and Prosecutor; see In-depth interview with AA008, 2 August 2022, Addis Ababa

[111] Membership for the non-state actors is open. Active NGO members comprise UNICEF, UNFPA, Plan International, SAVE the Children, World Vision, and CARE Ethiopia. From CBO, the Amhara Women Association and Inter–Religious Council are members.

[112]Ibid.

An important issue regarding child marriage is how it should be categorized under BoWSA as a women's or child's issue. Based on the in-depth interviews conducted, this issue has caused debates between the Women's Mobilization and Child Rights departments at the national[113], regional,[114] zonal[115] and study *Wereda* levels.[116] At the federal level, the Child Rights department took over the planning of child marriage prevention from the Women's Mobilization department in 2020/21.[117] However, implementing the plans still involves the collaboration of both departments.

The Women's Mobilization department still leads the elimination of child marriage enforcement initiatives at the Regional, Zonal, and study *Wereda* levels in the Amhara region. Accordingly, in Quarit *Wereda,* Women Mobilization Office (WMO) leads the HP technical committee through joint planning and continues monitoring and evaluation by mobilizing the technical committee members. Thus, it is the WMO[118] that led the Regional Alliance to end child marriage initiatives in the Amhara Region. BoWSA, under its WMO, has also delegated a focal person to monitor and follow up on the initiatives that aim to combat child marriage in all *Weredas*, including Quarit.[119]

5.2 How are Adolescent Girls Initiated Child Marriages Viewed under Child Rights and Women's Rights Perspectives?

Child marriages in Quarit are, predominantly, arranged by parents. Nevertheless, the study also revealed that changing social norms and the emergence of adolescent-led child marriages are taking place, albeit at a lower rate than parental-arranged marriages. Malhotra and Elnakib (2021) maintain that setting a minimum marriage age is a crucial yet insufficient measure for the grassroots-level to eliminate the practice of child marriages. Similarly, Barney et al. (2022) argue that the focus should shift from a fixed age limit to empowering girls to resist the practice. So, the next important question is '*can girls, under the context of child marriage, exert agency?*' Kabeer[120] offers a well-known definition of agency, stating that it is "*the ability to define goals and act on them.*"

The question of whether child-brides have agency is an important issue that has been debated by scholars. De Silva de Alwis (2015)[121] argues that women and girls who are subjected to child marriage cannot exert agency. She contends that societal expectations of gender norms limit their options,

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[113] In-depth interview with AD4 and AD5, 20 June 2022, Addis Ababa
[114] An officer from the child rights department refused to take part in this current study until child marriage prevention officially assigned to their department.
[115] In-depth interview with AA01, 20 April 2022, Finoteselam
[116] In-depth interview with A001, 29 March 2022, Quarit
[117] In-depth interview with AD4 and AD5, 20 June 2022, Addis Ababa
[118] Mainly, the Women Mobilization and Participation Enhancement Directorate Director leads the Regional Alliance to End Child Marriage; See In-depth interview with AA008, Addis Ababa
[119] In-depth interview with AA003, 28 April 2022, Bahir Dar; In-depth interview with AA006, 28 April 2022, Bahir Dar
[120] See (Kabeer 1999), p.438
[121] See (De Silva De Alwis and Klugman 2015)

resulting in a lack of agency.[122] On the other hand, Kabeer[123] noted that girls and women can exercise "passive" forms of agency with limited choices available. Kabeer classified agency into two types: active and passive.[124] Active agency involves behaving with a goal in mind, whereas passive agency involves acting when choices are scarce.[125] Emirie, Jones, & Kebede (2021)[126] concur with Kabeer and suggest that child brides can exercise limited agency by distinguishing between "self-initiated" and "parental-arranged" child marriages. The authors also suggest it is essential to build the collective agency of these girls to enable them to aspire beyond being valued solely as mothers in society.[127]

The Amhara region family law envisages 18 as the age of consent,[128] however, the authorities only intervene to stop forced marriages by parents, but not self-initiated marriages by girls who are 15 or older.[129] They only advise them to reconsider their decision.[130] If girls persist with their decision and started to leave with the boy they loved, neither the parents, nor the local authorities intervene.[131] Such kind of couple's initiated consensual marriage at Quarit is locally referred as "*jenjena agebache*" (meaning she flirted with him to marry her). Out of the twelve adolescent girls informants of these study, one of them (AG10) married while she was under age through adolescent led marriage. In addition, the National Roadmap indicated the necessity of particularly targeting late adolescent girls (aged 15-17) since slower progress of reduction is observed when compared with girls below this age range.[132]

The follow up issue is how adolescent led child married conceived under women's rights is and child rights perspectives. The women's rights perspectives have very strict notions and argue it shall be considered as a violation of human rights.[133] Accordingly, the agency of child brides when initiating child marriage is no more acceptable. One of the women's rights perspective proponent, Bunting, argues child marriage ought to be considered a violation of human rights in and of itself, rather than focusing solely on its numerous consequences, such as those related to education, health, and

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[122] Ibid
[123] See (Kabeer 1999)
[124] Ibid
[125] Ibid
[126] See (Emirie, Jones, and Kebede 2021)
[127] Ibid
[128] See Paper17 Cumulative with Paper18 (1) (*The Amhara National Regional Family Code Approval Proclamation Proclamation No. 79/2003, A Proclamation to Approve the Amhara National Regional State Family Code.* 2003)
[129] In-depth Interview with A02, 5 April 2022, Quarit; In-depth Interview with A03, 7 April 2022, Quarit In-depth Interview with A06, 10 April 2022, Quarit; In-depth Interview with A001, 29 March 2022, Quarit; In-depth Interview with A002 & A003, 31 March 2022, Quarit; FGD017, 12 April 2022, Quarit
[130] Ibid
[131] Ibid
[132] National Roadmap, MoWSA 2019
[133] See (UNICEF 2022, 6)

employment.[134] De Siliva De Alwis similarly argues that child marriage child be conceptualized as a human rights violation, she argues "*Locating child marriage as a human rights violation helps to raise it as a grave public concern rather than a private matter between families.*"[135]She further highlighted that the utilization of a human rights framework is essential for examining child marriage through the lens of both civil and political rights and economic, social, and cultural rights covenants.[136] Additionally, she argues, adopting a human rights framing facilitates the categorization of child marriage as a "crime against women and the girl child."[137]

The CEDAW does not explicitly classify child marriages as a form of VAWG, but in its General Recommendations 19 on Violence against Women,[138] identifies '*forced marriage*' as a form of family violence.[139] Loaiza & Wong[140] argue "*child marriage is often referred to as 'early' and/or 'forced' marriage since children, given their age, are not able to give free, prior and informed consent to their marriage partners or to the timing of their marriage.*" Similarly Devonald et. al.[141] views child marriage as an institution that "*forces*" or compels child brides to take on "adult responsibilities" prematurely. These arguments concur with the Human Rights Council conceptualization of child marriage as a 'forced marriage.'[142]

The women's rights perspective, the arguments stated above, shows child marriage shall viewed as a minimum of 'forced marriage" and even argue it shall be consider as a "human rights violation." The child rights perspectives, on the other hand, emphasizes girls' agency. For instance, Hori[143] asserts that the prevailing literature on agency in the context of child marriage is excessively narrow. She challenges it by contending that, while international human rights institutions laud girls' exercise of their agency to resist marriage, they fail to acknowledge their agency when they consent to marriage.[144]

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[134] Ibid, See (Bunting 2005, 18); see also UNICEF. *Child Marriage is a Violation of Human Rights but is all too Common.*Retrieved form https://data.unicef.org/topic/child-protection/child-marriage/
[135] See (De Siliva De Alwis and Wellesley Centers for Women 2007, 6)
[136] Ibid
[137] Id at 6
[138] See (*CEDAW General Recommendation No. 19: Violence against Women, Adopted at the Eleventh Session of the Committee on the Elimination of Discrimination against Women, in 1992 (Contained in Document A/47/38)* 1992), Articles 2(f), 5 and 10(c)
[139] See (De Siliva De Alwis and Wellesley Centers for Women 2007, 30)
[140] See (Loaiza and Wong 2012, 11)
[141] See (Devonald et al. 2021, 2)
[142] See Chapter two section 2.1.2 of this dissertation
[143] See (Horii 2022)
[144] Ibid

6. Concluding Remarks

The controversy between child rights and women's rights perspectives in relation to protection of child brides involves not only theoretical but also practical issues. The initial issue is which department shall plan child marriage prevention initiatives: child rights or the women mobilization departments. The second issues is raised during the implementation of child marriage interventions. It is clear that the collaboration of both the child rights and women's rights departments are necessary but the point of controversy will be 'who leads? (Child rights or the women mobilization departments). These debates gets into its pick stage when considering how to view and intervene during adolescent girls led child marriages. In these regard, the women's rights perspectives are very stringent and argues child marriages in general (including adolescent led) shall be considered as "forced marriage." Some of the women's rights proponents even argue child marriage shall be considered as a "violation of human rights in and of itself" than the legal conceptions of viewing it as a harmful practice. On the other hand, the child rights prospective focus on the agency of the child brides. According to the findings of this study, from these contrasting views the child rights perspective seems to be dominant at the Federal level and touched the grass roots level child marriage law implementation at the targeted two *kebeles* in Quarit *Wereda*. Moreover, further comprehensive researches are recommended to study other regions and *Wereda's*.

References

Abera, Mikyas, Ansha Nega, Yifokire Tefera, and Abebaw Addis Gelagay. 2020. "Early Marriage and Women's Empowerment: The Case of Child-Brides in Amhara National Regional State, Ethiopia." *BMC International Health and Human Rights* 20 (1). https://doi.org/10.1186/s12914-020-00249-5.

ACHPR and ACERWC. 2017. "Joint General Comment of the African Commission on Human and Peoples Rights' (ACHPR) and the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) on Ending Child Marriage."

ACPF, and Plan. 2019. "Getting Girls Equal The African Report on Girls and the Law African Child Policy Forum (ACPF) and Plan International."

Arthur, Megan, Alison Earle, Amy Raub, Ilona Vincent, Efe Atabay, Isabel Latz, Gabriella Kranz, Arijit Nandi, and Jody Heymann. 2018. "Child Marriage Laws around the World: Minimum Marriage Age, Legal Exceptions, and Gender Disparities." *Journal of Women, Politics and Policy* 39 (1): 51–74. https://doi.org/10.1080/1554477X.2017.1375786.

Blok, Anne-Claire, Hannah Pehle, Taif Alkhudary, Flore-Anne Bourgeois, Anna Delany, Rosamund Ebdon, Sarah Fuhrer, et al. 2017. "Girls' Rights Are Human Rights An in-Depth Study of the Status of Girls in the International Human Rights Framework."

Bunting, Annie. 2005. "Stages of Development: Marriage of Girls and Teens as an International Human Rights Issue." *Social and Legal Studies* 14 (1): 17–38. https://doi.org/10.1177/0964663905049524.

CEDAW and CRC Committee. 2019. "Joint General Recommendation/General Comment No. 31 of the Committee on the Elimination of Discrimination against Women and No. 18 of the Committee on the Rights of the Child (2019) on Harmful Practices." CEDAW/C/GC/31/Rev.1-CRC/C/GC/18/Rev.1.

CEDAW General Recommendation No. 19: Violence against Women, Adopted at the Eleventh Session of the Committee on the Elimination of Discrimination against Women, in 1992 (Contained in Document A/47/38). 1992.

Central Statistical Agency (CSA), and ICF. 2016. "Ethiopia Demographic and Health Survey." Addis Ababa, Etiopia & Rockville, Maryland. https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf.

Chow, Vinci, and Eva Vivalt. 2021. "Challenges in Changing Social Norms: Evidence from Interventions Targeting Child Marriage in Ethiopia." *Journal of African Economies* 31 (3): 185–210. https://doi.org/10.1093/jae/ejab010.

De Siliva De Alwis, Rangita, and Wellesley Centers for Women. 2007. "Child Marriage and the Law." Legislative Reform Initative. New York: United Nations Children Fund (UNICEF). https://www.wcwonline.org/pdf/asia2007conf/Child%20Marriage%20and%20the%20Law.pdf.

De Silva De Alwis, Rangita, and Jeni Klugman. 2015. "Freedom from Violence and the Law: A Global Perspective." http://www.unwomen.org/$\sim$/media/headquarters/attachments/sections/library/publications/2013/10/u.

Deane, Tameshnie. 2021. "Marrying Young: Limiting the Impact of a Crisis on the High Prevalence of Child Marriages in Niger." *Laws* 10 (3): 61. https://doi.org/10.3390/laws10030061.

Devonald, Megan, Nicola Jones, Joan Hamory, and Workneh Yadete. 2021. "Betwixt and Between: Adolescent Transitions and Social Policy Lacunae in Ethiopia." *Childhood Vulnerability Journal* 3 (1): 1–21. https://doi.org/10.1007/s41255-021-00016-1.

Emirie, Guday. 2005. "Early Marriage and Its Effects on Girls' Education in Rural Ethiopia: The Case of Mecha Woreda in West Gojjam, North-Western Ethiopia." Doctorate/Doctoral Grade in Ethnology (Social and Cultural Anthropology) to the Faculty of Social Sciences, Göttingen: University of Goettingen.

Emirie, Guday, and Ewnetu Eshetu. 2016. "The Changing and Hidden Aspects of Early Marriage Arrangements among Peasant Communities of Amhara Region: The Case of Fogera Woreda in South Gonder, Northwestern Ethiopia." In *The Rights of Children in Ethiopia: Empirical Investigations Form Multidisciplinary Perspectives*, edited by Alula Pankhrust, Yeraswork Admassie, and Alemayehu Yitayew, 54–97. Addis Ababa, Ethiopia: Addis Ababa University Center for Human Rights.

Emirie, Guday, Nicola Jones, and Meti Kebede. 2021. "'The School Was Closed, So When They Brought Me A Husband I Couldn't Say No': Exploring the Gendered Experiences of Child Marriage Amongst Adolescent Girls and Boys in Ethiopia." *European Journal of Development Research* 33 (5): 1252–73. https://doi.org/10.1057/s41287-021-00418-9.

Federal Democratic Republic of Ethiopia Ministry of Women Children and Youth Affairs, National Strategy and Action Plan on Harmful Traditional Practices (HTPs) against Women and Children in Ethiopia. 2013.

Gaffney-Rays, Ruth. 2011. "International Law as an Instrument to Combat Child Marriage." *International Journal of Human Rights* 15 (3): 359–73. https://doi.org/10.1080/13642980903315398.

Girls Not Brides. 2024a. "About Child Marriage." *Where It Happens* (blog). Summer 2024. https://www.girlsnotbrides.org/about-child-marriage/why-child-marriage-happens/.

———. 2024b. "Top 20 Child Marriage Prevalence and Burden." 2024. https://atlas.girlsnotbrides.org/map/?_ga=2.16773494.1730514698.1630332928-893268023.1614340591.

Greene, Margaret E, Stephanie Perlson, Jacqueline Hart, and Margo Mullinax. 2018. "The Centrality of Sexuality for Understanding Child Early and Forced Marriage." Washington, DC and New York: GreeneWorks and American Jewish World Service. https://share-netinternational.org/resources/the-centrality-of-sexuality-for-understanding-child-early-and-forced-marriage/.

Hamilton, Marci A. 2020. "2020 Report on Child Marriage in the United States: A National Overview of Child Marriage Data and Law." Vol. 539. https://childusa.org/wp-content/uploads/2020/04/2020-Report-on-Child-Marriage-in-the-US.pdf.

Horii, Hoko. 2022. *Child Marriage, Rights and Choice Rethinking Agency in International Human Rights*. 1st ed. Routledge.

Human Rights Council, Preventing and Eliminating Child, Early and Forced Marriage: Report of the Office of the United Nations High Commissioner for Human Rights, 2 April 2014, A/HRC/26/22. 2014. https://www.ohchr.org/sites/default/files/HRBodies/HRC/RegularSessions/Session26/Documents/A-HRC-26-22_en.doc.

Irani, Morvarid, and Robab Latifnejad Roudsari. 2018. "Reproductive and Sexual Health Consequences of Child Marriage: A Review of Literature." *Journal of Midwifery and Reproductive Health*, no. Online First (October). https://doi.org/10.22038/jmrh.2018.31627.1342.

Jones, Nicola, Guday Emirie, Bekele Tefera, and Elizabeth Presler-Marshall. 2016. "Surprising Trends in Child Marriage in Ethiopia."

Jones, Nicola, Elizabeth Presler-Marshall, Sarah Baird, Joan Hicks, Guday Emirie, and Workneh Yadete. 2019. "Overview Policy Note Gender and Regional Inequalities in Adolescent Bodily Integrity and Freedom from Violence in Ethiopia Policy and Programming Implications from the GAGE Baseline Findings BASELINE REPORT SERIES." https://www.dhsprogram.com/pubs/pdf/FR328/FR328.pdf.

Jones, Nicola, Elizabeth Presler-Marshall, Guday Kassahun, and Meti Kebede Hateu. 2020. "Constrained Choices: Exploring the Complexities of Adolescent Girls' Voice and Agency in Child Marriage Decisions in Ethiopia." *Progress in Development Studies* 20 (4): 296–311. https://doi.org/10.1177/1464993420958215.

Jones, Nicola, Elizabeth Presler-Marshall, Guday Kassahun, and Meti Kebedi. 2021. "Constrained Choices: Exploring the Complexities of Adolescent Girls' Voice and Agency in Child Marriage Decisions in Ethiopia." *Progress in Development Studies* 20 (4): 296–311. https://doi.org/10.1177/1464993420958215.

Kabeer, Naila. 1999. "Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment." *Development and Change* 30 (3): 435–64. https://doi.org/10.1111/1467-7660.00125.

Loaiza, Edilberto, and Wong. 2012. "Marrying Too Young: End Child Marriage." New York: United Nations Population Fund (UNFPA).

Ministry of Women and Social Affairs. 2019. "National Costed Roadmap to End Child Marriage and FGM/C 2020-2024." Federal Democratic Republic of Ethiopia Ministry of Women,Children and Youth.

https://www.unicef.org/ethiopia/media/1781/file/National%20Roadmap%20to%20End%20Child%20M
arriage%20and%20FGM.pdf.

Murphy, Alexandra Ciociola. 2019. "Underage Marriage: The Global Cultural Paradigm." Fordham
University. https://research.library.fordham.edu/international_senior/57.

Ntombela, Ngenisiwe. 2023. "Child Marriage in Girls, A Cause for Concern in Africa: A Literature
Reviews." *International Journal of Innovative Science and Research Technology* 8 (1): 1761–80.
https://www.researchgate.net/publication/368481660_Child_Marriage_in_Girls_A_Cause_for_Concer
n_in_Africa_A_lITERATURE_rEVIEWS.

Raj, Anita. 2010. "When the Mother Is a Child: The Impact of Child Marriage on the Health and
Human Rights of Girls." *Archives of Diseases in Childhood* 95 (11): 931–35.
https://doi.org/10.1136/adc.2009.178707.

Taylor, Alice Y., Erin Murphy-Graham, Julia Van Horn, Bapu Vaitla, Ángel Del Valle, and Beniamino
Cislaghi. 2019. "Child Marriages and Unions in Latin America: Understanding the Roles of Agency
and Social Norms." *Journal of Adolescent Health* 64 (4).
https://doi.org/10.1016/j.jadohealth.2018.12.017.

The African Charter on the Right and Welfare of the Child, 11 July 1990, CAB/LEG/24.9/49(1990).
1990.

*The Amhara National Regional Family Code Approval Proclamation Proclamation No. 79/2003, A
Proclamation to Approve the Amhara National Regional State Family Code.* 2003.

The Child Marriage Research to Action Network (the CRANK). 2023. "Evidence Review : Child
Marriage Interventions and Research from 2020 to 2022." Girls Not Brides, UNFPA and UNICEF.
https://www.unicef.org/media/136646/file/CRANK-Evidence-Review-Child-Marriage-2023.pdf.

*UN General Assembly, Convention on Consent to Marriage, Minimum Age for Marriage and
Registration of Marriages, 7 November 1962*. 1962.

*UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women,
18 December 1979, United Nations, Treaty Series, Vol. 1249, p. 13*. 1979.

*UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations,
Treaty Series, Vol. 1577*. 1990. https://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf.

UNICEF. 2018. "Ending Child Marriage: A Profile of Progress in Ethiopia." New York: United Nations Children's Fund. https://data.unicef.org/wp-content/uploads/2019/04/Ending-child-marriage_a-profile-of-progress-in-Ethiopia.pdf.

———. 2022. "Child Marriage in Eastern and Southern Africa: A Statistical Overview and Reflections on Ending the Practice." https://data.unicef.org/wp-content/uploads/2022/06/Child-Marriage-in-Eastern-and-Southern-Africa-June-2022-UNICEF-web.pdf.

———. 2023. "Is an End to Child Marriage within Reach? Latest Trends and Future Prospects." file:///C:/Users/wvandenh/OneDrive%20-%20uantwerpen/Is_an_End_to_Child_Marriage_Within_Reach-3.pdf.

Wodon, Quentin, Chata Male, Ada Nayihouba, Adenike Onagoruwa, Aboudrahyme Savadogo, Ali Yedan, Aslihan Kes, et al. 2018. "Economic Impacts of Child Marriage in Ethiopia: Synthesis Report." Washington, DC: he International Bank for Reconstruction and Development / The World Bank and The International Center for Research on Women (ICRW). https://documents.worldbank.org/en/publication/documents-reports/documentdetail/149721525196131393/Economic-impacts-of-child-marriage-Ethiopia-synthesis-report.

Wodon, Quentin, Aboudrahyme Savadogo, Ali Yedan, Jeff Edmeades, Aslihan Kes, Neetu John, Lydia Murithi, Mara Steinhaus, and Suzanne Petroni. 2017. "Economic Impacts of Child Marriage: Global Synthesis Report." Washington, DC: The International Bank for Reconstruction and Development / The World Bank and The International Center for Research on Women (ICRW). https://documents1.worldbank.org/curated/en/530891498511398503/pdf/116829-WP-P151842-PUBLIC-EICM-Global-Conference-Edition-June-27.pdf.

Zaman, Michele, and Alissa Koski. 2020. "Child Marriage in Canada: A Systematic Review." *PLoS ONE* 15 (3): 1–13. https://doi.org/10.1371/journal.pone.0229676.

The Prevalence, Determinants, and Health Risks of Domestic Violence at Home in Gedeo and West Gujji Zones, Southern Ethiopia: An Evidence-based Study

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Abstract

This study was aimed at looking into women's experiences of violence in the home in selected *woreda of Gedeo and West Gujji Zones. A mixed research approach was employed to collect the required data from victims of domestic violence, police officers, officials, and experts in concerned government offices. The quantitative data collected was analyzed using the Statistical Package for Social Sciences (SPSS) version 21 and the thematic analysis method was employed for qualitative data. The result revealed those women's accounts of abuse are a complex phenomenon because it includes various forms, ranging from humiliation, threats, and social isolation to forced sex and battering. Violence against women runs along a range, often escalating from milder forms to more serious acts. The finding indicated that physically abusive men are also psychologically, economically, and sexually abusive. In this study, Economic dependence, and transgressions of gender roles were found to be the main causes of domestic violence. Alcoholism, jealousy, and masculinity linked to dominance were also mentioned as factors of violence. Domestic violence has profound consequences on women's overall well-being. The experience of domestic violence puts women at greater risk of physical, social, mental, and health problems. Concerning response to domestic violence, the study shows that some abused women are not passive victims but rather adopt active strategies to maximize their and their children's safety. As economic dependence was found to be the prominent cause for domestic violence the researchers suggest the integrated interventions of stakeholders to economic empowerment of women to scale up the capabilities of women in household decision making thereby reducing the likelihood of violence in the home. Furthermore, enforcing the existing legal frameworks related to domestic violence and enacting additional responsive regulations on* domestic violence is imperative to protect the victims of domestic violence.

Keywords: Domestic violence, Consequence of violence, West Gujji zone, Gedeo zone, causes of domestic violence.

1. INTRODUCTION

1.1 Background of the study

The United Nations Declaration on the Elimination of Violence against Women (UN, DEVAW, 1993) defines violence against women as: 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life' ((Cissé, 1993: article 1 cited in Megersa, 2014).

International studies estimate that approximately 35 percent of women across the world have experienced physical and/or sexual violence at some point in their lives, largely in the form of domestic violence (García-Moreno *et al.*, 2013).

Domestic violence is now widely recognized as serious human rights abuse and increasingly as an important public health problem with substantial consequences for women's physical, mental, sexual, and reproductive health. The health system often is not adequately addressing the problem of violence and contributing to comprehensive multi-sectorial response (WHO, 2010).

Domestic violence against women is a universal phenomenon that persists in all countries of the world and is a major contributor to the ill health of women. The perpetrators are often well-known to their victims. The health social, sexual, and reproductive health and well-being of millions of individuals and families are adversely affected by violence in the world (Agumasie and Bezatu, 2015).

Worldwide, 40–70 % of females murder by their intimate partner. No country in the world is women safe from violence. According to WHO multicounty study, domestic violence ranged from 15 % in Japan to 71 % in rural Ethiopia. Domestic violence has gained prominence around the world as a grave violation of human and legal rights. Women are usually the victim of domestic violence that derives from unequal power relationships between men and women (Agumasie and Bezatu, 2015).

It is also associated with persistent forms of gender inequality and adverse health and economic outcomes among victims, including poor physical and mental health, higher risks of the human immune deficiency virus (HIV) and other sexually transmitted diseases, restricted livelihood options and choices, lower human capital, and lower productivity (García-Moreno et al., 2005, 2013; Moosa, 2012 cited in UKaid, 2016).

Recognition of the links between domestic violence and a range of adverse reproductive health outcomes including non-use of contraception and unintended pregnancy, poor outcomes of pregnancy

and birth, gynecological morbidity and sexually transmitted diseases and human immunodeficiency virus (HIV) is also growing(WHO,2003).

The acts of violence against members of the household, whether wife or child, were perceived as discipline, and essential for maintaining the rule of authority within the family. In the last two decades, the Indian women's movement has contributed to growing public awareness about violence against women. Tejashri, *et.al.* (2013).

Violence against women and girls is a major health and human rights issue. While rates of women exposed to violence vary from one region to the other, violence against women is a universal phenomenon. In all societies, to a greater or lesser degree, women and girls are subjected to physical, sexual, psychological, and economic abuse that cuts across lines of income, class, and culture (Christiana, 2012).

A recent systematic review has reported that at least one in seven homicides and over one-third of all female homicides worldwide are perpetrated by an intimate partner (Stockl*et al.,* 2013). Physical and sexual violence are not the only types of domestic violence perpetrated against women: emotionally abusive acts and controlling behavior are experienced by up to 75 percent of women worldwide (García-Moreno et al., 2005 cited in MoWCYA, 2013).

In South Africa, a woman is killed every 6 hours by an intimate partner; In Guatemala, two women are murdered, on average, each day; Between 40 and 50 percent of women in European Union countries experience unwanted sexual advancements, physical contact, or other forms of sexual harassment at their workplace; More than 60 million girls worldwide are child brides, married before the age of 18, primarily in South Asia (31.1 million) and sub-Saharan Africa (14.1 million) (UNIFEM). Violence causes more death and disability worldwide amongst women aged 15-44 than war, cancer, malaria, and traffic accidents (World Bank Study World Development Report: Investing in Health, New York, Oxford University Press, 1993).

Violence against women is a manifestation of historically unequal power relations between men and women which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women. Violence against women continues to be a global epidemic that kills, tortures, and maims physically, psychologically, sexually, and emotionally (Christiana, 2012).

It is one of the most pervasive human rights violations that deny women of their security, equality, dignity, self-worth, and right to enjoy fundamental freedom. Violence against women is present in most countries in the world, cutting across boundaries of culture, class, education, income, ethnicity,

and age (UN Declaration on the Elimination of Violence Against Women and General Assembly Resolution 1993 cited in Christiana, 2012).

Domestic violence is common in Ethiopia in both urban and rural families. About 88 % of rural and 69 % of urban women believe that their husbands have the right to beat them. Approximately, one out of ten women do victims of abduction, early forced marriage, rape, and marital rape.

Marital rape is still not recognized under the criminal code 2005. Ethiopia's government revises family law in 2000 and criminal law in 2005 to protect women's rights. The criminal code and constitution article 35(4) condemn harmful traditional practices. Ethiopia ratified the convention on the elimination of all forms of discrimination against women in 1981. However, there is a paucity of country-wide evidence about domestic violence against women and associated factors in Ethiopia (Agumasie and Bezatu 2015).

1.2 Statement of the problem

Violence is defined by the world health organization (WHO) as the intentional use of physical force or power, threatened or actual, against oneself, another person, against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal development or deprivation (As cited in Agumasie and Bezatu 2015)

According to a report by WHO (2010) Domestic violence is understood to be an abuse of power perpetrated primarily, but not only, by men against women, both in the context of a relationship, as well as after the relationship may have ended. It occurs when one partner and in some cases, both partners – attempt physical, psychological, emotional, financial, or social control over the other. Whilst domestic violence takes several forms, the most commonly recognized, and officially recorded, forms include physical and sexual violence, threats of violence and intimidation, emotional and social abuse, and economic deprivation

Intimate partner violence is defined as the intentional use of physical force or power threatened or actual against a woman or man within a relationship which either results in or has a high likelihood of resulting in injury, psychological harm, and death (WHO, 2013).

It is one of the most common forms of violence against women and a major public health human rights issue that causes physical, sexual, and psychological harm including the act of physical aggression, sexual coercion, and psychological abuse by current or former intimate partners (Devries et.al 2013)

According to a report by WHO (2010) Domestic violence is understood to be an abuse of power perpetrated primarily, but not only, by men against women, may both in the context of a relationship,

as well as after the relationship has ended. It occurs when one partner – and in some cases, both partners – attempts physical, psychological, emotional, financial, or social control over the other. Whilst domestic violence takes several forms, the most commonly recognized, and officially recorded, forms include physical and sexual violence, threats of violence and intimidation, emotional and social abuse, and economic deprivation

Worldwide, 35% of women have experienced physical and/or sexual violence by their intimate partner or nonintimate partner violence; 30% of these women have experienced physical and/or sexual violence by their intimate partner in their lifetime (WHO, 2014).

Attempts were made to reveal Violence against Women in Ethiopia. Shelters for Women and Girls who are survivors of violence in Ethiopia reported by UN Women Ethiopia (2016) Conducted to assess the availability, accessibility, quality, and demand of rehabilitation and reintegration services for women and girls survivors of sexual violence.

Therefore, protecting the basic rights of women in multicultural areas like Gedeo zones and West Gujji zones is of utmost importance, including serious intervention in eradicating violence that is against their rights. The stereotyping attitude and beliefs of people towards women should be changed to create gender equality and bring about socioeconomic development. And the current researchers believe that the overall commitment level of the government, as well as its stakeholders in terms of the domestic violence in the Gedeo and Gujji zones, should be the focus of current research priorities of the sector. There is scarce disagreed data regarding gender and domestic violence in these zones and also weak implementation of gender approach policies in different areas of the region. Violence limits the socioeconomic and political participation of women. Therefore this endangers the development of the country. Accordingly, to achieve sustainable and equitable development, empowerment of women is key and it needs scientifically investigated intervention strategies. An inquiry by (Sileshi et.al, 2012) solely stressed on attitudes of the women and their responses. The social and cultural factors that contributed to Intimate partner violence were ignored.

Although many researches have been conducted in Ethiopia regarding domestic violence most of these studies were conducted in West and South West Ethiopia; this creates a gap in the academic literature.

To fill the obvious gaps in the academic literature, therefore, this research was conducted in selected woreda's in Gedeo and west Gujji zones. Furthermore, some of the previous studies only relied on the qualitative approach of collecting data and without indicating gender approach and empowerment policy; this study triangulated the quantitative and qualitative approaches based on the views of liberal and socialist feminists.

1.3 Objective of the Study

The general objective of the study is to assess the prevalence, causes, and health risks of home-based domestic violence against women in the Gedeo and West Gujji zones.

2. RESEARCH METHODOLOGY

2.1 Research Design and Approach

This study employed both qualitative and quantitative approaches. With this idea, Creswell& Clark (2007) explained that "mixed methods research provides a more complete understanding of the research problem than either quantitative or qualitative alone.   Concerning this idea Malina, Nørreklit &Selto (2010) mentioned that a mixed methods design is useful to capture the best of both quantitative and qualitative approaches. There are several designs or strategies under the mixed method approach to be used by researchers based on the objectives of their research. To undertake this study, a cross-sectional survey design was employed.

2.3   Study Population, Sample Size, and Sampling Techniques

The researchers employed both probability and non-probability sampling methods for this study. From non-probability sampling, Purposive sampling was employed. Gedeo and west Gujji zones were purposively selected based on the evidence and cases of different justice and other institutions on the issue. A simple random sampling technique was used to select woredas and kebeles for sampling as well as HHDS will be selected by systematical sampling design for the survey questionnaire and purposive for the qualitative part. The Sampling frame (List of respondents) was obtained from respective Wereda bureaus in the study area.

The target population of this research was all women in the age category of 15-49 in selected weredas in Gedeo and West Gujji zones. A complete list of cases in a population is called a sampling frame (William, 2006). The Sampling frame (List of respondents) was obtained from respective Weredas in the study area. The sample size was determined after obtaining real data from the concerned regional, zone, and woreda respective offices. On the other hand, the sample size of the qualitative part was determined based on the data saturation theory.

The researchers randomly selected 150 Married women from 1759 households (*Gedeo and West Gujji Zones*). Of the total 150 respondents, 83 of them were selected from Weredas in West Gujji and the rest 67 of them were from Weredas in Gedeo Zone. The sample size was determined by the sample size calculator (http://www.surveysystem.com/sscalc.htm) with a 95 % confidence interval and

5 % degree of freedom. In doing so, the list of farming households (sampling frame) was obtained from the concerned Government bureaus in two Zones.

2.7 Sources of Data

The necessary data was collected using primary and secondary sources. Here, a combination of both quantitative (survey) and qualitative (key informant interviews, in-depth interviews, and FGD and personal observation) were used to collect first-hand information from selected women and justice institutions in the study area. Primary sources of data for the study were women, police, persecutors, gender experts, and others who have information and experience in the area. The advantage of collecting primary data is reliability. Since the data are collected by the concerned and reliable party. The secondary sources of data for this study were books, journals, and reports connected with the issue.

2.8 Data collection methods and Survey Instruments

Survey Questionnaire

A self-administered structured questionnaire was used to gather data related to the issue under study from the sample respondents with two enumerators. The survey questionnaire includes both closed and open-ended questions to obtain detailed information.

To collect qualitative data, among several qualitative methods, the researchers employed key-informant interviews, in-depth interviews, FGD, and personal observation for this study.

Key informant interview and in-depth interview

Key informant interviews were conducted with those who are expected to have a deeper knowledge and understanding of Domestic violence in the study area. In addition, in-depth interviews were conducted with Women who experienced domestic violence in the study area. Sampling was continued until saturation of data was reached. The results of the key informant interviews and in-depth interviews were analyzed and used to supplement '(or refute) responses that were gathered from the survey.

Focus Group Discussion (FGD)

Focus group discussions were conducted with purposively selected victims of domestic violence in the study area. FGD members who took part in the Focus group discussions were selected purposively based on their willingness. Since group member homogeneity is important to the quality of group

output FGD members comprise female members. In addition, all FGD members were categorized under the age group of 12-49.

Each FGD group was composed of 7 participants. A focus group discussion guide containing a list of discussion points that are thought to explore the topic under study was prepared and used for this purpose. During discussions, the researchers played the role of moderator. As is the case with the results of the in-depth interviews and key informant interviews the outcomes from the FGDs were triangulated with data from the survey.

Personal Observation

Personal observation, with the help of a guiding checklist, was used to get information that may not be addressed through survey questionnaires, interviews, and FGDs, as well as to further substantiate the information obtained through these methods. Observation of the study areas, population, socio-economic conditions, and other related aspects would also help generate first-hand information.

2.9 Method of Data Analysis

The quantitative data that were collected using the survey instrument (questionnaire) was analyzed using descriptive statistics (frequency, percentages, and mean distribution). In addition, the statistical analysis tool SPSS (Version 20) was utilized for advanced inferential analysis. Furthermore, the qualitative data that were obtained through key informant interviews, in-depth interviews, FGD, and personal observation were analyzed thematically.

2.10 Ethical Considerations

In the course of conducting this study, the researchers considered the following ethical issues; Firstly, the researchers made clear the research objectives to participants and authorities in the study area. This helped the researchers to get permission from authorities and other concerned bodies as no one will be harmed by the study process. So, informed consent was obtained from the study participants. Secondly, the respondents were informed about their right to quit responding to the interviews, focus group discussion questions, and Questionnaires without any reason and at any time.

3. RESULTS AND DISCUSSION

3.1 Socio-Demographic Characteristics of the Respondents

Out of 150 women participants, 150 participants completed questionnaires with a response rate of 100%. The result reveals that the majority of the participants are at the age of 36-45(41.3%), and the next highest number of participants are in the age range of 26—35(31.3%).

The finding shows the family history among participants included in this study; 129 (86.0%) of parents were married and living together, 15(10.0 %) are single and the rest 6(4.0%) are divorced. The majority of students 292 (85.13%) had close relations with their parents (Table 1).

The result shows that the majority of the participants 59 (39.3%) are Read and write,41(27.3%), 23 (15.3%) are Read-only, and the remaining 9 (6.0%) attended higher education. Education is one of the factors that can matter the domestic violence of women. If the woman is educated, she is more likely to know her rights and duties. She will be assertive and free from harmful myths and will defend her rights through all means. It has been shown in the demographic survey that educated women are less likely to agree a man is justified in abusing his wife for any reason compared to uneducated women

Table 3:1-Socio-Demographic characteristics of the respondents

Age of the respondents	Frequency	Percent
15-25	20	13.3
26--35	47	31.3
36-45	62	41.3
46 and above	21	100.0
Total	150	
Marital Status		
Married	129	86.0
Single	15	10.0
Divorced	6	4.0
Total	150	100.0
Number of family members		
1-5	10	72.7
6-10	30	20.0
11-15	11	7.3
Total	150	100.0
Level of education		
Illiterate	41	27.3
Read-only	23	15.3
Can Read and write	59	39.3
Attended grades 1-4	8	5.3
Attended higher education	9	6.0
Total	150	100.0

Source: researcher's data, 2023

3. 2 Socio-Economic characteristics of the respondents

The finding shows that the majority of the respondents are unemployed and below 500-1000 monthly income.

Table 3:2- *Socio-Economic characteristics of the respondents*

Employment status of the respondents?	Frequency	Percent
Employed	29	19.3
Unemployed	121	80.7
Total	150	100.0
If 'Employed', what is your profession?		
Skilled worker	10	6.7
Unskilled worker	9	6.0
Undefined	10	12.7
Total	20	
Indicate your average monthly income in birr from all sources		
below 500	7	4.7
500-1000	88	58.7
1001-2000	23	15.3
above 3000	29	19.3
Unknown	3	2.0
Total	147	98.0
What is the level of your husband's education?		
Illiterate	16	10.7
Read-only	40	26.7
Attended grades 1-4	30	20.0
Attended grades 5-8	45	30.0
Attended grades 9-12	10	6.7
Attended higher education	9	6.0
Total	150	100.0
What is his occupation?		
Daily labourer	20	13.3
Merchant	34	22.7
Farmer	82	54.7
Government/Private organization worker	14	9.3
Total	150	100.0

Source: researcher's data, 2023

3.3 Prevalence, Experience of abuse and health risks regarding Violence at Home

The quantitative finding of the study shows that the majority of the participants 138(92.0%) experienced violence at home. The finding of the study shows that the frequency of quarrels is varying from individual to individual due to personal factors. The study identified financial issues (42.0%), Transgression of gender roles (refusing sex, talking back not accomplishing household chores, disobedient (15.3%), Jealousy(14.7%), Drunkenness (13.3) and Unknown(14.7%) major reasons to violence in the study area. The nature of violence they experienced both physical and psychological violence in their life.

At home, physical punishment is widely used to discipline children. In one study in Addis Ababa, Oromia, Amhara, Tigray and SNNPR, 74% of children reported they were hit with a stick, 73% were hit on their head, 70% were slapped, 69% were punched, 64% were whipped with a belt, and 53% were forced to kneel (Save the Children & ACPF, 2005). Beatings with sticks, belts, plastic hoses, rope, and electric wire were commonplace. Punishments also include depriving of necessities, such as food (Ayode, 2012). Punishment is frequently gendered, with girls and boys punished for different reasons or with different levels of severity. Girls, for example, may be punished for avoiding housework, while boys may be beaten for letting cattle stray when they are herding (Pankhurst et al 2016). One study with 1,268 students across all 9 regions also found that verbal insults, humiliating, threatening, and name-calling were commonplace (Save the Children, MoE and MoWA, 2008). Summarising several studies, Mulugeta (2016) documents the consequences of such punishments, including physical injury, distress, and in some cases running away from home, and so increasing the number of street children. The beliefs that children are the property of parents, and that physical punishment is necessary for child socialization, along with a lack of awareness of alternative ways to discipline children, help to explain the persistence of these forms of physical and psychological violence (Save the Children & ACPF, 2005, ACPF, 2014).

The findings of the majority of the participants (82.0%) are told about their violence to their family, neighbors, friends, and government and they got different responses (see table below).

Table 3:3 Experience and Information Regarding Violence at Home

Have you ever told your experience of violence to others?	Frequency	Percent
Yes	123	82.0
No	27	18.0
Total	150	100.0
If your answer is yes to the above Question, for whom?		
Family	55	36.7
Neighbor	26	17.3
Friends	42	28.0
Government	27	18.0
Total	123	82.0
What was the response?		
Nothing	24	16.0

Helpful	77	51.3
Ignorance	22	14.7
Unknown	27	18.0
Total	123	82.0
If your answer is No to the above question why do you refrain to report?		
Fear of breaking a relationship	12	8.0
Hope for future improvement	9	6.0
Total	21	14.0
System	129	86.0
Total	150	100.0
Have you ever tried to leave a violent relationship with your husband?		
Yes	100	66.7
No	50	33.3
Total	150	100.0
If your answer is Yes to the above question what mechanisms have you adopted?		
Runaway	8	5.3
Asking for help from relatives	50	33.3
Reporting to the police	23	15.3
Fighting back	23	15.3
Total	104	69.3
Not Responded	46	30.7

Source: researcher's data,2023

Women's experience of violence in the home was mainly drawn from in-depth interviews and

focus group discussion with victims of domestic violence. The discussion was made that depicts the types and frequency of violence by pinpointing women's experience of physical, economic, psychological, and sexual violence by their husbands. For ethical and confidentiality reasons each participant is given a pseudonym names. Survey data that was obtained from the questionnaire is also triangulated with qualitative data to the discussion to strengthen the analysis of the issue under investigation.

Physical violence

While describing physical violence the participants mentioned serious incidents from slapping to the use of weapons resulting in serious physical injury. Most of them bore visible scars on their bodies. The findings showed that participant women were beaten, strangled, pushed, kicked, and dragged by the hair, and they were threatened with weapons.

Ayelech a 38 year old also reveals her experience of physical violence as follows:

My relationship with my husband was romantic until I gave birth to twin daughters. After I gave birth to the twins he developed a habit of heavy drinking, he insults me as if it is my mistake and always told me he is going to marry a woman that could give him a baby boy. Even sometimes he throws objects and threatened me with a knife in front of my children. Sometimes I feel as if I am living with a monster I was patient that he could change his abusive behavior but when conditions got worse I left him with my children and currently, I am living with my parents. The only chance that I have is getting a divorce and I am ready for that.

Psychological violence:

Women in the study area do not only experience physical violence but they also experience psychological abuse. All the women in the study experience a high level of both physical and psychological abuse. This finding suggests that physically abusive men are also psychologically abusive. Women often say that psychological abuse and degradation are equally difficult to bear like physical abuse. Verbal humiliation, such as being called names, sworn at, or put down, was discussed and reported. They frequently described violence in terms of emotional or psychological abuse, referring to situations in which a man might constantly underestimate or downgrade a woman.

Meseret a 42 years old woman expressed her experience as follows:

He always insults me all the time in front of my friends and family members. He calls me ugly, Moron. When I give opinions on certain issues He often ignores and downgrades my opinion He would say that 'you don't know anything. You are not intelligent to talk about this issue and the like.

Elizabeth a 37 years old woman notes:

He calls me incompetent, stupid, and ugly. I feel embarrassed.

He often told me that I am not good-looking, worthless, or inferior, or lacking the ability even to take care of my children and husband

And said I cannot succeed on my own. He has tried all possible ways to humiliate me.

From the above statements it can be said that the abusers made women lack their self-confidence and be emotionally dependent. Abused women commonly experience diverse forms of psychological abuse. Threats are common, aimed at terrorizing the woman to such a point that the male partner feels in total control. Many women also live in fear and were psychologically terrified by their husbands.

They also reported that ongoing psychological violence, emotional torture, and living under terror are often more difficult than physical brutality, with mental stress leading to depression and a sense of worthlessness. Some women even mentioned that rather than living in such abusive relationships they prefer to take their life deliberately this clearly shows there is a high suicidal tendency among abused women.

Psychological abuse is also expressed based on total control of movement, in which husbands want to show their power over their wives. Most respondents described such abuse in terms of a husband behaving with complete disregard for his wife's feelings. Male partners attempted to limit the respondents' actions in a variety of ways, such as limiting contact with family and friends, reproachful them for paying too much attention to other people or things, and prohibiting respondents from going to work as well as preventing women from participating in different Social events.

One FGD member aged 32 mentioned her experience as follows: My husband does not feel comfortable when I leave home for shopping and some social events like weddings. He always ordered me to stay at home. He does not allow me to visit my parents and other family members even my children cannot visit their grandparents without his permission. The situation is getting worse but I have no option to resist because I am unemployed and economically dependent on him. I feared that he would divorce me.

And the rest of the participants never tried to leave their marriage relation due to many factors. The identified factors are economic dependency, stigma from society, and concern for children (see Fig below)

Figure 0.1:Violent relationship
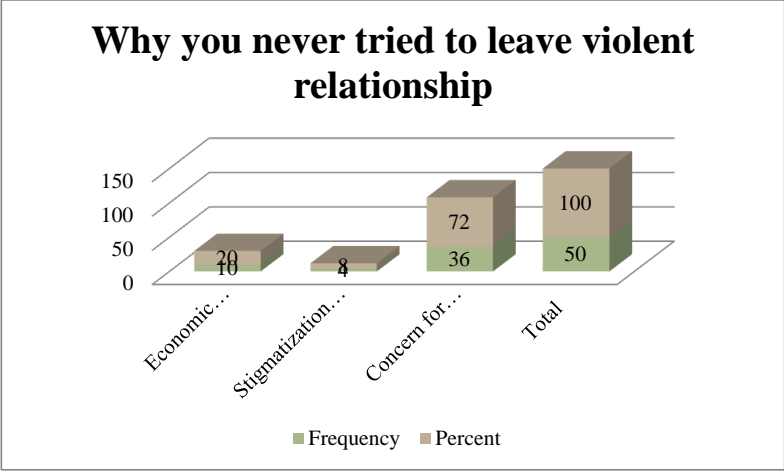
The study result shows that the study participants are faced with physical injury, shame, isolation, low self-esteem, and restricting themselves (see below).

Figure 0.2: Type of violence faced by respondents
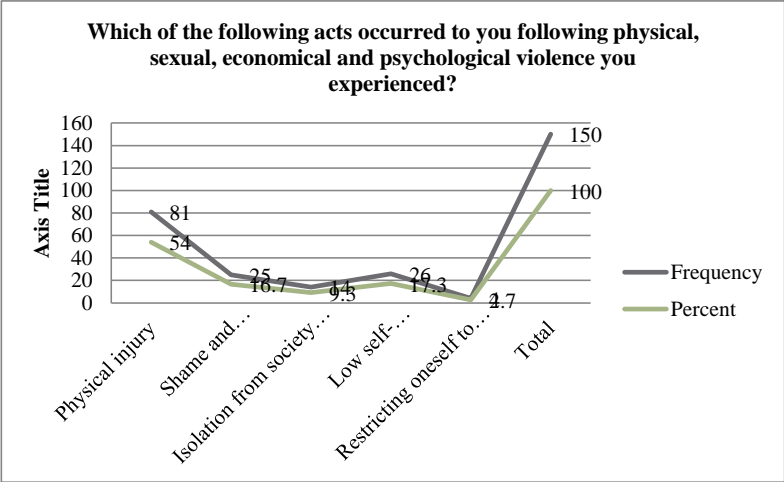
Ayantu a 41 year old woman mentioned her experience as follows:

My husband and I began frequently quarreling after I heard he had an affair with a woman who worked with him. To resolve the problem, I gathered neighbors and family members but he denied it as if he had nothing with her but sometimes he came home drunken and even call her in front of me. After he began a relationship with her he always criticizes me and was little my opinion. Even he hits

me in front of my neighbors and relatives. Still, I am living with him with the hope that he could change his behavior in the future.

The above events tell us how women are severely abused physically and psychologically by their abusive husbands; however, they would stay for a long in such abusive relationships for a long period. This shows women's ability to escape from their relationship is limited, due to their economic dependence even when they are subjected to severe and frequent physical and psychological violence.

4. CONCLUSION AND RECOMMENDATIONS

4.1 CONCLUSION

Domestic violence is a very complex process and is influenced by multiple factors. The likelihood of violence against women occurs throughout their marital lives. Many women live in fear not only for their own lives but also for the lives of their children. Women experienced physical, psychological economic, and sexual violence. It was identified that poverty, alcoholism, jealousy, and transgression of gender roles are the prevalent causes of domestic violence against women. Both the qualitative and quantitative findings indicated that experience of domestic abuse puts women at greater risk of a variety of physical, psychological, and economic problems. The effects of experiencing violence also include the inability to undertake daily work or social activities. Women perceive the psychological consequences of abuse to be even more serious than the physical effects. The process of abuse alters women's views of themselves, their relationships, and their place in society.

A woman's response to abuse is often limited by the alternative existing to her. Some of the reasons women do not leave or use effective coping strategies include a lack of support from family, friends, legal institutions, and above all economic dependency. Others include their belief that their husband's abusive behavior will change in the future. In addition, limited access and availability of services, lack of knowledge and information about available services, and familial and cultural constraints often discourage women from seeking appropriate help and leaving their abusive husbands. Despite these situations, some women decided to leave permanently their violent husbands. Divorce is one of the coping strategies for women in abusive relationships. but after divorce, they face social stigma and economic problems.

4.2 RECOMMENDATIONS

The following recommendations are forwarded based on the finding of the study:

> ➢ The Federal and regional governments of Ethiopia should work on minimizing the prevalence of domestic violence against women and girls through legal actions into practice and educative measures on women's rights.

> ➢ Women should be empowered, aware, and educated about their human and democratic rights

> ➢ Further research is needed on the negative impacts of DV in the area.

Data Availability

All data generated throughout the study have been included within the article and raw data can be obtained from the corresponding author upon reasonable request.

.**REFERENCES**

Agumasie, S. and Bezatu, M. (2015) Domestic violence against women and associated factors

Alemmaya, M. (2002).Gender and Islam: how can violence be embedded in religion?

   Reflections. Documentation of the Forum on Gender. Panos Ethiopia, Addis

      Ababa, No, 7.

Anderson, K.L. (1997). Gender, status, and domestic violence: an integration of

  feminist and family violence approaches. Journal of Marriage and the Family,

      Chicago, 59, 655-669.

Ayesha. Q, Sadaf L., and Elishma, N. K (2016) Socio-economic and Cultural Factors of

Violence against Women in Pakistan; Working paper # 15

Azad and Naik (2016). Domestic violence, its causes, consequences, and preclusions strategies. Hyderabad, **Ijariie-ISSN(O)-2395-4396**

Bagshaw, D. and Chung, D. (2000). Women, men, and domestic violence. University of South Australia, Vienna.

Bewley S., Frined, J and Mezey, G. (1997). Violence against women. London: RCJG Press P (Naik, 2016) publication.

Buehler, J., Dixon, B., & Toomey, K. (1998). Lifetime and annual incidence of intimate partner violence and resulting injuries - Georgia, 1995. MMWR: *Morbidity and Mortality Weekly Report*, 47, 849-853.

Burgess, R.L. & Draper, P. (1989). The explanation of family violence: the role of

   biological, behavioral, and cultural selection. In L. Ohlin & M. Tonry (Eds.),

      Family violence (Vol. 11, pp. 59-116). Chicago: University of Chicago Press.

Carrillo, R. (1992). Battered dreams: violence against women as an obstacle to development. New York: the free press.

Christiana, S. Z . (2012) Assessment of domestic violence and abuse against women and its effects on family relationships in four selected local governments in Taraba State, Nigeria.

Cunningham, A., Jaffe, P.G. and Baker,L. *etal*. (1998).Theory derived explanations for male violence against intimate female partners: Literature up date and related implications for treatment and evaluation.

Conner, K.R. and G.D. Ackerley (1994). Alcohol-related battering: developing treatment strategies. Journal of Family Violence, Georgia 9(2): 143-155.

CSA. (2001) Ethiopia Demographic and Health Survey, Central Statistical Authority, Addis Ababa, Ethiopia.

Doumas, D., Margolin G., & John, R. S. (1994). The intergenerational transmission of aggression across three generations. Journal of Family Violence, London 9, 15-175.

Dutton, D.G. (1994).Patriarchy and wife assault: The ecological fallacy. Violence and Victims, 9, 167-182.

Elliot, R. (1996).Gender, family and society.London: Macmillan Press Limited.

Ellsberg, MC. (2000).Candies in hell. Research and action on domestic violence against women in Nicaragua, University Medical Dissertations New series, 670.

Fozia, J. (2014) Assessment of Intimate Partner Violence against Women by Their Husbands KolfeKeraniyo Sub City, Addis Ababa, Ethiopia.

Garcia-Moreno, C. (1999). Violence Against Women, Gender and Health Equity. Harvard Center for Population and Development Studies, Working Paper Series 99.15. Cambridge, Massachusetts.

Heise, L. (1998). Violence against women: an integrated, ecological framework. Baltimore, 4, 262-290.

Heise, L., Ellsberg, M. and Gottemoeller, M. (1999). Ending violence against women   population reports, series L, 11. Baltimore: Johns Hopkins University School of Public Health.

Hiller, D. and Philliber, W. (1989). Equal partners: successful women in marriage.

   Newbury Park, London: sage.

Hiwot M. (2015) Violence against Women with Disabilities: The Case of women members

      At the Ethiopian Women with Disability National Association (EWDNA).

KembatMenttiGezma, (2017) Annual report of FGM, KTZ, Durame.

Kevin, B and Claire, H. (1996).Domestic partner abuse. New York: Springer publishing

   company.

Koss, M. (1993).Detecting the scope of rape.A review of prevalence research methods.

   Journal of Interpersonal Violence.

Mahilet G., (2015) Prevalence and determinants of sexual violence among female

      Housemaidsin selected junior secondary night school: cross sectional study

      Addis Ababa, Ethiopia

Megersa, D. F., (2014) The Ethiopia's Legal Framework on Domestic Violence against

      Women: a Critical Perspective. International Journal of Gender and Women's

Studies Vol. 2, No. 1, pp. 49-60

Milete. Z, Azeb G. and Huruy A, (2014) Magnitude and factors associated to physical violence among house maids of Mekelle town, Tigray, northern Ethiopia: A cross sectional study.

American Journal of Nursing Science.Vol. 3, No. 6, 2014, pp.105-109.

Ministry of Women, Children and Youth Affairs (2013) Assessment of Conditions of Violence against Women in Ethiopia Final Report.

Mitchell,B.(1980).Women's oppression today. Londen: Verso.

Mulunesh B., (2016). The Prevalence and Determinant factors of Gender based violence against women in North Gondar Zone,(The case of Debark Woreda)

Mohammad, M. K Toufique and Mohammad A. Razzaque, (2007) Domestic Violence against Women Its Determinants and Implication for Gender Resource Allocation.

Myunghan, C. and Jake, H. (2004).A Hypothesized model of korean women's responses to

abuse. Journal of Tran cultural Nursing. Korea: sage publication.

Original W/Giorgis, Emebet Kebede, and Melesse Damte. (2005). Violence against women   in Addis Ababa. Berchi the annual journal of EWLA 2004; Addis Aabab, 5.

Pagelow, M.D. (1981).Woman-battering: victims and their experiences. Beverly Hills, CA: Sage.

PallaviAcharya, (2014). *The influence of domestic violence on the reproductive health of Women: A Study from India.*

Richaters, J.M.(1994). Women, culture and violence: A development, health and

  human right issue. Women and Autonomy series, Vienna.

Russell D.E. (1990).Rape in marriage. Indianapolis: Indiana University Press.

Schuler, S.R, Hashemi, S.M, Riley A.P, Akhter S. (1996).Credit programs, patriarchy, and   men's violence against women in rural Bangladesh. Social Science and Medicine 43: 1729-42.

Sosena M., (2007). Domestic Violence against Women: The Case Study of KolfeKeranyo Sub Straus, M and Gelles, R.J. (1986).Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. Journal of Marriage and the Family. 48:465– 479.   City

Straus, M.A. (1991).New theory and old canards about family violence research. Social

 Problems.

Sweetman, Caroline, (ed). (1998). <u>Violence</u> <u>against</u> <u>Women</u>. Oxfam Focus on Gender Series. Oxford: Oxfam GB.

Tejashri D. Kambli,. Y. K. Kazi,. Y. B. Chavan,. G.D. Velhal and R. Y. Aras,

(2013)IOSR Journal of Dental and Medical Sciences (IOSR-JDMS) e-ISSN: 2279-0853, p-ISSN: 2279-0861. Volume 8, Issue 4 (Jul. - Aug. 2013), Pp 18-22*www.iosrjournals.org*

UKaid, (2016) Domestic violence in Incidence, Attitude, Determinants and Consequence Victorian Health Promotion Foundation, 2011. Preventing violence against women in Australia: Research summary

UN (1993) <u>Strategies</u> <u>for</u> <u>Confronting</u> <u>Domestic</u> <u>Violence</u>: A Resource Manual. New York: United Nations.

UNHCR. (2003) Sexual and gender-based violence against refugees, returnees and internal displaced persons: Guideline for prevention and response, UNHCR, Geneva.

Wafa M K Fageeh, (2017) Factors associated with domestic violence: a cross-sectional survey Among women in Jeddah, Saudi Arabia

UNICEF. (2000). Domestic Violence against Women and Girls. Innocent Research Center, Florence.

Walby, S. (1990).Theorizing patriarchy. Oxford: Basil Blackwell.

 World Health Organization, (2003).Domestic violence in rural Uganda: evidence from aCommunity-based study.

World Bank, (2005) (Available at: www.norad.no/en/attachment/125130/binary/42291)

Yllö, K.A. (1993). Through a feminist lens: Gender, Power, and Violence. In R.J. Gelles and D.R.Loseke (eds.), *Current Controversies on Family Violence*. Newbu   Park, CA: Sage Publications.

Workshop Note: Research Presentations on Violence Against Children Parallel Session Summary

Prepared by: Nebiyou Dejenie (MoWSA)

The Violence Against Children (VAC) parallel session featured three research presentations addressing critical issues of child sexual abuse, child marriage, and domestic violence in Ethiopia. The session highlighted gaps in service provision, legal frameworks, and community norms, followed by robust discussions on policy implications and methodological rigor.

Research Presentations in the Violence Against Children (VAC) Session

1. Selamawit Maru – *Ministry of Women and Social Affairs (MoWSA)*
   Title: *The Assessment of Service Provision Challenges and Opportunities on Child Sexual Abuse: The Case of Selected Safe Houses and One-Stop Centers in Addis Ababa*

2. Dr. Yitaktu Tibebu – *GLOW*
   Title: *Protection of Girl Brides: The Veil and the Struggle as a Child or Women's Rights Issue*

3. Asebe Awol – *Department of Sociology, Dilla University* (Virtual Presentation)
   Title: *The Prevalence, Determinants, and Health Risks of Domestic Violence in Gedeo and West Guji Zones, Southern Ethiopia: An Evidence-Based Study*

Key Comments and Questions from Panelists

Discussion on Presentation 1: Selamawit Maru

Q1: The sample of survivor respondents is limited to 61. Do you consider this number representative?

A1: The limited sample was intentional to avoid re-traumatization. All service providers were included, but the survivor sample was kept small to prevent secondary victimization.

Q2: Your study seems qualitative, yet the design is described as descriptive, which aligns more with quantitative research. Can you clarify?

A2: I used a mixed-methods approach. Descriptive analysis was used for quantitative data and thematic analysis for qualitative insights.

Q3: You mention using "stratified purposive sampling," which mixes probability and non-probability methods. Can you clarify?

A3: Respondents were categorized into service receivers and service providers. I used stratified sampling to distinguish between the two groups.

Q4: You recommend separate budget allocations for one-stop centers. Would integration with hospital budgets be more efficient?

A4: Integration may hinder immediate response to survivors during hospital resource shortages. Separate, secured budgets would ensure timely and sufficient services, especially for economically disadvantaged survivors.

Discussion on Presentation 2: Dr. Yitaktu Tibebu

Q1 (Mr. Sileshi, MoWSA): There's ongoing debate over whether child marriage falls under child protection or women's rights. Your conclusion favors child rights, but shouldn't SDG Goal 5 frame it more as a women's rights issue?

A1: SDG Goal 5 focuses on girls, not boys, suggesting a women's rights angle. However, my findings, particularly at grassroots levels, emphasize child rights. I acknowledge both views are valid and regionally context-specific.

Q2: Is your sample size representative?

A2: The study used a qualitative case study approach. Sample saturation, not statistical representation, was the key criterion.

Q3 (Dr. Jemal Adem): EDHS data provides retrospective data on age at first marriage. Do we have figures for the current number of children under 18 who are married?

A3: My study relies on EDHS data, which doesn't provide real-time figures.

Additional input from Mr. Workneh: There's no national data on currently married minors, though GAGE studies show localized prevalence, e.g., 78% in East Hararge and South Gondar married before 18.

Q4: You used desk reviews and interviews. Is this a mixed-methods or purely qualitative study?

A4: The research is purely qualitative.

Q5: What should be done when courts recognize child marriages as legal if the girl consents?

A5: Communities often consider girls 15+ as capable of consent. Although the law sets 18 as the minimum marriage age, societal norms complicate enforcement. The study highlights two community-set thresholds: 12 (ready for marriage) and 15 (age of consent), which often escape legal scrutiny.

Q6: What do you mean by "active" vs "passive" agency?

A6: Active agency refers to informed, goal-driven decisions like rejecting marriage to pursue education. Passive agency occurs when limited options lead to marriage, despite a preference for schooling.

Q7: What is meant by "self-initiated marriage"?

A7: These are marriages arranged by adolescents themselves without family intervention, often influenced by prevailing social norms.

Discussion on Presentation 3: Asebe Awol

Q1: Your study broadly refers to domestic violence. Can you clarify which types (physical, sexual, emotional) were analyzed?

A1: Domestic violence was treated as an umbrella term, encompassing all forms, particularly partner-related violence within the home.

Research Presentations on Empowerment
(Parallel Session Two)

Dr. Tsega Gebrekristos
Ethiopian Civil Service University

Dr. Konjit Hailu
Includovate and Addis Ababa University

Mehiret Habte
Addis Ababa University (PhD Candidate)

Do Industry Effects on Gender Wage Gap Persist? Evidence from Ethiopia's Urban Economy, 2003-2021

Tsega Gebrekristos Mezgebo
Ethiopian Civil Service University

Abstract

This paper investigated the interplay between inter-industry wage-differential and gender wage gap in Ethiopia's urban economy. A repeated cross-sectional data, of fulltime workers in the formal sector from the Central Statistics Service covering 18-years period of 2003-2021, were used for the purpose. Applying the Horrace-Oaxaca decomposition method, the highest gender wage gap was in the extraterritorial industry (-88.3%) in 2003 followed by the information and communication industry (-86.1%) in 2021. This means across the 21major-industries in the urban economy, on average, the extraterritorial industry paid a woman 12 cents for every one Birr (USD) paid to the man of similar characteristics in 2003 while the information and communication industry paid 14 Cents in 2021. The gender wage gap, applying Oaxaca-Blinder decomposition and controlling measurable attributes, shows that the women paid 74 cents for every one Birr paid to the men in 2003, and it was 66 cents in 2021 indicating a widening wage gap. Of the overall gender pay gap, the net industry effect increased from 7% in 2003 to 72% in 2021 mainly due to industry's wage penalty for women contributing 3.2% and 69.36% respectively. The widening trend of gender wage gap may potentially discourage women to participate in the labour market if the status quo continues. The findings have implications for policy makers in addressing gender inequality in the labour market, enforcing gender pay equality reforms and promoting women's access to better-paying jobs.

1. Introduction

Gender pay gap has been intensively investigated but remain active in research and public policy discourses. Such persistence is potentially because empirical evidence on magnitude and attributes of gender pay gap show mixed results (Carrillo, Gandelman & Robano, 2014; Albanesi & Olivetti, 2007). The inconclusive messages likely arise from non-random distribution of employees' unobserved characteristics in the industries (Goux & Maurin, 1999; Gibbons & Katz, 1992). This notion underlines that employment decisions of the better-paying industries potentially depend on features peculiar to the industry arising from statistical, preference and/or paternalistic discrimination (Becker, 1971; Buchmann et al., 2024). Such theory necessitates context-specific understanding of the industry's role on gender-wage-gap and yet the knowledge is scant particularly in Africa.

Existing studies in Africa document magnitude of gender wage gap but limited to account role of the industry's wage structure on gender wage gap. I used repeated cross-sectional data from Ethiopia to examine and track the interplay between inter-industry wage differentials and gender wage gap. Ethiopia presents an interesting case because the country achieved robust economic growth, of nearly 10% between 2006 and 2019 annually (World Bank, 2024), resulted in the expansion of secondary and tertiary economic sectors. Corresponding to expansion of the non-farm sector, the country female labour force participation increased from 79% in 2006 (World Economic Forum (WEF) 2006:62) to 85.4% in 2022 (WEF 2022: 164). But it is important to note that about 88% of the women engaged in vulnerable employments, higher than the average for sub-Saharan Africa of 81.6% (See Figure 2). Furthermore, the COVID-19 pandemics extended hours of unpaid caregiving work and burdened women disproportionately (Petts *et al.,* 2021) which negatively affect employment and earnings (Carmichael *et al.*, 2023). Such empirical regularity hints women workers likely segregated to low-paying jobs exacerbating gender pay inequality and working in poverty.

When woman's and man's labour are not perfect substitute, an increase in female labour supply adversely affects the women's wage more than the men's wage (Bhalotra & Fernandez, 2018). Further, reforms that emphasize the employability of women's work outside the home could improve the share of women engaged in wage employment (Hallward-Driemeier & Gajigo, 2015) but might depress women's wages (Mandel & Semyonov, 2005). Thus, investigating how the labour market

fares women workers has implications for the policy discourse to make informed decision and reduce poverty.

Using data from the Central Statistics Service of Ethiopia, I applied Horrace and Oaxaca (2001) decomposition to estimate inter-industry wage differential and Oaxaca-Blinder decomposition to estimate the industry's contribution on the overall gender wage gap. More precisely, I investigated if industries pay different wages for women and men of same observable characteristic. If so, how does this affect the overall gender wage gap? Additionally, I examined the trends of employment segregation and wage premium differentials in the industries.

The findings revealed that the most disadvantageous industry for women workers was the extraterritorial industry in 2003 followed by the information and communication industry in 2021. The overall gender wage gap was 26.1% in 2003, and 33.6% in 2021. Of the overall gender wage gap, contribution of industry wage premium differential increased from 3.3% in 2003 to 69.4% in 2021. The widening gender wage gap indisputably indicates discrimination against women has been intensified in the labour market. The findings provide a more nuanced understanding of the trends of inter-industry wage differentials and their effect on gender pay gap. More closely related papers are by Gannon *et al.* (2005) and Rycx and Tojerow (2002) from Europe. Their findings show that the inter-industry wage differentials were significant and the industry effects varied across the countries.

This paper contributes to the emerging knowledge on job segregation and discrimination against women in the labour market in the following ways. First, gender wage gaps are estimated using data from all income sources including par time and overtime works. Considering incomes from primary jobs likely lead to bias because the women's dual responsibilities of work and household chores hinders them to engage additional paid jobs. Further, using earnings from primary and additional jobs allows controlling wage penalties that working women (mothers) might experience in the labour market (Weeden et al., 2016). Second, the study used repeated cross-sectional data of 2003–2021 to track trends of the gender wage gap but most studies use one-time cross-sectional data. Third, the study focuses on full-time formal workers to maintain similarities in terms of reform implementation and worker's job security. Fourth, the paper examined the role of industry employment segregation and wage premium differential on gender wage gap and track the trends using a nationally representative data.

The reminder of the paper is structured as follows. Section 2 discusses literature related to the gender wage gap, followed by description of the data used and estimation methods applied in Section 3. Section 4 presents results and discussion while the final section provides concluding remarks.

2. Related Literature

Industry affiliation has a significant impact on wage disparities among workers with identical measurable attributes (Krueger & Summers, 1988). Wages might also affected by unobserved factors distributed non-randomly among industries (e.g. see Goux & Maurin, 1999). Such notion indicates better-paying industries value the unobserved quality of labour the most, which is complex and unresolved issue. Since Becker's (1971) seminal paper on the economics of discrimination, many studies focused on the magnitude and sources of gender pay gap.

Existing studies that unveil the role of industry on gender wage gap are form developed countries. For instance, Fields and Wolff (1995) found that the combined industry effects explained about 33% of the overall gender wage gap in United States. But their findings were biased arising from changes in the omitted reference groups (Haisken-DeNew & Schmidt, 1997; Horrace & Oaxaca, 2001). Horrace and Oaxaca (2001) developed alternative decomposition model to correct the bias that enables to control the changes in reference groups. Applying the corrected model, Gannon *et al* (2005) found that the inter-industry wage differentials were significant and the industry effects on gender wage gap varied across European countries with the highest (29%) observed in Ireland. Similarly, study from Belgium shows that 3% of the overall gender pay gap was due to differences in employment distribution and no contribution from the differences in industry wage structure (Rycx & Tojerow, 2002).

Nonetheless, studies on gender wage gap from Africa are inconclusive. For instance, the gender wage gap is small in Cote d'Ivoire while high in Uganda and Ethiopia (Appleton *et al.,* 1999); education explains 14% of the gender pay gap in Ethiopia (Kolev & Suárez, 2010). On other hand, the gender wage gap in Ethiopia is unaffected by education (Fafchamps et al., 2009) rather driven by discrimination (Temesgen, 2006), segregation into low-paying jobs (Abegaz & Nene, 2023) and motherhood penalty (Si et al., 2020). Furthermore, COVID-19 pandemics extended hours of unpaid household- and care-work which affected women disproportionately (Petts et al., 2021). The extended hours of unpaid work negatively affect employment and earnings (Carmichael et al., 2023) which likely exacerbated women's wage penalty. Despite the abovementioned attempts, the role of inter-industry wage differentials on gender wage gap is less understood particularly in the African context which warrants investigation. This study complements existing studies in Africa that address discrimination in the labour market by investigating the patterns of inter-industry wage differentials and what proportion of the gender wage gap is due to segregation and differences in wage premium.

3. Context, Data and Empirical Model

3.1 Ethiopia's labour market highlights

Ethiopia has adopted policies deemed to reduce gender inequalities in human capital endowments following the 1995 Constitution. Among others, reforms were implemented to reduce gender disparities across education (Molla, 2013; Semela & Tsige, 2023) and on family property registration to improve women's position in asset ownership and paid employment opportunities (Hallward-Driemeier & Gajigo, 2015; Kumar & Quisumbing, 2015). Accordingly, the country achieved gender parity in primary education (Kolev & Suárez, 2010; Araya et al, 2023) but score weak performance in gender parity index—with the country's rank dropped to 79th from 75th in 2023 (WEF, 2024: 12).

The country's robust economic growth of rate 10% between 2006 and 2019 (World Bank, 2024) resulted in expansion of employment opportunities in the secondary and tertiary economic sectors. Such economic growth increased employments in the non-farm sector from 22% in 2003 to 37% in 2021[145]. At the same time, the urban population growth rate was 4.5%, faster than the sub-Saharan African of 4% (World Bank, 2015). The country's female labour force participation rate has increased from 79% in 2006 (WEF, 2006:62) to 85.4% in 2022 (WEF, 2022:164) and persistently higher than all income-group countries. The number of children per woman has decreased from seven children in 1990 to four children in 2021[146].

The reduced fertility rate is mirrored with increased levels of education outcome. The women's level of education improved significantly (see Table 1), indicating the accumulation of skills while the lower fertility decreases childrearing burdens. Theoretically, more educated and less time-constrained women are expected to enter the labour market. Studies also show a strong positive association between the female labour force participation rate and female education outcome (Backhaus & Loichinger, 2022; Klasen et al, 2021).

On the other hand, often high female labour force participation rate was associated with working in poverty in low-income countries (Verick, 2014) which Ethiopia is not an exception. Of the employed women, about 88% of them engaged in vulnerable employment, with limited protection and job security, and persistently above all income-group countries (Figure 1). The high proportion of women engaged in vulnerable employment implies that informal employment in Ethiopia is higher compared to other similar countries. A high level of women's engagement in the informal sector means either

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[145] Source: World Bank database. Accessed via
http://www.data.worldbank.org/indicators/SL.AGR.EMPLY.ZS?locations=ET (December 27, 2023)
[146] Source: World Bank database. Available at
https://data.worldbank.org/indicators/SP.DYN.TFRT.IN?view=Chart&locations=ET (acceded May 16, 2024).

women's access to formal employment opportunities is limited or the less-skilled women join the labour market, potentially creating a downward pressure on wage of the average woman than the man.

Figure 1: Vulnerable employment over time, female (% of female employment)
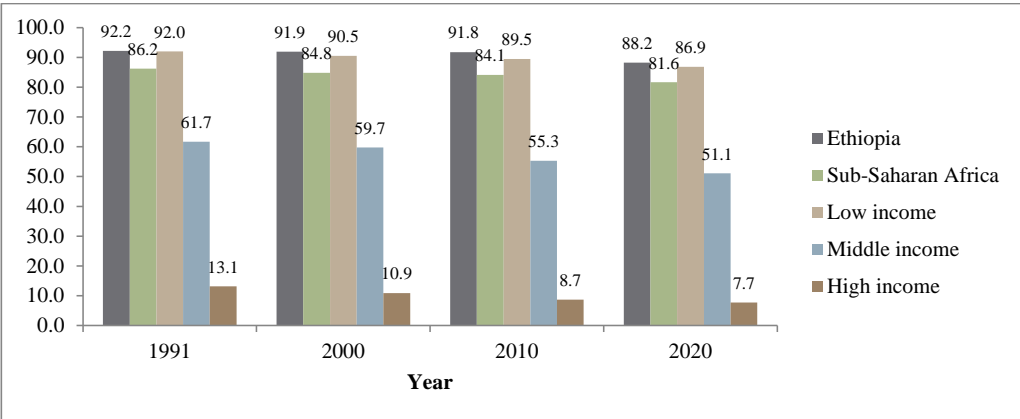
Source: Author's illustration based on World Bank data

3.2 Data

The paper used a nationally representative repeated cross-sectional data of the Urban Employment Unemployment Survey (UEUS) and Labour and Migration survey (LMS) from the Central Statistics Service (CSS) of Ethiopia. The UEUS has been administered annually since 2003 in urban areas. The labour force surveys conducted periodically in eight-year interval covering both urban and rural areas and incorporated components of UEUS. The datasets have individual's information related to earnings, productivity, occupation, and industry affiliation. The data is rich in context and enables to rigorously examine the relationships between inter-industry wage differentials and the gender pay gap.

Full-time adult workers in the formal sector were considered for the analysis. The adult age-cohort is important to align with the definition of working age group and policy reforms implementation. The formal sector is relatively regulated and enforced to value human capital endowments equally in recruitment and promotion processes. Considering fulltime workers in the formal sector has also an added benefit to avoid challenges related to job security variations in the analysis. The main variable of interest is the worker's hourly wage, generated from details of work related payments provided in the datasets. The hourly pay is convenient to compare what individuals have been paid when performing similar tasks (Baker and Drolet, 2010).

The period 2003–2021 was considered for the analysis. This 18-year period data allows to: (1) document changes in the workers distribution in industries along their occupation, (2) to track the contribution of industry to the overall gender wage gap, and 3) examine the contributions of employment segregation and gender wage penalty in the industry. Furthermore, the time delimitation helps to partly capture the changes in government and the effect of COVID-19 pandemics on the labour market.

Between 2003 and 2018, Ethiopia was administered with the same governance system and has implemented two major economic reforms, particularly the Poverty Reduction Strategies (2000–2010) and Growth and Transformation Plans (GTP) (2010–2020). These economic reforms implemented the Micro and Small Enterprises (MSEs) and the Technical and Vocational Education Training (TVET) programs to create employment opportunities and address the skill gaps in the labour market, respectively. Since 2018, the governance system has changed and placed the 10 Year Development Plan but the schemes for employment creation and skill enhancement continued to operate. The 2021 data potentially captures effects of the COVID-19 pandemic on the labour market and, then, the industry's response on women workers as a result.

3.3 Empirical model

While performing same task within the industry, women and men workers with similar characteristic might fare differently. Estimating inter-industry wage differentials helps to measure how much the industry paid the average woman compared to the man of comparable characteristics. To estimate the inter-industry wage differentials, the standard approach is estimating the semi-log wage equation using OLS. The earning model, as a function the worker's observable factors expected to affect productivity and wage, is specified as follows:

$$\begin{cases} \ln W_{if} = \alpha_f + \beta_f X_{if} + \theta_f D_{if} + \gamma_f Z_{if} + \epsilon_{if} \; , \; f \; \textit{refers woman} \\ \ln W_{im} = \alpha_m + \beta_m X_{im} + \theta_m D_{im} + \gamma_m Z_{im} + \epsilon_{im} \; , \; m \; \textit{refers man} \end{cases} \quad (1)$$

where $\ln W_i$ represents the log wage per hour of individual i; X and Z represent a vectors of continuous and dummy variables respectively; and D is the main variable of interest representing a vector of dummy variables for industrial affiliation (i.e. 21 major-industrial groups); and θ indicates the industry's price of labour. If the worker's wage is independent of industrial affiliation, then estimates of $\theta's$ should be jointly equal to zero.

To estimate the gender wage gap within industry j, I applied the reference groups invariant model of Horrace and Oaxaca (2001) formlated as:

$$\delta_j = \underbrace{(\hat{\theta}_j^f - \hat{\theta}_j^m) + (\hat{\alpha}_j^f - \hat{\alpha}_j^m)} + \underbrace{\bar{X}^f(\hat{\beta}_j^f - \hat{\beta}_j^m) + \bar{Z}^f(\hat{\gamma}_j^f - \hat{\gamma}_j^m)} \quad (2)$$

where $\hat{\theta}_j$, $\hat{\beta}_j$ and $\hat{\gamma}_j$ refer to estimates of the variables' coefficients included in model (1). The Fields and Wolff (1995) applied $\underbrace{(\hat{\theta}_j^f - \hat{\theta}_j^m) + (\hat{\alpha}_j^f - \hat{\alpha}_j^m)}$ to estimate the inter-industry wage differentials, in which $(\hat{\theta}_j^f - \hat{\theta}_j^m)$ controls differences in the industry coefficients estimates and $(\hat{\alpha}_j^f - \hat{\alpha}_j^m)$ is differences in the slope parameters to account wage difference for the omitted industry. But the Fields and Wolff (1995) estimation is sensitive to changes in omitted reference group of either the industry or other categorical variables included in the model (Horrace and Oaxaca, 2001). To correct the bias, Horrace and Oaxaca (2001) extends the model by $\underbrace{\bar{X}^f (\hat{\beta}_j^f - \hat{\beta}_j^m) + \bar{Z}^f (\hat{\gamma}_j^f - \hat{\gamma}_j^m)}$ which controls for the average values of all women workers included in the sample. The vectors $\bar{X}^f$ and $\bar{Z}^f$ represent mean values of the women characteristics in the sample for continuous and categorical variables repectively. The Horrace and Oaxaca model also helps to understand how a randomly selected woman would fare if she was treated as a man of the same characteristics.

Once the gender wage gap is estimated, it's interesting to investigate the industry effect on the overall gender wage gap. The industry effect on the gender wage gap can emanate from differences in industry wage structure and/or differences in employment distribution of women and men workers among the industries. Thus, the overall gender pay gap was further decomposed to understand the contributions due to: i) differences in employment distribution workers across industries, ii) differences in industry wage premiums, and iii) differences related to all other factors in model (1). To estimate components of industry effect on the gender pay gap, the Oaxaca-Blinder decomposition technique was applied as follows:

$$\overline{lnW_\iota^m} - \overline{lnW_\iota^f} = \underbrace{\sum_{g=1}^{G} \bar{\hat{\varphi}}_g \left(\bar{H}_g^m - \bar{H}_g^f\right) + \sum_{g=1}^{G} \bar{H}_g \left(\hat{\varphi}_g^m - \hat{\varphi}_g^f\right)}_{All\ other\ factors\ related\ to\ productivity} +$$

$$\underbrace{\sum_{j=1}^{J} \bar{\hat{\theta}}_j \left(s_j^m - s_j^f\right)}_{Distribution\ of\ emplyment} \quad + \quad \underbrace{\sum_{j=1}^{J} \bar{s}_j \left(\hat{\theta}_j^m - \hat{\theta}_j^f\right)}_{Wage\ premium\ structure} \qquad (3)$$

where $\bar{H}$ refers a vector comprising of intercept and mean values of all variables in the model except industrial affiliation; $\hat{\varphi}$ refers estimated coefficients of the variables in vector $\bar{H}$; s_j refers to share of employment in industry j; $\bar{H}_g = (\bar{H}_m + \bar{H}_f)/2$; $\bar{\hat{\varphi}}_g = (\hat{\varphi}_m + \hat{\varphi}_f)/2$; $\bar{\hat{\theta}}_j = (\hat{\theta}_m + \hat{\theta}_f)/2$ and $\bar{s}_j = \left(s_j^m + s_j^f\right)/2$. The last two expressions of equation (3) jointly represent the industry effects on gender pay gap.

5. Results and Discussion

5.1 Summary Statistics

Distributions of the variables included in the earning model are reported in Table 1. The results indicate that both women and men achieved significant and comparable progress in educational outcomes over time. The proportion of women with postsecondary education outcome has increased from 28.02% in 2003 to 75.13% in 2021 while for the men it has increased from 28.79% to 73.8%. More importantly, about two-third of the workers' attended the Technical, Vocational and Educational Training programs in 2021 with little gender disparity. If Mincer's (1974) human capital theory holds, then I expect the gender wage gap to remain at least same over the sample period.

The women's progress in educational outcomes was also reflected in their progress on occupation status. Between 2003 and 2018, 58%–64% of the women assumed lower occupations such as clerks, service sales, or elementary jobs compared to 37%–41% of the men. This shows women workers' were 20% higher than the men in occupations that require lower skills, qualifications, and responsibilities. But in 2021, about 56.6% of the women assumed managerial or professional science and technics positions, with little gender difference. Such jobs require higher skills, qualifications, and work commitments which entail a higher level of responsibility and pressure. The women's improvement in their occupational status is expected to decrease employer's incentive for discrimination and, then, reduce the gender pay gap.

Table 1: Summary statistics variables across time, separately for women and men

	2003		2018		2021	
Variable	Women	Men	Women	Men	Women	Men
Age	31.55	34.21	32.09	34.94	31.98	36.38
Potential experience*	15.48	18.49	14.70	17.46	14.45	18.94
Education group (%)						
Lower Elementary	6.85	8.35	4.92	4.03	1.83	1.35
Upper Elementary	23.38	27.05	17.51	19.1	7.71	8.22
High School	40.74	33.83	30.3	33.35	15.25	16.4
Diploma	11.18	13.29	5.01	3.82	5.36	3.64
TVET	15.82	9.81	19.05	11.47	63.96	61.39
Degree	1.02	5.69	22.33	27.18	5.81	8.77
Adult Literacy	1.02	1.98	4.92	4.03	0.08	0.23

Married (%)	45.69	60.67	48.67	62.60	73.34	76.70
Public sector (%)	54.14	50.91	42.61	38.01	74.75	73.96
Occupation (%)						
Armed Forces	0.08	0.73	0.08	0.34	0.66	2.99
Managers	4.33	8.06	3.42	5.39	2.75	5.76
Prof. Science & Technic	3.19	6.58	14.59	15.86	29.88	36.72
Technicians	16.87	15.11	12.86	11.33	23.97	19.59
Clerks	19.07	6.64	8.81	3.66	11.02	2.99
Services and Sales	22.53	16.51	32.68	24.3	7.82	10.06
Skilled Agriculture	0.72	0.97	2.33	3.02	0.91	1.8
Crafts & related trade	9.04	17.70	6.60	13.11	2.17	2.55
Machine Operators	1.86	9.74	2.00	15.77	2.32	9.15
Elementary Occupations	22.3	17.96	16.64	7.24	18.49	8.4
N	2,634	6,075	5,706	9,827	4,697	7,505

Source: Author's computation based UEUS and LMS datasets from CSS.

Note: ** Experience = individual's age - total years of schooling - 6. The 2021 data does not include Tigray Region

Distribution of the workers and the raw average wage in the industries is reported in Table 2. The results show two different patterns over time. Between 2003 and 2018, women disproportionately represented in economic activities related to the wholesale and retail trade industry followed by the education and health industries. About 22%–28% of the women workers employed in the wholesale and retail industry, which is among the three lowest-paying industries in 2003–2018.

Table 2: Employment and wage distribution across industry over time by gender

	Employment (%)						Wage per hour ETB (weighted average)*		
	Women			Men					
	2003	2018	2021	2003	2018	2021	2003	2018	2021
Skilled Agriculture	2.97	3.07	2.89	3.74	4.00	5.27	5.07	6.47	3.58
Mining	0.30	0.09	0.22	0.49	0.36	1.06	7.42	7.31	11.16
Manufacturing	11.87	9.74	26.01	12.34	11.48	25.13	6.60	5.20	5.83
Electric, gas, etc.	0.42	0.44	0.25	0.97	0.70	0.61	44.9	7.51	10.79
Water, sewerage	1.75	1.65	1.65	1.38	1.20	1.24	9.83	6.06	5.20
Construction	2.78	2.66	2.99	8.34	8.21	7.72	7.31	8.46	7.63
Wholesale & Retail Trade	28.15	21.72	7.08	19.12	16.95	6.98	4.42	5.11	5.99
Transport & Storage	1.18	1.45	2.05	6.82	13.58	11.51	11.16	6.65	12.01
Accommodation & Food	0.34	10.67	6.56	0.31	3.10	3.05	6.61	2.82	3.08
Information & Comm.	0.99	1.5	1.11	1.02	1.48	0.91	10.98	8.23	7.54
Finance & Insurance	1.86	4.74	9.86	1.65	4.19	5.88	15.20	11.12	9.36
Real estate	0.08	0.08	0.46	0.20	0.03	0.51	4.33	25.44	9.05
Prof., Scie. & Tech.	1.22	3.4	2.27	0.89	3.64	2.66	13.83	11.39	9.33
Admin & support	14.72	3.54	2.46	12.49	2.36	3.92	10.73	6.89	6.94
Public & Defence	6.16	7.08	0.1	9.26	7.75	0.39	8.49	8.12	5.93
Education	13.5	13.63	9.91	10.66	10.75	6.69	15.24	11.83	10.59
Health & Social work	7.34	7.81	8.73	4.70	3.54	2.41	9.59	8.15	6.76
Art & entertainment	0.57	1.01	0.8	0.82	0.72	0.35	12.33	7.29	5.59
Other Services	3.69	3.78	12.96	4.71	3.92	12.97	5.90	5.51	3.78
Household Activities		0.09	1.52		0.04	0.7		3.82	3.32
Extraterritorial	0.11	1.84	0.13	0.07	2.02	0.03	7.06	13.45	31.18
N	2,634	5,706	4,697	6,075	9,827	7,505			

Source: Author's computation based UEUS and LMS datasets from CSS of Ethiopia.

Note: * real wages in 2010 constant prices.

In line with the improvement in occupational status in 2021, the manufacturing industry was the dominant employer employing about 25% of the workers with slight differences in gender. Throughout the sample period, men persistently dominated employments related to manufacturing, construction and transport industries. However, the manufacturing industry was persistently among the five lowest-paying industries. Thus, it is interesting to ask how the observed progresses in women's jobs and employment distributions affected the gender wage gap.

To compare the average pay between women and men workers, first I computed the log-wage ratio of the average hourly pay without adjusting for factors that influence productivity and wage. The results show that women paid lower than the men but the wage gap seems narrowing (Figure 2). But comparing the raw mean differentials is misleading because women and men workers might differ in observable factors that affect productivity and wage. Furthermore, unobserved factors might attribute to the overall wage gap between women and men. Thus, the gender-wage gap (or log-wage ratio) adjusted for the observable differences was estimated using the Oaxaca-Blinder decomposition. The results show that the adjusted gender-wage gap was persistently higher than the unadjusted and widened from 73.9% in 2003 to 66.4% in 2021. This means women paid 74 cents for every one Birr (USD) paid for men in 2003 and it reduced to 66 cents in 2021. Considering the changes in the governance systems and the COVID-19 pandemics, the gender-wage gap in observed 2003, 2018, and 2021 analysed further to partly understand how the industries respond to the changes.

Figure 2: Women to Men log wage ratio, unadjusted and adjusted for covariates
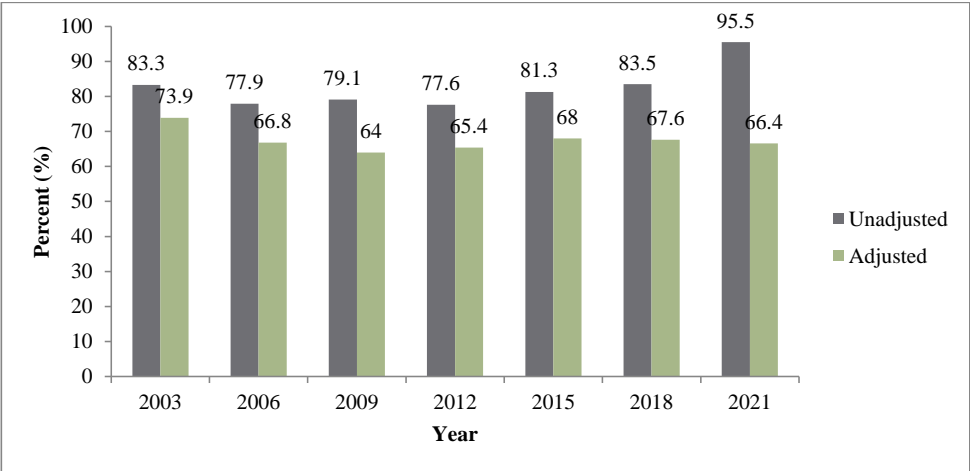
Sources: Author's computation based on UEUS and LMS dataset from CSS of Ethiopia.

5. 2 Trends of Gender Wage Gap by Industry

Before estimating gender-wage differentials in the industry, it is important to ensure if industry affiliation influences of the worker's wage. The F-Statistic test results show that the θ estimates are jointly different from zero (see annex Table A1) ensuring industrial affiliation affects wage. Estimations of the gender wage gap by industry reported in Table 3. The results show most of the estimators have negative signs and statistically significant indicating the economy paid less to women workers compared to the men of similar characteristics.

On average, the industries paid women workers 36% lower than that of the men in 2003 and it was 24% in 2018 and 27% in 2021. Industries that show the largest industry gender wage gaps do not persist over time. For instance, the most disadvantageous industry for women was the extraterritorial industry (-88.3%) in 2003; it was the arts and entertainment industry (-59.7%) in 2018 and the information and communication industry (-86.1%) in 2021. In other words, these industries paid the women 12–40 cents for every one Birr paid to the men of similar characteristics. The lowest average of inter-industries gender wage inequality was observed in 2018 but reversed in 2021.

Table 3: Gender wage gap by industry over time

	2003 (Eq. 2)		2018 (Eq. 2)		2021(Eq. 2)	
	$\hat{\delta}_j$	SE	$\hat{\delta}_j$	SE	$\hat{\delta}_j$	SE
Skilled Agriculture (ref.)	-0.310***	0.103	-0.313***	0.076	0.075	0.069
Mining	0.168	0.127	-0.354***	0.145	-0.618***	0.084
Manufacturing	-0.386***	0.111	-0.361***	0.071	-0.375***	0.075
Electric, gas, etc.	-0.576***	0.123	-0.169**	0.073	-0.727***	0.087
Water, sewerage	-0.227	0.107	-0.308***	0.091	0.031	0.077
Construction	-0.421***	0.101	-0.389***	0.065	-0.188**	0.077
Wholesale & Retail Trade	-0.309***	0.103	-0.328***	0.080	-0.372***	0.083
Transport & Storage	-0.073	0.104	-0.090	0.077	-0.423***	0.077
Accommodation & Food	-0.228**	0.103	-0.093	0.071	-0.359***	0.077
Information & Communication	-0.135	0.120	-0.363***	0.066	-0.861***	0.076
Finance & Insurance	-0.354***	0.112	-0.260***	0.069	-0.575***	0.075
Real estate	0.124	0.099	0.394***	0.173	-0.002	0.100
Professional Science & Tech.	-0.671***	0.113	-0.243***	0.072	-0.431***	0.076
Admin & support	-0.328***	0.103	-0.171**	0.073	-0.115	0.075

Public Admin, defence	-0.439***	0.104	-0.231***	0.075	0.129	0.075
Education	-0.291***	0.109	-0.267***	0.072	-0.310***	0.075
Health & Social work	-0.380***	0.106	-0.281***	0.068	-0.367***	0.075
Art & entertainment	-0.794***	0.106	-0.597***	0.074	-0.019	0.077
Household Activities					-0.281***	0.076
Other service	-0.420***	0.106	-0.238***	0.071	-0.008	0.089
Extraterritorial	-0.883***	0.163	-0.404***	0.076	0.215***	0.079
Mean gender wage gap	-0.362		-0.238		-0.266	
N	6,194		10,108		11,673	

Source: Author's estimation based on UEUS and LMS dataset from CSS of Ethiopia.

Note: ** & *** statistically significant at 95% and 99% respectively. Wage gap estimated by controlling the mean characteristics of women per industry.

The 2021 results might potentially indicate the combined effects of the Growth and Transformation Plans (GTP I and II)[147] implementation and the COVID-19 pandemic. During the GTP implementation period (2010-2018), the Ethiopian economy recorded annual growth rate of about 10% (World Bank, 2024) resulting in expansion of non-farm employment opportunities which concomitantly widening gender wage gap (see Figure 2). Similarly, the COVID-19 pandemics extended unpaid working hours for family caregiving and household chores (Petts et al., 2021), which is the women's sole responsibility in Ethiopia's social norms. The extended unpaid caregiving negatively affects the women workers' networking ability and self-esteem, which potentially aggravated gender wage gap.

5.3 Trends of Industry effects on Gender Wage Gap

Decomposition of the overall gender-wage gap is reported in Table 5. The results show the gender pay gap—the difference in log geometric mean—has increased from 0.20 in 2003 to 0.29 in 2021 which is equivalent to 26.1% and 33.6%, respectively. The gender wage gap observed in 2021 is higher than the global average of 20% and the low-income countries in sub-Saharan Africa average of 28.2% (ILO 2018). The observed diverging gender pay gap does not concur with the global trends of either converging or remaining stable (e.g. see Schirle, 2015).

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[147] GTP I was implemented between 2010/11 and 2014/15, and GTP II was planned to be implemented between 2015/16 and 2019/2020, but it was cut short in 2019 and replaced by the 10 Year Growth Plan.

About 15% of the gender wage gap is due differences in observable endowments between men and women. This means adjusting the observable endowment differences between women's and men's could narrow the gender wage gap by about 15%. On the other hand, the unexplained portion of the gender wage gap increased from 8.7% in 2003 to 15.6% in 2021. This suggests that discrimination against women is salient and getting worse. The widening gender wage gap was observed during the period where Ethiopia achieved robust economic growth, implemented gender equality reforms, and COVID-19 pandemic. In a patriarchal culture, such as Ethiopia, women are responsible for the household chores. Such gender role might shape employers' perceptions of women's lower productivity compared to the average man likely increasing women's wage penalty.

The net industry effect on the gender pay gap has also increased from 6.4% in 2003 to 71.8% in 2021. Contribution form industry's wage premiums differential was the largest in 2021 while the share from employment segregation into low-paying industries was mild. The mild contribution of segregation to low-paying industries might attribute to the women's human capital improvement (see Table 1). Compared to the 2003–2018 period, the women have highest human capital in 2021—about 75% of them have educational outcome of post-secondary education and about 50% of them assumed jobs in the professional science and technics occupations. The increasing trend of women's representation in these occupations reflects partly the gains in their human capital by influencing the industry's perception of their productivity.

Nonetheless, the industry wage penalty against women in 2021 could be partly due to the COVID-19 pandemics. The COVID-19 extended unpaid family caregiving time, which is the women's responsibility in Ethiopia's gender roles. The increased unpaid caregiving work negatively affects employment opportunities and earnings (Carmichael et al., 2023). Furthermore, about 85% of the women in the 2021 sample were married and they might shift to other jobs —that require lower commitments and skills, likely nearer to home— to reduce cost of caring during the pandemics. Such anticipations might discourage the employer's investments on women's training, which deters promotion to higher level positions and demanding jobs. These cases are known as the motherhood wage penalty reducing women's prospect to work in better-paying jobs (Blau & Kahn, 2017; Berniell et al., 2021).

The findings imply that women workers benefited little from the opportunities created in the non-farm sector and economic growth. The increased contribution of employment segregation to the gender wage gap before the COVID-19 pandemics signals the gendered degree of labour market attachments. Most of the women in the lower-rank jobs, about 70% in 2018, might easily stopped or switch their jobs during COVID-19 pandemics to reduce the cost of caring. This might signal for employers to view women as less permanent members of the labour force leading to lower

investments on the women's training and, then, pay them lower premium in 2021. If the trend in widening gender-wage gap continues, then women may be discouraged to join the labour market leading to falling female labour force participation in the economy. Overall, the widening gender wage gap indisputably implies discrimination against women has been intensified in the labour market which requires policymakers' attention in terms of creating women friendly employment ecosystems. Understanding the type and magnitude of discriminations needs further research which is beyond this study.

Table 5: Industry contribution to the overall gender wage gap

Year	Gender wage gap in log points (%)	Explained (%)	Unexplained (%)	Share to overall wage gap:		
				Employment distribution (%)	Industry coefficients (%)	All other Factors (%)
2003	0.23***(26.1)	15.9	8.7	3.34	3.26	93.39
2018	0.28***(32.4)	15.05	15.1	5.97	-4.43	98.46
2021	0.29***(33.6)	15.4	15.6	2.49	69.36	28.21

Source: Author's estimation based on UEUS and LFS data from CSS of Ethiopia.

Note: *** statistically significant at 0.01 and robust standard errors (estimated at reps 50).

6. Conclusion

The paper examined the role of industry effects on gender wage gap in urban Ethiopia. It address two questions of interest such as 1) does each industry pay different for women and men employees of similar observable characteristics? and 2)of the overall gender wage gap, what proportion is due to industry effect? In doing so, it provides a more nuanced perspective in explaining the industry's contribution to gender wage gap over time. From Ethiopia's perspective, this paper is the first to analyse the trends of i) the industry gender wage gap, and ii) the contribution of industry effects to the overall gender wage gap.

The findings show that the industries that pay the lowest to women workers does not show persistent pattern over time. For instance, the most disadvantageous industry for women workers was the extraterritorial industry in 2003, the art and entertainment industry in 2018, and the information communication industry in 2021. These industries often require higher skills, commitment and expertize. In these industries, on average, the women paid 12–40 cents for every *Birr* paid to the men of similar characteristics. This might be partly because the better-paying industries invested less for the women and/or the women self-selected to less demanding jobs to comply with their social responsibility of childrearing and household shores.

The overall gender wage gap has increased from 26.1% in 2003 to 33.4% in 2021. The diverging gender wage gap contrasts to the narrowing trend observed in Europe or other developed economies. Further, share of the overall gender wage gap explained by women's employment segregation to low-paying jobs on average remained stable while the role from differentials in the industry wage premium has intensified particularly after the COVID-19 pandemics. It is noticeable that the pandemics exacerbated discrimination against women and narrowing the human capital gap between women and men does little for the women to employ in better-paying jobs. The deepened wage-penalty against women observed in 2021 requires policy maker's attention. Investigating the type and magnitude of discrimination is important but requires employee-employer matched data and is beyond the scope of this study.

Reference

Abegaz, M. & Nene, G. (2023). Gender Wage and Productivity Gaps in the Ethiopian Manufacturing Sector. *Journal of Applied Economics*, 26(1). https://doi.org/10.1080/15140326.2022.2160139

Agesa, U., Agesa, J. & Dabalen, A. (2008). Changes in Wage Distribution, Wage Gaps and Wage Inequality by Gender in Kenya. *Journal of African Economies* 18(2): 431–460.

Albanesi, S. & Olivetti, C. (2007). Gender Roles and Technology Progress. *NBER Working Paper, 13179*. Cambridge, MA: National Bureau of Economic Research. https://www.nber.org/system/files/working_paper/w13179/w13179.pdf

Appleton, S., Hoddinott, J., & Krishnan, P. (1999). "The Gender Wage Gap in Three African Countries". *Economic Development and Cultural Change* 47(2), 289–312.

Araya et al. (2023). Understanding the impact of large-scale education reform on student's learning outcome in Ethiopia. The GEQIP-II Case. *RISE Working Paper Series*, 23/125. https://dio.org/10.35489/BGS-RISE-WP_2023/125

Backhaus, A. & Loichinger, E. (2022). Female labour force participation in sub-Saharan Africa: a Cohort Analysis. *Population and Development Review*. http://doi.org/10.1111/padr.12492

Baker, M., & Drolet, M. (2010). A New View of the Male/Female Pay Gap. *Canadian Public Policy/Analyse de politique* 36(4), 429–464.

Becker, G. (1971). *The Economics of Discrimination*. University of Chicago Press.

Berniell et al. (2021). Gender Gaps in Labour Informality: The Motherhood effect. *Journal of Development Economics* 150, 102599. https://doi.org/10.1016/j.jdeveco.2020.102599

Bhalotra, R. & Fernandez, M. (2018). The Distribution of the Gender Wage Gap. *Discussion Paper*, *IZA DP,* No. 11640. http://docs.iza.org/dp11640.pdf

Blau, D. & Kahn, L. (2017). The Gender Wage Gap: Extent, Trends, and Explanations. *Journal of Economic Literature* 55(3): 789–865.

Blinder, S. (1973). Wage Discrimination: Reduced Form and Structural Variables. *Journal of Human Resources,* 8(4): 436–465.

Buchmann, N., Meyer, C., & Sullivan, C. (2024). Paternalistic discrimination. *STEG Project policy brief.* https://www.steg.cepr.org/publications/paternalistic-discrimination-0

Carmichael, F., Darko, C., Kanji, S. & Vasilakos, N. (2023). The Contribution of Girls Unpaid Work to Gender Gaps in Early Adults Employment: Evidence from Ethiopia, India, Peru, and Vietnam. *Feminist Economics*, 29(1):1-37.

Carrillo, P., Gandelman, N., & Robano, V. (2014). Sticky Floors and glass Ceilings in Latin America. *The Journal of Economic Inequality*, 12 (3): 339–361.

Fafchamps, M., Soderbom, M. & Benhassine, N. (2009). Wage Gaps and Job Sorting in African Manufacturing. *Journal of African Economies*, 18(5): 824–868.

Fields, J. & Wolff, E. (1995). Inter-industry Wage Differentials and the Gender Wage Gap. *IRL Review*, 49(1):105–120.

Gannon, B. et al. (2005). Inter-industry Wage Differentials and the Gender Wage Gap: Evidence from European Countries. IZA *Discussion Paper* No. 1563. https://docs.iza.org/dp1562.pdf

Gibbons, R. & Katz, L. (1992). Does Unmeasured Ability Explain Inter-industry Wage Differentials? *The Review of Economic Studies*, 59(3):515–535.

Goux, D. & Maurin, E. (1999). Persistence of Inter-industry Wage Differentials: A Re-Examination Using Matched Worker-Firm Panel Data. *Journal of Labour Economics*, 17(3): 457–533.

Haisken-DeNew, J. and Schmidt, C. (1997). Inter-industry and Inter-region Differentials: Mechanics and Interpretation. *The Review of Economics and Statistics*, 79(3): 516–521.

Hallward-Driemeier, M. & Gajigo, O. (2015). Strengthening Economic Rights and Women's Occupational Choices: The Impact of Reforming Ethiopia's Family Law. *Word Development*, 70, 260–273.

Horrace, W. & Oaxaca, R. (2001). Inter-industry Wage Differentials and the Gender Wage Gap: an Identification Problem. *IRL Review*, 54(3), 611–618.

ILO. 2018. *Global Wage Report 2018/19: What Lies Behind Gender Pay Gaps*. Geneva. https://www.ilo.org/publications/global-wage-report201819-what-lies-behind-gender-pay-gaps

Klasen, S. et al. (2021). What Drives Female Labour Force Participation? Comparable Micro-Level Evidence from Eight Developing and Emerging Economies. *Journal of Development Studies*, 51(3): 417–427.

Kolev, A. & Suárez, R. (2010). Addressing the Gender Pay Gap in Ethiopia: How Crucial is the Quest for Education Parity? *Journal of African Economies*, *19*(5):718–767.

Krueger, A. & Summers, L. (1988). Efficiency Wages and Inter-industry Wage Structure. *Econometrica*, 56(2): 259–293.

Kumar, N. & Quisumbing, A. (2015). Policy reforms towards gender equality in Ethiopia: Little by little the egg begins to walk. *World Development*, 67, 406–423.

Mandel, H. & Semyonov, M. (2005). Family Policies, Wage Structures, and Gender Gaps: Sources of Earning Inequality in 20 Countries. *American Sociological Review*, 70(6): 949–967.

Mincer, J. (1974). Progress in Human Capital Analysis of the Distribution of Earnings. *NBER Working Paper, 0053*. Stanford. CA: National Bureau of Economic Research. https://www.nber.org/system/files/working_papers/w0053/w0053.pdf

Molla, T. (2013). Higher education policy reforms in Ethiopia: The representation of the problem of gender inequality. *Higher Education Policy*, 26(2), 193–213.

Oaxaca, R. (1973). Male-Female Wage Differentials in Urban Markets. *International Economic Review*, 14(3): 693–709.

Petts, R., Carlson, D. & Pepin, R. (2021). A gendered pandemic: Childcare, home schooling, and parents' employment during COVID-19. *Gender, Work & Organization*, 28(52): 515–534.

Rycx, F. & Tojerow, I. (2002). Inter-Industry Wage Differentials and the Gender Wage Gap in Belgium. *Cahiers Economiques de Bruxelle*, 45 (2): 119–141.

Schirle, T. (2015). The Gender Wage Gap in the Canadian Provinces, 1997–2014. *Canadian Public Policy/ Analyse de politiques*, 41(4):309–319.

Semela, T. & Tsige, M. (2023). Gendered policies in Ethiopian higher education: Are policy promises vanishing with time? *Higher Education Policy*, https://doi.org/10.1057/s41307-023-00320-5

Si, C., Nadolnyak, D. & Hartarska, V. (2021). The gender wage gap in developing countries. *Applied Economics and Finance*, 8(1). URL: https://doi:10.11114/aef.v8i1.5082

Temesgen, T. (2006). Decomposing Gender Wage Differentials in Urban Ethiopia: Evidence from Linked Employer–Employee (LEE) Manufacturing Survey Data. *Global Economic Review*, 35(1): 43–46.

Verick, S. (2014). Female Labour participation in Developing Countries. IZA *World Labor*, 2014, 87.

Weeden, K., Cha, Y., & Bucca, M. (2016). Long Work Hours, Part-Time Work, and Trends in the Gender Gap in Pay, the Motherhood Wage Penalty, and the Fatherhood Wage Premium. The Russell Sage Foundation *Journal of the Social Sciences*, 2(4), 71. https://doi.org/10.7758/rsf.2016.2.4.03

World Bank (2015). *Ethiopia Poverty Assessment 2014*. Washington. DC. https://hdl.handle.net/10986/21323

World Bank. (2024). *Ethiopia Overview: Context*. https://www.worldbank.org/en/country/ethiopia/overview

WEF (2006). *Global Gender Gap Report 2006*. Geneva, Switzerland

WEF (2022). *Global Gender Gap Report 2022*. Geneva, Switzerland

WEF (2024). *Global Gender Gap 2024: Insight Report*. Geneva. https://www3.weforum.org/docs/WEF-GGGR_2024.pdf

Appendix

Table A1: Log-Wage OLS estimation results (bootstrap 50 replications)

	2003		2018		2021	
	Male	Female	Male	Female	Male	Female
Age	0.084***	0.114***	0.056***	0.059***	0.011*	0.019***
	(0.005)	(0.008)	(0.006)	(0.006)	(0.006)	(0.006)
Potential experience	-0.047***	-0.093***	-0.024***	-0.038***	0.025***	0.005
	(0.006)	(0.009)	(0.006)	(0.008)	(0.007)	(0.006)
Potential exp # Potential exp	-0.001***	-0.000	-0.001***	-0.000*	-0.001***	-0.000*
	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)	(0.000)
Marital status	0.098***	0.171***	0.076***	0.061**	-0.017	0.071***
	(0.027)	(0.029)	(0.019)	(0.019)	(0.018)	(0.019)
Education Diploma	0.219***	0.058	0.149***	0.184***	0.386***	0.330***
	(0.028)	(0.046)	(0.031)	(0.037)	(0.029)	(0.054)
Education Degree	0.396***	0.258	0.412***	0.348***	0.668***	0.520***
	(0.056)	(0.211)	(0.044)	(0.043)	(0.038)	(0.062)
Public Sector	0.254***	0.452***	0.083***	0.215***	0.039	0.218***
	(0.036)	(0.050)	(0.023)	(0.031)	(0.024)	(0.040)
Mangers	0.933***	0.562***	0.447***	0.489***	0.803***	0.778***
	(0.057)	(0.069)	(0.039)	(0.050)	(0.029)	(0.091)
Professionals	0.849***	0.572***	0.414***	0.480***	0.843***	0.793***
	(0.055)	(0.097)	(0.041)	(0.039)	(0.032)	(0.052)
Technicians	0.779***	0.567***	0.388***	0.464***	0.591***	0.569***
	(0.043)	(0.057)	(0.040)	(0.034)	(0.034)	(0.051)
Clerks	0.548***	0.279***	0.236***	0.286***	0.387***	0.286***
	(0.052)	(0.047)	(0.048)	(0.041)	(0.040)	(0.040)
Services and Sales	0.274***	-0.163**	-0.167***	-0.063	-0.042	0.129**
	(0.060)	(0.058)	(0.042)	(0.035)	(0.039)	(0.048)
Skilled Agriculture	0.182	-0.351	0.173	0.306***	0.488***	0.533***

	(0.220)	(0.232)	(0.098)	(0.077)	(0.057)	(0.100)
Crafts & related trade	0.472***	0.024	0.173***	0.077	0.311***	0.077
	(0.051)	(0.063)	(0.044)	(0.040)	(0.057)	(0.089)
Plant Machine Operators	0.606***	0.345	0.171***	0.058	0.341***	-0.002
	(0.043)	(0.188)	(0.042)	(0.087)	(0.040)	(0.074)
Mining	0.032	0.510**	0.032	-0.009	0.488***	0.108
	(0.155)	(0.159)	(0.142)	(0.476)	(0.133)	(0.230)
Manufacturing	0.105	0.029	0.071	0.021	0.214	-0.012
	(0.074)	(0.111)	(0.056)	(0.077)	(0.132)	(0.123)
Electric, gas, etc.	0.309**	0.043	0.131	0.273*	0.378**	0.149
	(0.113)	(0.160)	(0.089)	(0.128)	(0.132)	(0.179)
Water, sewerage	0.212	0.295**	0.071	0.074	0.248*	0.149
	(0.115)	(0.103)	(0.078)	(0.104)	(0.104)	(0.152)
Construction	0.389***	0.278*	0.395***	0.317***	0.368**	0.197
	(0.080)	(0.122)	(0.049)	(0.080)	(0.120)	(0.110)
Wholesale & Retail Trade	-0.213*	-0.212*	0.041	0.024	0.476**	0.072
	(0.087)	(0.100)	(0.065)	(0.089)	(0.179)	(0.133)
Transport & Storage	0.299***	0.536**	0.203***	0.424***	0.309*	0.063
	(0.085)	(0.188)	(0.058)	(0.117)	(0.121)	(0.138)
Accommodation & Food	0.155	0.237	-0.358***	-0.140	-0.021	-0.239*
	(0.153)	(0.176)	(0.070)	(0.082)	(0.149)	(0.106)
Info. & Communication	0.144	0.319	0.158**	0.106	0.368**	-0.007
	(0.121)	(0.170)	(0.057)	(0.085)	(0.132)	(0.111)
Finance & Insurance	0.409***	0.365***	0.213***	0.264***	0.353**	0.041
	(0.080)	(0.100)	(0.051)	(0.069)	(0.119)	(0.104)
Real estate	-0.291*	0.143	0.000	0.705	0.402	0.680**
	(0.134)	(0.114)	(0.000)	(0.857)	(0.220)	(0.233)
Professional Science & Tech.	0.458*	0.097	0.152**	0.220**	0.267*	-0.046
	(0.192)	(0.179)	(0.048)	(0.071)	(0.116)	(0.107)
Admin & support	0.207**	0.189	-0.026	0.114	0.194	-0.080
	(0.071)	(0.103)	(0.061)	(0.064)	(0.111)	(0.111)

Public & Defense	0.240**	0.111	0.105*	0.185**	0.313**	0.004
	(0.078)	(0.106)	(0.051)	(0.065)	(0.115)	(0.101)
Education	0.275***	0.294**	0.152**	0.196***	0.346**	0.119
	(0.074)	(0.102)	(0.047)	(0.055)	(0.120)	(0.106)
Health & Social work	0.117	0.047	0.013	0.043	0.107	-0.088
	(0.079)	(0.110)	(0.053)	(0.061)	(0.122)	(0.103)
Art & entertainment	0.061	-0.423**	0.229*	-0.057	0.164	-0.007
	(0.133)	(0.158)	(0.103)	(0.138)	(0.147)	(0.139)
Other Services	0.110	0.000	0.018	0.091	0.078	-0.088
	(0.090)	(0.140)	(0.066)	(0.094)	(0.140)	(0.121)
Household Activities	0.000	0.000	0.000	0.610***	-0.087	0.184
	(0.000)	(0.000)	(0.000)	(0.081)	(0.186)	(0.206)
Extraterritorial	0.234	-0.339*	0.511***	0.418***	0.544***	0.372**
	(0.253)	(0.160)	(0.070)	(0.078)	(0.133)	(0.132)
Constant	-0.912***	-1.232***	-0.061	-0.374***	0.059	0.047
	(0.122)	(0.166)	(0.098)	(0.093)	(0.158)	(0.128)
chi2(20), industrial dummies	375.29***	263.84***	582.79***	551.95***	562.23***	327.98***
Adjusted R^2	0.554	0.605	0.475	0.531	0.430	0.439
Observations	4,396	1,798	6,265	3,842	6955	4168

Note: Standard errors in parentheses. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Role of Private Childcare Services in the Lives of Families in Addis Ababa

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Abstract

This qualitative study examines the role of privately owned childcare centers in Addis Ababa, Ethiopia, through interviews with 17 parents, 3 owners, and 2 managers across three centers. It highlights how childcare services enhance economic opportunities, redistribute unpaid care work, and improve parental well-being, particularly for average-income families. Parents reported increased ability to pursue employment, self-employment, and education, with mothers emphasizing reduced care burdens and newfound time for personal activities. Fathers noted improved work-life balance for their partners. Trust in daycare centers alleviated anxieties associated with informal care, as parents valued safety, structured environments, and reduced domestic workloads. However, due to high operational costs, driven by rising rents and inflation, force providers to raise fees, low-income families finding difficult to afford such services. On the other hand, center owners face dilemmas balancing affordability and financial sustainability, often compromising quality or absorbing losses to accommodate struggling parents. The study underscores the need for policy interventions, such as subsidized rentals, tax incentives, and regulatory frameworks, to support childcare as critical infrastructure for gender equity and economic growth. By amplifying dual perspectives of parents and providers, this research contributes to debates on care economies in patriarchal contexts, advocating for inclusive models that prioritize affordability without sacrificing quality. Findings emphasize childcare's transformative potential in Ethiopia and similar settings, calling for further exploration of sustainable, context-specific solutions in understudied African urban landscapes.

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Background / Introduction

Childcare services are increasingly recognized as essential for fostering economic participation, social inclusion, and early childhood development. In Addis Ababa, the rapid urbanization and growing demand for childcare have led to the proliferation of privately owned daycare centers. These centers play a dual role: enabling parents, particularly mothers, to engage in economic activities while providing employment opportunities for women as caregivers and entrepreneurs. Despite their growing presence, families in Addis Ababa continue to face challenges in accessing affordable and high-quality childcare services. This paper examines the role of privately owned childcare centers in Addis Ababa, focusing on the perspectives of parents and care center owners. It argues for the need to share care responsibilities with the market, that is redistributing unpaid care roles (Addati et al, 2018) highlighting the role of these child care centes in the lives of families as well as the importance of providing affordable services while also ensuring profitability for sustainability of operations and benefits to parents.

In Ethiopia, women dedicate significantly more time to childcare than men, with women spending 6.45 hours daily on primary care compared to just 0.29 hours for men (CSA, 2014; IDRC, 2020). Combined care activities amount to 9.03 hours for women versus 0.72 hours for men. This burden of unpaid care work, coupled with limited childcare options, hinders women's economic participation. Policy gaps further neglect the care needs of children under 3, as unpaid care work for this age group is poorly documented in national data, marginalizing their needs (Delbiso, 2024; Teferea, 2018).

Access to childcare services in Ethiopia continues to show significant inequalities, largely shaped by the urban-rural divide and deeply rooted gender norms. Comprehensive and current data on the enrollment of children under the age of four in different types of childcare facilities remains scarce (UN Women, 2023). According to the Ministry of Women and Social Affairs (MoWSA), as referenced by a UN Women report, there are 14,580 daycare facilities supported by public institutions across administrative levels and 248 officially registered commercial daycare centers (UN Women, 2023).

In 2018, the Ethiopian government required public service organizations to set up daycare facilities for female civil servants. For the private sector, the Labour Proclamation of 2019 also encourages daycare centers, though their creation relies on agreements between employers and employees (FDRE, 2019). However the use of these services is limited to public sector employees and leaving the need for such services by families in private sector and in the informal economy unaddressed, prompting them to look for alternatives. Other child care

Studies have documented the benefits of childcare services for families. Parents report reduced caregiving burdens, improved work-life balance, and enhanced child development outcomes.

Similarly, for care center owners, particularly women, these centers provide avenues for economic empowerment and entrepreneurship. However, the competing demands of affordability, quality, and access pose significant challenges for private providers, necessitating structural changes in care systems. This study seeks to fill a gap by exploring the perspectives of parents and care center owners in the context of Addis Ababa's growing childcare sector. It aims to provide insights into the role of the private daycare centers in the lives of families and challenges center providers face.

Literature Review

Research indicates that accessible and affordable childcare is crucial for enabling parents, particularly women, to participate in the workforce. Folbre (2012) describes childcare as a "public good" that supports labor market participation and gender equality. In Sub-Saharan Africa, limited public investment in childcare has placed a disproportionate burden on families, with private providers filling critical gaps (Huges et. al, 202w). Perova et al. (2023) highlighted a critical gap in the literature examining the link between childcare and maternal employment. Their review, while demonstrating predominantly positive impacts across 22 studies, revealed a stark regional disparity, with only one study conducted in Africa (Kenya). This underscores the urgent need for context-specific research to understand the effects of childcare services within the diverse African landscape.

Studies on Addis Ababa's childcare landscape reveal significant barriers to affordability and accessibility, with many families unable to access quality daycare services (Tefera & H/Yesus, 2015). Private daycare centers face unique challenges in balancing financial sustainability with the provision of affordable and accessible services. The tension between market-based solutions and social goals, is highlighted in studies that argue private care providers often struggle to maintain quality standards while staying profitable. In Addis Ababa, Gashaw (2014) points out that the lack of regulatory frameworks and support for private daycare centers exacerbates these challenges, further limiting their capacity to provide inclusive care.

The argument for sharing care responsibilities with the market is grounded in the need for collaborative approaches to childcare. Market-based solutions can complement state and family efforts by offering flexible and innovative care models. In the case of Addis Ababa, private daycare centers are well-positioned to contribute to such shared responsibilities, provided they receive adequate support and resources to navigate the competing demands of quality, affordability, and access.

This paper contributes to the existing body of literature by assessing the multifaceted role of privately owned daycare centers in Addis Ababa. From the perspective of parents, the paper examines how these centers enable economic participation and improve household well-being by providing reliable

childcare services. From the perspective of daycare providers, it explores the challenges of balancing quality, affordability, and accessibility while remaining financially viable. By situating these centers within broader care conversations, the paper advocates for the inclusion of private providers as key actors in addressing systemic childcare gaps. The findings aim to inform policy and practice, offering insights into how private daycare centers can play a transformative role in reshaping care systems.

Methods

This study uses qualitative data from a larger study that utilized a concurrent mixed-method design, collecting qualitative and quantitative data simultaneously to gain comprehensive insights on private childcare centers in Addis Ababa. Three formal childcare centers in Addis Ababa were selected using a multi-stage sampling approach. Centers with four to six years of operational history were identified, with criteria like size, location, and the socioeconomic profiles of families considered. Snowball sampling was employed to select a smaller center serving diverse groups. Interviews were conducted with 17 parents, three center owners, and two managers to gather diverse stakeholder perspectives.

Data analysis included thematic coding for qualitative data and descriptive analysis for survey responses. Patterns around role of private childcare centers, their contribution to the families, particularly for women, challenges realted to affordability were identified, aligning with the study's core dimensions. Transcripts were analyzed using a coding matrix developed from the study's objectives, grouping codes into overarching themes for in-depth understanding.

The study faced limitations such as potential bias from parents recommended by center owners and reliance on phone interviews, which limited non-verbal observations. Some parents were hesitant to participate, and those returning questionnaires to the center could have felt pressured to provide favorable responses. Adjustments, such as directly contacting parents for questionnaire collection, helped mitigate these issues. Despite these constraints, the findings provide meaningful insights into challenges and perceptions surrounding childcare affordability, access, and quality in Addis Ababa.

The qualitative data from the in-depth interviews were analyzed using thematic analysis. Interviews were transcribed verbatim, and data coding was performed using a coding matrix. Key categories and overarching themes were identified in line with the initial study objectives and research questions. This process involved iterative reading and re-reading of transcripts, coding segments of text, and grouping codes into themes that captured the core insights from the participants' experiences.

Analysis / Findings

The analysis revealed parent's experiences and view of the benefits of using childcare services. These reported benefits include in the areas of enhancing their (potential) to engage in economic

endeavours, in easing their unpaid care and domestic responsibilities and enhancing parents' wellbeing in daily lives.

Enhanced Opportunities for Economic Endeavours

Some parents reported that sending their children to childcare centres influenced their economic opportunities. Some of the respondents highlighted the ways in which these services allowed them to pursue additional employment, start businesses, or engage in educational pursuits. For instance, a male participant mentioned that he was able to take on additional consulting jobs, thereby increasing the household's income as:

I will work an additional job for 3 or 2 days a week in addition to the regular job. I am working as a consultant for another company so I have increased my income. Also my spouse gets more time to take care of herself. (Parent 5, Centre 1)

Another parent highlighted the significant impact on their economic opportunities by mentioning how the daycare services allowed them to return to work after a period of absence due to pregnancy while other self-employed parents indicated that it allowed them to start a venture and continue working. The following quotations highlight these points.

As I told you, I will work as self-employed. I wasn't absent from my work place because of my child. And I will be home on Saturday and sunday. But my child stays at daycare on saturday. (Parent 12, Centre 2)

Here the parent maintains between their work commitments and childcare responsibilities. As a self-employed individual, the parent appreciates the daycare service for enabling uninterrupted work attendance during the week. Despite being at home on weekends, the parent still utilizes daycare on Saturdays, suggesting the importance of consistent childcare support in managing both professional and personal responsibilities effectively. This reflects the crucial role daycare centers play in providing flexibility and reliability for working parents.

All in all life is better. Since my wife and I work hard freely. It increases our family income. (Parent 7, Centre 1)

Similarly this parent highlights how access to daycare services has positively transformed their family's quality of life. With reliable childcare support, both the parent and their spouse can focus on their work without interruptions, enabling them to "work hard freely." This newfound freedom has directly contributed to an increase in their family income, demonstrating the significant economic benefits that childcare centers provide for working families. The statement underscores the essential

role of daycare in contributing to the economic stability and improved well-being of parents and/or families. Yet similar experience of a parent illustrates how access to childcare services can significantly enhance economic opportunities and personal growth. Enrolling their child in the daycare center enabled the parent to rejoin the workforce and focus on building their career. Within a year, this led to a notable improvement in their financial situation, including establishing and owning a merchant shop. The statement emphasizes the transformative impact that reliable childcare can have on a parent's ability to pursue economic independence and achieve entrepreneurial aspirations.

Since [sending my child to the centre] I have started to work after I enrolled him. My income has increased, even before a year's I didn't own a merchant shop. But I do have my own one. (parent 6, Centre 2)

Addressing Unpaid Care work

A few parents reported the shift in unpaid care and domestic work responsibilities was a notable outcome of utilising childcare services. Several parents reported a reduction in their domestic workload, which allowed them to focus on other activities, both personal and professional. For example, one parent mentioned that sending her child to the careceer " *will reduce [her] house burden"* Similarly another parent mentioned that the daycare centre took care of their child's food preparation, significantly reducing the time and effort spent on this task at home. This reduction in other care and domestic responsibilities enabled parents to engage in personal projects, as noted by another respondent who mentioned that they could work on their laptop and manage personal projects while their child was at the daycare.

Participant's shared their experiences of sending their children to the childcare centres as:

After I enrol him daycare, the burden of handling and taking after two children has reduced to one. Beside I have an alone time with myself and a time to go to work. Right now I am talking to you from place of work. But before 2 years I haven't such choices and time too. (Parent 4, Center 2)

Interestingly a few parents also shared they found time to spend with friends and on themselves or engage in other activities that parents value, as a result of sending their children to the care centres. This shows how the centre contributes to giving the parent time to care for herself and her needs thereby enhancing her wellbeing. She says:

I was not free and didn't time time for myself or friends, but after i got [my child] enrolled at the centre I can watch movies, I have alone time and time to drink coffee in the cafeteria, if I need to go to church, I will go to church (parent 6, Centre 3)

However, not all parents experienced a reduction in domestic work. One respondent noted that while the childcare centre helped reduce the anxiety and burden of managing a househelp or babysitter, it did not reduce their overall home responsibilities as they still had to manage household chores. Despite this, the relief from the constant worry about their child's safety and well-being had a significant positive impact.

We have reduced the tension and thought of servant or babysitter abuse on my child joining this centre for both me and my wife. Besides, the centre also made us work and focus on work without any fear of thought. (Parent 11, Center 1)

Another critical aspect that emerged from the interviews is the time allowed to take care of themselves and rest. One respondent noted that enrolling their child in a daycare centre allowed their spouse to take better care of herself and, by extension, manage her time and other responsibilities more effectively. This improved time management enabled the respondent to work additional days per week, further increasing household income. A mother shared her experience as:

I will go home at 2 pm and I will pick up my child at 5pm or 6 pm. So now I get to rest after work and also I will take my first child from school and then finally I will take my little child. I got peace now. So it is very good. (Parent 16, Center 3)

Enhanced Overall Wellbeing

The positive impact on parents' daily lives and overall well-being was commonly reported across several interviews. Many parents expressed that enrolling their children in daycare centres provided them with peace of mind, allowing them to focus better on their work and personal lives. One respondent mentioned that they felt at ease knowing that their child was well-cared for and that they could freely conduct their business without the constant worry about their child's safety, thus positively influencing the family's wellbeing. The parent showed this in comparison to previous experiences of care with a live-in nanny at home where the child was "left" to as:

After he has been in the care centre, the fight with the younger brother is avoided, beside he has almost forgotten the screen time too. Families are free to work, and I believe children are safe if they are in day care rather than at home with a nanny. So, we are free and don't worry about him (Parent 10, Center 2)

This quotation also illustrates the positive impact of daycare centers on family dynamics and parental well-being. The parent highlights how the daycare environment strengthens behavioral improvements in children, such as reduced sibling conflicts and less screen-time habits, contributing to healthier development. Moreover, the parent's belief in the safety of daycare centers compared to nannies reflects the trust and confidence families place in these institutions.

Research indicates that child abuse by nannies and domestic workers is a widespread concern in East Africa, including Ethiopia, driven by cultural norms, insufficient awareness, and weak enforcement of legal protections (UNICEF Ethiopia, 2022). A study by the same authors reports that concerns about abuse, neglect, and excessive use of TV or mobile devices by nannies were a common theme (Gudeta et. al., under review) highlights the challenges parents experience finding trustworthy nannies as a motivation for parents to use daycare services.

The quotation also further highlights the role of daycare in freeing parents to engage in economic activities and alleviating worries about their child's care, underscoring how daycare centers enable work-life balance and promote a sense of security among families. Another parent adds to this as:

 [Childcare centre reduces the burden] means we don't worry about feeding him and his safety, beside arranging his clothes, dropping him [preparing what he needs]. Since we assume they will take care of the rest, we have a trust on the day care centre, so there is nothing to worry about. If he was at home, I would call and follow up his daily care even sometimes I would visit him about his safety. (Parent 10, Centre 2)

This quotation highlights the significant role daycare centers play in alleviating the logistical and emotional burden of caregiving for families. This parent emphasizes how daycare centers take on responsibilities such as feeding, ensuring safety, and managing daily preparations, allowing parents to trust the center and reduce their constant supervision or follow-ups. This trust strengthens parents' sense of freedom and relief, enabling parents to focus on other priorities without concerns about their child's well-being. The analysis underscores the importance of reliability, quality care, and trust in daycare services, as these factors directly influence parental decisions and their ability to engage in economic activities.

These insights, in general, underscores the need for daycare providers to maintain high standards to sustain this trust and support families effectively.

Another parent, making a similar comparison, highlighted the presence of cares that the child needs and how this has helped eliminate her worries she used to have.

[...] in the past while I left my children at home my mind didn't rest. I will call many times. But after the daycare came I was relieved. Even once my child has broken his hand but they immediately took him to emergency and they called me. So this type of thing will give me some peace. There are nannies, cooks, cleaners and also the owner there. My life became easy after I started using the daycare.

Educational Aspirations

Regarding parent's educational aspirations, a few parents shared the positive influence of the care services on parents' ability to pursue further education. One respondent revealed that they were able to attend a degree program, which was made possible because their child was enrolled in a daycare centre. She says:

Right now, I am studying for my BA degree. I used to work in a pharmacy, but I stopped because of my pregnancy. Though I am still not working, I am now sending my child to the day care center and able to go back to school (Parent 3, Center 3)

This opportunity to further their education while ensuring their child's care was reported by a few of the participants. Another parent expressed that although they couldn't attend educational opportunities due to their work schedule, the daycare provided some relief and allowed them to consider such possibilities in the future.

However, a parent, despite his and his spouse's desire to furthering their education, admits the care services may not be the sole solution as attending night classes might mean taking away from families and not being able to fulfil care responsibilities such as picking children from the centre and school and tending to their other needs at night.

In general, the analysis shows that the utilisation of childcare services has had a multifaceted impact on parents' economic aspirations, unpaid care and domestic work responsibilities, and overall well-being. These services have enabled parents to pursue additional employment opportunities, engage in further education, and reduce domestic workload, thereby improving their quality of life and contributing to a more balanced and fulfilling lifestyle. Therefore, for parents to reap the benefits of such an important care service, affordability and accessibility are the two important factors. The following section explores the perspectives of parents and owners on the issue.

Challenges and Sustainability of Daycare Centers

Despite the reported benefits of using the servies of these private daycare centers, challenges relating to the affordability and accessibility of these services is highlighted by parents. Previous study by same authors shows the dilemma faced by childcare center owners to balance affordability and

accessibility with running a sustainable and profitable center. The study shows daycare center owners in Addis Ababa are faced with high rental costs leading many to increase their fees and creating challenges for both center owners and parents. This increasingly makes the service to be accessed by well-off families and leaving most working average earning families with limited to no similar options (Gudeta et. al., under review)

Recognizing the affordability challenges to parents, centre owners/managers desire to support low-income families but that makes them to make centres compromise their financial sustainability. This tension is evident in how they handle price increments, sometimes accommodating parents who cannot afford higher fees by maintaining original prices. The owner of Centre 3, which serves mid- and low-income families, particularly highlights this.

When selecting a site, we consider the economic status of the village residents and compare it to the services we aim to provide and the fees we plan to charge. We know that in certain villages, people pay significantly higher prices for a higher level of service. In our current village, we strive to offer services at a price that aligns with what the residents can afford. However, establishing a daycare centre in villages where people can afford higher fees requires an investment that I cannot afford. That is why I have chosen to work in this area, where the local community may need more financial capacity to pay higher fees. The way I increase the monthly fee for our service is when the house rental is increased for us (Owner, Centre 3)

Another owner highlights how she finds it challenging to manage rising costs amid financial constraints from her parents. Despite facing increased expenses due to inflation, the centre struggles to raise its monthly fee because many parents already need help to afford the current rate. When price increases become necessary, the owner tries to explain the situation to parents and justifies the adjustments. Interestingly, the owner shares that even with these challenges, the centre tries to accommodate parents who cannot afford the higher fees by allowing them to continue at the original price, supporting families facing financial difficulties.

The quality of the service we provide is compromised based on the ability of the parents to pay. Our monthly fee is around 1800 ETB (32USD). Moreover, we can not increase the fee above this as some parents have already complained that they cannot afford it. [...] [... a regular] increment is necessary due to the rising expenses we have due to inflation. We clearly explain the reasons for our price increments. When a parent cannot afford the new prices, we accommodate their needs by maintaining the original pricing. We also try to understand their circumstances. (Owner, Centre 1)

Here, the quote highlights the owner's dedication to providing accessible childcare services to underprivileged communities and their priority in serving families who cannot afford higher-priced

childcare options. Their pricing strategy ensures that childcare costs do not become a barrier to access. The owner also shared that they are compelled to raise fees when their rental cost increases, suggesting their effort to maintain affordability but also the challenge rising rent costs pose to families' long-term affordability. Several parents reflected their concerns on the sustainability of such a service. A parent suggests that the government should give due attention and intervention to reduce/alleviate the challenges related to the workspace. The parent also illuminated a challenge parents are increasingly facing in getting hired help or nanny, which is often the alternative to formal child care that parents often use. He puts it as:

It needs government attention. In Addis Ababa, house rent is expensive, so opening a daycare will take much work. [...] It is good if the government gives attention to this sector. [It] must support the owners because it will be a problem for the future. Nowadays, no one wants to be hired as a live-in nanny, so there must be an organisation for [the] children. Also, hiring a domestic nanny at home will cost more than enrolling your child at a daycare. Because of this, it is good to enrol your child at a daycare. So, the government must support these sectors. It must be included in its plan. (Parent 1, Centre 2)

To alleviate these challenges that threaten the sustainability of such services, one of the centre owners points out the support needs:

I*f the government provides land, houses, or subsidised rental services, it will help us minimise the price and make an optimum profit. If there are opportunities for an interest-free loan for daycare service providers (Owner, centre 2)*

Conclusion

This study highlights the multiple ways in which childcare services benefit parents, particularly average-income families in Addis Ababa, Ethiopia. The findings demonstrate that access to reliable childcare enables parents to expand their economic opportunities, manage unpaid care responsibilities more effectively, and enhance their overall well-being. Parents who enrolled their children in daycare centers reported an increased ability to pursue additional employment, engage in self-employment, and return to work after childbirth. The availability of childcare services also contributed to parents' educational aspirations, allowing some to enroll in degree programs while providing others with the possibility of future academic pursuits.

Beyond economic gains, the study reveals that childcare services significantly reduce the burden of unpaid care and domestic work. Parents—especially mothers—experienced relief from the constant demands of caregiving, which allowed them time for rest, social interactions, and personal

development. Fathers also benefited, with some reporting that the availability of childcare services enabled them to support their partners in achieving work-life balance. Additionally, parents expressed a sense of security and trust in daycare centers, reducing their stress and anxiety about child safety and well-being compared to relying on live-in nannies or other informal care arrangements.

However, the study also identifies affordability and accessibility challenges that limit the full potential of childcare services for many families. High rental costs for daycare centers drive up service fees, making childcare inaccessible for lower-income families. Daycare center owners face a dilemma between maintaining affordability for parents and ensuring the financial sustainability of their centers. Some providers attempt to balance these pressures by accommodating parents who struggle to afford higher fees, but this approach is not always sustainable.

These findings underscore the urgent need for policy interventions to support the childcare sector. Government support, such as subsidized rental spaces, financial incentives, and regulatory frameworks that promote affordable childcare options, can help alleviate the financial pressures on both providers and families. Additionally, integrating childcare into broader labor and economic policies can enhance women's labor force participation and economic empowerment.

In conclusion, the benefits of childcare services extend beyond individual families to contribute to broader societal and economic well-being. Addressing the challenges related to affordability and accessibility is crucial to ensuring that more families can benefit from these services. Future research should explore sustainable childcare models that balance financial viability and inclusivity, with a particular focus on the African context, where such studies remain limited.

References

Addati, L., Cattaneo, U., Esquivel, V., & Valarino, I. (2018). Care work and care jobs for the future of decent work. International Labour Organisation (ILO).

Central Statistical Agency (CSA), 2014, Time Use Survey

Delbiso, T. D. (2024). Early childhood development and its association with women's empowerment in Ethiopia's urban poverty context. Global Pediatrics, 8, 100168

Devercelli, A. & Beaton-Day, F. (2020). Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital. Washington DC. World Bank.

FDRE (2023) National Early Childhood Development and Education Policy Framework(2022/2023). Ministry of Education, Ministry of Health, and Ministry of Women and Social Affairs

FDRE (2019) Labour Proclamation, Proclamation No.1156/2019

Folbre, N. (2012). For Love and Money: Care Provision in the U.S. New York: Russell Sage Foundation.

Gashaw, R. (2014). Quality of Early Childhood Care and Education: The Case of Selected Government ECCE Centers in Bole and Kirkos Sub-cities in Addis Ababa, Ethiopia (Master's thesis). Addis Ababa University.

Gudeta, K.H. Drucza, K, Langworthy, M. (Under reivew), Safe, reliable, and affordable childcare in Addis Ababa.

International Development Research Center (2020), Policy mapping: Women's economic empowerment in Ethiopia,

International Labour Organization(ILO) (2024) A Guide to Public Investments in the Care Economy: Policy Support Tool for Estimating the Employment Impacts of Public Investments in the Care Economy

Halim, D., Perova, E., & Reynolds, S. (2023). Childcare and Women's Labor Market Outcomes in Lower-and Middle-Income Countries: A Policy Brief. World Bank.

Hughes, R. C., Kitsao-Wekulo, P., Muendo, R., Bhopal, S. S., Kimani-Murage, E., Hill, Z., & Kirkwood, B. R. (2021). Who actually cares for children in slums? Why we need to think, and do, more about paid childcare in urbanizing sub-Saharan Africa. Philosophical Transactions of the Royal Society B: Biological Sciences, 376(1827), 20200430. https://doi.org/10.1098/rstb.2020.0430

Ministry of Women and Social Affairs (MoWSA) (2022). Annual Performance Report (2021/2022 (2014 E.C.).

Moussie, R. (2021). Childcare Services in Cities: Challenges and Emerging Solutions for Women Informal Workers and Their Children. Environment & Urbanization, 33(1), 122-127.

Partnership for Change (PfC) (2024). Transformation Through Collaboration: Annual Report 2023. Available at: https://pfchange.org/app/uploads/2024/06/PfCAnnualReport2023-1.pdf

Tefera, B. (2018). Early childhood care and education (ECCE) in Ethiopia: Developments, research, and implications. Eastern Africa Social Science Research Review, 34(1), 171-206.

Tefera, Belay and H/Yesus, Hawaz., 2015, Childcare services in the emerging daycare centres of Addis Ababa: Status, practices, and lessons. 2(1), pp. 4-26. eISSN: 2408-9532; pISSN: 2412-5180.

UN Women Ethiopia. (2023). Estimating care deficits, investment costs, and economic returns for Ethiopia's early childhood care and education (ECCE). Addis Ababa: UN Women Ethiopia Country Office. Available: https://africa.unwomen.org/sites/default/files/2024-02/estimating_ecce_care_coverage_dcr_reviewedfinal_final.pdf

Empowering Women: Advancing Reproductive Autonomy and Health in Ethiopia

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Abstract

Women's empowerment and male engagement in fertility decisions are major factors shaping reproductive health outcomes and demographic transitions. However, persistent gender inequalities in fertility and family planning decision-making remain a challenge, particularly in diverse socio-cultural contexts such as pastoralist communities. Existing policies addressing women's empowerment and male engagement often lack integration, limiting the effectiveness of reproductive health interventions.

This thematic review synthesizes evidence from an ongoing PhD study, examining the intersections of women's empowerment, male engagement, and fertility dynamics. It explores how these factors interact within different socio-economic and cultural settings, with a particular focus on pastoralist communities. Additionally, the review assesses policy integration efforts and their implications for reproductive health programs. Using a thematic analysis approach, the study reviews relevant survey reports, peer-reviewed literature, policy documents, and program evaluations. The findings are categorized into key thematic areas highlighting barriers, enablers, and policy gaps in achieving gender-equitable fertility decision-making.

In Ethiopia, 22% of married women who wish to plan their fertility are not using family planning, and women have, on average, one more child than their intended family size. Pregnancy coercion is a significant indicator of limited reproductive autonomy, affecting approximately 20% of Ethiopian women in 2019. While male involvement can enhance reproductive health outcomes, entrenched gender norms often restrict joint decision-making. As a result, 33% of women in African countries lack a say in major reproductive health decisions. In Ethiopia, 10% of women using modern contraception do so covertly due to fear of partner opposition. Fertility rates in Ethiopia's Somali and Afar regions remain among the highest in the country. Somali women have an average of seven children, while Afar women have 5.5, both exceeding the national average of 4.6. Strong cultural preferences for large families persist, with 70% of women in these regions desiring five or more children. Only 12% of married women in Afar and 3% in Somali using modern methods, compared to the national average of 41%.

Greater empowerment, particularly through education and economic participation, is linked to lower fertility preferences and increased reproductive autonomy. While there have been increased efforts to integrate women's empowerment and male engagement into fertility-related policies and programs, significant gaps remain. Addressing these challenges requires multi-sectoral collaboration, culturally responsive interventions, and strengthened policy frameworks that integrate gender-responsive strategies with community-driven solutions. **Corresponding author: Mehiret Habte – Email: meepamha@gmail.com**

I.   Introduction

1.1.   Background

In recent years, women's empowerment has become a central focus within the international development agenda. The commitment to advancing gender equality and empowering women was further reinforced through global initiatives, including the Sustainable Development Goals (SDGs), particularly Goal 5, which emphasized achieving gender equality and empower all women and girls.

According to the World Economic Forum's Global Gender Gap Report (*WEF 2023*), Ethiopia ranked 75th globally, closing 71.1% of the gender gap, an improvement of 0.6 percentage points from 2022. Significant progress has been observed in political empowerment: Ethiopia has had a woman president for over four years, with women comprising 41.3% of parliamentarians and 40.9% of ministers. This has resulted in closing 43.1% of the political empowerment gap, nearly tripling from 14.6% in 2013.

However, stark disparities persist in educational and economic empowerment, particularly among rural women. Over 80% of women in union in Ethiopia lack educational empowerment, with rural women disproportionately affected—9 out of 10 face challenges like illiteracy and low primary education completion rates. Urban women fare better, with 4 out of 10 experiencing similar disadvantages (*UNICEF 2020*). Economic participation parity remains low at 58.7%, with labor-force participation parity at 72.7%, and women earning only 66.1% of men's estimated income. Women hold 25.4% of senior officer positions and 34.3% of technical roles (*WEF 2023*), Female genital mutilation (FGM) remains prevalent, affecting 65% of Ethiopian women and girls, although it shows a declining trend (EDHS 2016).

Ethiopia is the second largest populous country next to Nigeria. Ethiopia's fertility rate remains one of the highest globally, with a total fertility rate (TFR) of 4.6 as of 2016. Rural women have nearly twice as many children as their urban counterparts, and nearly a quarter of Ethiopian women aged 15-19 years have at least one child (EDHS, 2019). Modern contraceptive utilization at the national level was 40.5% in 2019, with significant regional variations. For instance, the prevalence in the Afar and Somali regions was notably lower, at 12.7% and 3.4%, respectively. Similarly, fertility rates in these pastoralist regions were substantially higher, with TFRs of 5.5 in Afar and 7.2 in Somali (EDHS, 2019)

Factors contributing to low contraceptive utilization in pastoralist regions include poor knowledge and unfavorable attitudes towards family planning methods, limited infrastructure, inaccessible health facilities, and a shortage of skilled health personnel. Literacy levels remain critically low in these regions, compounding the challenges.

Pastoralist communities in Ethiopia are among the most marginalized, residing in remote and often inhospitable areas with limited access to essential social services, including health care and education. Studies have highlighted significant gaps in addressing the reproductive health care needs of mobile pastoralists compared to agrarian and settled populations. Furthermore, available health services often fail to meet the unique needs and expectations of pastoralist populations, reflecting the need for tailored, culturally appropriate interventions (Hailemariam S, Mulugeta S, and Asnake M., 2024).

While women's empowerment is increasingly acknowledged as a critical driver of reproductive health outcomes, its interconnection with male engagement in fertility decision-making remains underexplored,particularly in pastoralist settings Studies examining male engagement in reproductive health often overlook how men's participation either facilitates or restricts women's access to and use of contraception, leading to gaps in understanding fertility dynamics within different socio-economic and cultural contexts. This research seeks to bridge these gaps by examining the relationship between women's autonomy, male engagement, and fertility decisions, ultimately informing policies and programs that promote gender-equitable reproductive health outcomes. Understanding the factors that contribute to reproductive health empowerment and male engagement is crucial for designing and implementing effective policies and interventions that strengthen women's agency in reproductive health and fertility decision-making.

1.2. **Objective of this review**

The objective of this paper is to assess the relationship between reproductive health empowerment, male engagement, and fertility in both national and pastoralist communities in Ethiopia. Additionally, it examines the extent to which women's empowerment and male engagement are integrated into key national policies and program frameworks.

1.3. **Methodology**

This study employs a qualitative thematic review, drawing evidence from an ongoing PhD research project to analyze reproductive health empowerment in Ethiopia. The review draws from both peer-reviewed and grey literature, policy documents, and national survey reports.

A thematic approach was selected to identify recurring patterns and underlying concepts in the literature. This allowed for a more in-depth exploration of complex socio-cultural dynamics, such as gender norms and decision-making processes, which are often better captured in qualitative studies. While quantitative studies are referenced—particularly for national-level trends and fertility indicators—the primary focus remains on qualitative evidence because it provides rich, contextual insights into lived experiences, decision-making processes, and social structures.

Themes were inductively derived from content across the selected literature. These themes were then categorized into five key areas: (1) women's empowerment and fertility, (2) male engagement, (3) empowerment and coercion, (4) fertility patterns in pastoralist communities, and (5) policy integration. Descriptive statistics from Demographic and Health Surveys (DHS), PMA2023, and other relevant sources were integrated to complement the thematic findings.

1.4. Conceptual framework

This thematic review is informed by key theoretical frameworks, including the Demographic Transition Theory (Kirk, 1996), Kabeer's Women's Empowerment Framework (Kabeer, 1999) and Amartya Sen's Capability Approach (Sen, 2000) . The Demographic Transition Theory suggests that fertility change is closely tied to social and economic development, with shifts in women's roles—particularly moving away from traditional roles as primary caregivers—resulting in fertility decline and changes in childbearing patterns.

Kabeer's framework emphasizes the significance of women's empowerment, not just by removing constraints but by creating conditions that enable women to make meaningful choices and pursue their goals. It highlights the interaction between power, agency, and resources and how these elements shape women's decision-making, bargaining, negotiation, and resistance. Agency, influenced by societal norms and personal capabilities, determines how women use available resources to assert control over their lives.

Sen's Capability Approach argues that expanding women's capabilities, especially through education and healthcare, is crucial for enhancing their agency and contributing to broader societal development. Together, these theories provide a foundation for understanding how women's empowerment and male involvement impact fertility dynamics, contributing to fertility reduction and demographic transitions.

II. Results

The review presents key findings on reproductive health empowerment, male engagement, and fertility at global, sub-Saharan, and Ethiopian levels. It explores the relationship between women's reproductive health empowerment and fertility, the impact of unmet family planning needs and unwanted pregnancies, and the role of male partner engagement in fertility outcomes. Additionally, it examines the intersection of women's empowerment and male involvement with reproductive coercion, and how these dynamics influence fertility in pastoralist areas. The review also highlights the integration of health empowerment and male engagement into population policies and programs.

2.1. Relationship between women reproductive health empowerment and fertility

The comprehensive analysis of trends in women's SRHR decision-making across 32 low- and middle income countries reveals a complex landscape. While there is an overall positive trend in 19 countries, 13 countries have seen declines, underscoring that progress is not universally positive. The most significant improvements were observed in Eastern and Southern Africa(Liang et al., 2024).

Little more than one in two women and girls have the power to decide whether and when to seek health care, including sexual and reproductive health services, whether to use contraception and whether and when to have sex with their partner or husband. In Ethiopia, 45% of 15-49 years of women make their own decisions in all three dimensions, regarding health care, contraception and sex with their husbands or partners, 53 per cent of women are able to say no to sex, but 94 per cent can independently or jointly make decisions about contraception (UNFPA, 2021). Additionally a study that investigate women decision making and contraceptive use in Ethiopia showed that one in two women (51.2%) decide their family planning use by themselves while 37% decide jointly with their husband and/or partner. It also shows variation across regions from scanty in Afar and Somali to 63.6% in Amhara region and 61.5 Addis Ababa (Fantaye & Damtew, 2024). In a related study conducted in Ethiopia, identified that mothers who decide alone or jointly with their husbands on respondents health care were less likely to have unintended pregnancy for their most recent birth, which implies that women participation in household decision making is a protective factor for unintended pregnancy (Wondie, 2021).

Empirical research had indicated that with a general shift towards greater gender equity, the growing importance of self-realization, and greater freedom of choice, women are increasingly deciding not to have children. Specifically, the difficulty in reconciling work and family responsibilities is associated with lowered fertility, in high-income the financial burden of children combined with a lack of adequate child care options force women out of gainful employment. When families face the prospect of reduced income coupled with increased care needs, the decision to limit fertility is heightened (*UN. 2020*). In a review of literatures that reviewed 60 studies from all regions found some positive associations between women's empowerment and lower fertility, longer birth intervals, and lower rates of unintended pregnancy, but there was some variation in results based on the measure of empowerment used, socio political or gender environment, or sub-population studied (Upadhyay et al., 2014).

A study that utilized demographic and Health Surveys (DHS) data collected from over 430,000 married women in 33 countries to investigate the link between empowerment and desired fertility. The study focused on six different proxies of empowerment: two "objective" proxies (education and labor force participation), three "subjective" proxies (say in household decisions, non-acceptance of

domestic violence, and no son preference), and a "relative" proxy (small spousal age difference). The findings revealed that these six dimensions of empowerment are interconnected and showed significant variability across countries within the region. The analysis across the pooled sample indicated a robust and negative association between all six dimensions of empowerment and desired fertility (Robilliard, 2020). Similarly, a study that used household decision making and justifying no reasons for wife beating as women empowerment indicators are associated with a low ideal number of children among women in Least Middle RCs.

Women's empowerment plays a critical role in achieving demographic transition, as seen in emerging champion countries like Ethiopia, Rwanda, and Mali, where the age of first marriage is rising. This shift is linked to higher school retention rates for girls, particularly at the secondary level, which fosters empowerment and delays marriage, contributing to fertility decline (Quak & Tull, 2020). Education significantly impacts women's empowerment and fertility outcomes. For example, Ethiopian women with a high school education have a total fertility rate (TFR) below replacement level—less than two children per woman—compared to the national TFR of just under five. The rapid expansion of school enrollment in the region suggests that the TFR of the current school-age cohort will likely be lower than that of previous generations. Additionally, renewed efforts to improve access to family planning services could further accelerate the fertility transition (Canning et al., 2015).

2.2. **Women reproductive health empowerment, unmet need for family planning and unwanted pregnancy**

According to UNFPA estimation, meeting the unmet need for modern contraception would result in an estimated 76,000 fewer maternal deaths each year globally. Prevention of unwanted pregnancy through access to modern contraception costs significantly less than the cost of providing care for unintended pregnancy (*UNFPA and Care 2020*). Known determinants of unwanted and unintended pregnancies as well as unmet need are: low education, poverty, lack of knowledge about contraceptives, lack of access to contraceptives, costs, fear of side effects, opposition from spouse and family, social and religious norms, and low empowerment. As such, the highest unmet meet is found among poor households, among people with little education, living in rural areas, in poor regions of the countries, and is higher among younger people (15-19 years old, often unmarried) compared to older (20+) women. (Westeneng J. & Rolink H. 2018).

According to the demographic transition theory, excess fertility—when actual fertility exceeds desired fertility—diminishes as societies progress through the stages of the demographic transition . High levels of unmet need are often observed in earlier stages of the demographic transition, where limited access to contraception, cultural barriers, or lack of awareness prevent women from aligning their fertility with their preferences This decline occurs as urbanization increases, improved access to

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education specially for women, healthcare, and family planning services, along with shifts in socio-economic conditions, enable individuals and couples to achieve their fertility preferences more effectively (*DHS 1997*(Muhoza et al., 2014).).

Excess fertility is closely linked to unmet need for family planning, as unmet need represents the gap between women's reproductive intentions and their contraceptive use. In Ethiopia, according to the EDHS 2016, the national total fertility rate was 4.6 children per woman where as the average desired fertility rate was 3.3 children per woman showing an excess fertility of approximately 1.3 children per woman. Excess fertility—having more children than desired—frequently reflects the influence of third-party decision-makers in their lives. Same survey report that the unmet need for family planning among married women aged 15–49 was 22% (*EDHS 2016*).

The 2023 Performance Monitoring for Action (PMA) survey assessed women and girls' empowerment (WGE) in family planning across a sample of 5,680 women in Ethiopia. The study measured empowerment based on the existence of choice in family planning (FP) and calculated an average WGE family planning score by summing responses from five key FP empowerment statements. The scores ranged from 1 to 5, with 5 representing the highest level of empowerment. Women with higher educational attainment demonstrated greater empowerment in family planning decisions, with an average score of 4.1 out of 5. Among partnered/married women, higher FP empowerment scores were positively associated with high modern contraceptive use (46% of the highly empowered women use modern Family planning.

2.3. Male partner engagement and fertility outcomes

Globally, male partner engagement in fertility and family planning has been recognized as a critical component for improving reproductive health outcomes. The International Conference on Population and Development *(*ICPD*)* in 1994 underscored the importance of ensuring reproductive autonomy for both women and men (Kollodge and Vereinte Nationen - 2019).

In a study that analyze 53 countries demographic and health surveys indicated that partner's expectation about the ideal number of children is positively associated with women's perception of having more children. The results in terms of women empowerment domain (i.e, having a voice in all household decisions and no reason is justified for beating wife) are associated with having more children than desire that imply women are not yet achieving their reproductive goal bearing excess fertility than their desire. Same study also revealed that women express an ideal number of children that is 8% lower than their counterparts(Haque et al., 2021).

In patriarchal cultures, norms significantly influence both women's empowerment and fertility. Two key norms act as common-cause factors in this relationship: a preference for high fertility, where children

are seen as sources of labor and a means for women to strengthen their status, especially in patrilocal marriages; and a preference for sons. These norms are interrelated. To secure their positions in their husband's family, women may desire more sons. This preference often results in larger families, as couples continue to have children until they achieve the desired number of sons(Phan, 2013).

There are different social expectations that motivate women to engage (or constrain them from engaging) in sex, contraceptive use and childbearing. In all settings, stigma related to female sexuality, perceptions of male sexual entitlement and fear of relational sanctions influenced women's SRH motivations. Social expectations regarding childbearing, fear of infertility and partner abandonment also constrained women's childbearing and contraceptive autonomy (Moreau et al., 2020).

Research indicates that effective spousal communication about family planning positively correlates with its uptake. A study in Nepal developed a spousal communication index, measuring discussions about family planning and shared fertility preferences, which showed that effective spousal communication positively correlated with family planning uptake (ICRW and measure evaluation 2018). Similarly, studies in Southern India and Bangladesh reported high levels of male support for family planning, with 71.2% of males in Southern India actively practicing family planning methods and 94.8% of husbands in Bangladesh expressing support for their wives' use of contraceptives (Adane et al., 2024).

However, challenges persist in many contexts. In Uganda, qualitative research revealed that while men often perceive themselves as family decision-makers, introducing family planning is frequently viewed with suspicion, leading to resistance. Societal norms and fears about side effects, such as reduced sexual interest, further hinder male engagement in family planning (Tekakwo et al., 2023). Similarly, a study in Zambia found that male partners' disapproval, driven by mistrust and gender norms, restricted women's contraceptive use, highlighting barriers like fears of infidelity, physical abuse, and side effects (Nkonde et al., 2023).

Across Africa, male attitudes and involvement significantly impact fertility outcomes. In Nigeria, joint decision-making among couples was associated with higher contraceptive use. Discordance between men's and women's perceptions of decision-making power, however, often undermined effective collaboration (Gammage et al.,2020). In Ghana and Pakistan, husbands' attitudes towards family planning strongly shaped their wives' contraceptive choices, underscoring male partners' influence in determining family size and reproductive outcomes (Mboane & Bhatta, 2015).

In Ethiopia, male engagement in family planning remains critical. A systematic review revealed that male involvement in family planning in the country has a pooled prevalence of 59.71% (Asratie et al., 2024). Studies have shown that factors such as education, wealth status, and media exposure positively influence joint decision-making on contraceptive use. For example, women with higher education levels were more likely to engage in joint decision-making about family planning (Asratie et al., 2024). Additionally, improved access to family planning services and communication campaigns have been linked to greater cooperation between partners in Ethiopia (Tesfa et al., 2022).

A qualitative study on male engagement conducted in four regions of Ethiopia—Amhara, Oromia, Tigray, and SNNPR—confirms that men play a dominant role in health care–related decision-making, particularly around family planning. However, this influence is not always exercised unilaterally. The study highlights several barriers to male engagement, including deep-rooted social and religious norms, misconceptions about family planning, and systemic challenges such as the lack of male-targeted services and limited efforts to engage men within health facilities. These findings underscore the need for more inclusive strategies that actively involve men while addressing structural and cultural barriers(Smith et al., 2022).

Overall, male engagement and communication between partners are essential to achieving better fertility outcomes and promoting equitable reproductive health decision-making. To overcome entrenched barriers, it is imperative to address gender norms, engage men as allies in reproductive health, and foster environments that support joint decision-making for family planning (Westeneng J. & Rolink H 2018).

2.4. Women's reproductive health empowerment, male partner engagement and reproductive coercion

Gender-based social and cultural norms have significant consequences for the health, well-being, and dignity of women, girls, and adolescents worldwide. These norms often lead to the denial of essential rights, including sexual health education, access to contraception, and protection from sexual abuse and exploitation. Women and girls face discrimination and restrictions simply due to their gender and the societal expectations imposed on them (World Health Organization, 2017).

Intimate partner violence (IPV) is a pervasive issue that adversely affects women's sexual and reproductive health (SRH). Studies have shown that IPV leads to physical pain during sexual intercourse, difficulties with arousal, engagement in risky sexual behaviors, and higher rates of reproductive tract infections and sexually transmitted diseases (Grose et al., 2021). Evidence suggests that women experiencing IPV often have poorer reproductive health indicators and higher fertility rates, partly because they are less likely to use modern contraceptives. This relationship is

linked to the power dynamics within intimate relationships and societal expectations around fertility and childbearing (Miller et al., 2010; Odimegwu et al., 2015).

Covert contraceptive use is another global phenomenon shaped by gender power imbalances. Covert contraceptive use (CCU) is the practice of using a family planning (FP) method without the knowledge of the partner (Biddlecom & Fapohunda, 1998). When women perceive or anticipate opposition from their partners regarding family planning, they may resort to using contraceptives secretly. This behavior is often driven by fears of violence, societal stigma, or a lack of agency in reproductive decision-making (Blanc, 2001). While covert contraceptive use can offer a temporary solution for women seeking to control their fertility, it often comes with psychological and health-related challenges, including guilt, inconsistent use, and increased risk of contraceptive failure (Harrington et al., 2016).

In Sub-Saharan Africa, the intersection of IPV, reproductive coercion, and male partner engagement in reproductive health has been widely documented. A study across 27 African countries found that about one-third of women reported no involvement in reproductive health decision-making, with many unable to request condom use or refuse sexual advances from their partners. This lack of agency underscores the significant barriers to achieving reproductive autonomy in patriarchal societies (Wood et al., 2022). In another study, women in Burkina Faso, Côte d'Ivoire, and Kenya who experienced emotional IPV also reported higher incidences of reproductive coercion. These experiences often occurred in isolation but could overlap with other forms of violence, emphasizing the compounded nature of these vulnerabilities (Thomas HL. et al., 2023). In Ethiopia, according to 2019 PMA from 3998 women who were married or living with a partner were asked their last pregnancy coercion experience and approximately 20% of women reported pregnancy coercion (11.4% less severe; 8.6% more severe), ranging from 16% in Benishangul-Gumuz to 35% in Dire Dawa. The same report indicated that pregnancy coercion is associated with decreased use of modern contraceptives (Wood et al., 2022).

Adolescent girls, in particular, face unique challenges. A qualitative study in Nigeria, Uganda, and Ethiopia revealed that young women often comply with their partners' reproductive demands to secure financial or emotional support, especially in the absence of familial backing. In these contexts, men frequently view childbearing as a non-negotiable marital obligation, and refusal can result in domestic strife or financial withdrawal (Thomas et al., 2024).

Studies have also highlighted the prevalence of covert contraceptive use. For instance, in Ghana, women from Muslim or traditionalist backgrounds were four times more likely to use contraception covertly due to religious and cultural barriers (Baiden et al., 2016). Similarly, in South Africa, young

women experiencing IPV or reproductive coercion were more likely to use contraception secretly, reflecting the influence of violence on contraceptive behaviors (Gibbs & Hatcher, 2020).

In Ethiopia, deeply rooted cultural and societal norms grant men significant control over reproductive decisions, often limiting women's autonomy. Covert contraceptive use has been reported as response to male opposition to family planning, particularly in rural areas where large families are culturally valued. This behavior, while enabling some women to regulate their fertility, often results in inconsistent or incorrect contraceptive use, increasing the risk of unintended pregnancies and contraceptive failure (Dozier et al., 2022).

The 2023 Performance Monitoring for Action (PMA) survey on partner dynamics in family planning analyzed responses from 2,003 women who were using modern contraceptive methods at the time of the survey. The report indicated that 10% of women indicated that that their husband or partner was unaware of their contraceptive use. Similarly more than 40% of women indicated that they did not discuss their contraceptive use with their partner, citing reasons such as "it does not concern him" or concerns about potential negative consequences. Approximately 20% of women engaged in discussions about contraceptive use only after they had already initiated the method(*PMAET, 2024.*).

A study of couple communication in Ethiopia revealed that reproductive decision-making is dictated by male dominance, leaving women with limited agency in family planning discussions. This dynamic perpetuates the cycle of covert use and undermines efforts to foster open, joint decision-making in reproductive health (Kapadia-Kundu et al., 2022). Evidence also highlights the psychological burden associated with covert contraceptive use. Ethiopian women have expressed fears of severe consequences if their partners discover their contraceptive use, including violence or relationship breakdown These challenges hinder broader social acceptance of family planning, which is crucial for achieving significant fertility reductions and advancing the demographic transition (Baiden et al., 2016; Kibira et al., 2020).

2.5.   Reproductive Health Empowerment and Male Engagement and Fertility in Pastoralist Areas

The Somali and Afar regions of Ethiopia are characterized by deeply entrenched patriarchal norms, limiting women's empowerment and decision-making autonomy. These societal norms often place women in subordinate roles, both in their households and communities. Early marriage is prevalent, further restricting women's reproductive lives. In Afar, only 17% of women independently decide on their first marriage, while 82% report that their parents arranged the marriage. Moreover, the *Adda* system, which restricts women's participation in community decision-making, reinforces traditional roles and limits women's agency over their lives (UNICEF, 2022 ; Dessalegn et al., 2020).

Women in Afar and Somali also face significant restrictions in decision-making regarding their health and other personal matters. According to the EDHS 2016 report, only 62% of women in these regions have any input into decisions about their health, household purchases, or visits to family and friends, compared to a national average of 71%. This lack of agency extends to fertility decisions; 41.3% of women in Ethiopia's emerging regions lack a say in the number of children they want, with the highest rates reported in Afar (58.5%) and Somali (50%) (Gudu et al., 2023).

Marriage practices in these regions further restrict women's autonomy. The median age of first marriage in Afar is 16.4 years, one of the lowest in the country, with minimal change over the past 25 years. Nearly all marriages in Afar follow the *Absuma* custom, which compels women to marry their eldest cousins, depriving them of spousal choice. Such traditions significantly undermine women's control over their reproductive and marital lives. Early marriage is widespread, with 67% of women aged 20–24 reporting being married before 18, contributing to high adolescent pregnancy rates (UNICEF, 2022 ; *EDHS 2016*).

Fertility rates in Somali and Afar are among the highest in Ethiopia. Somali women have an average of seven children, while women in Afar average 5.5 children per woman, both exceeding the national average of 4.6 children per woman. Strong cultural preferences for large families persist, with 70% of women in these regions desiring five or more children (EDHS 2016). Contraceptive use remains exceedingly low in these regions. Among married women aged 15–49, only 12% in Afar and 3% in Somali use modern contraceptive methods, compared to the national average of 41%. Many women report partner opposition, socio-cultural norms, and fear of judgment as barriers to family planning use. In some cases, women resort to covert contraceptive use to avoid conflict with their husbands. In addition, traditional gender roles often exclude men from discussions about reproductive health, further hindering effective family planning (EDHS, 2019; Shumet et al., 2024).

The two regions also have the shortest birth intervals 27 and 26 months respectively that significantly below the WHO-recommended minimum of 33 months. This pattern, combined with high fertility rates and low contraceptive use, exacerbates the health risks for women and children. Babies born to mothers under the age of 20 face higher risks of stillbirth or early death compared to those born to older mothers (*WHO 2005*)

Male engagement in reproductive health decisions is minimal in these regions, with men often desiring larger families and resisting the use of family planning services. This lack of spousal communication and support further entrenches gender inequalities in reproductive health. Qualitative findings reveal that many men in non-urban areas remain uninvolved in critical reproductive health matters, such as pregnancy, childbirth, and childcare. These dynamics significantly limit women's ability to exercise

their reproductive rights and make informed decisions about their health and fertility (Shumet et al., 2024)

Overall, the deeply rooted socio-cultural norms, limited decision-making autonomy for women, early marriage, high fertility rates, and low male engagement underscore the urgent need for targeted interventions to empower women and promote equitable reproductive health practices in the Somali and Afar regions.

2.6. Review of Women's empowerment, male partner engagement integration with population policies and programs.

This review section explores existing practices and recommendations for integrating women's reproductive health empowerment, male partner engagement, and population policies to facilitate fertility transition and achieve a demographic dividend in Sub-Saharan Africa (SSA).

To accelerate fertility decline in SSA, integrated policies focusing on women's empowerment, female education, family planning and reproductive health services, and legal reforms are found to be essential practices (UNFPA, 2015). The Africa Demographic Dividend Roadmap advocates for a multisectoral approach, emphasizes strategic investments in family planning to improve access to safe, effective, and affordable reproductive health services. The promotion of modern, long-acting contraceptive methods, community-oriented family planning programs, male involvement, and enhanced women's education are vital components of these efforts. As education empowers women, keeps girls in school, and reduces early marriages and teenage pregnancies, fertility rates can be effectively reduced. Additionally, improving child survival through initiatives like immunization, integrated management of childhood illnesses, and better nutrition is crucial, as it reduces the insurance effect, which encourages larger family sizes (Canning et al., 2015; UNFPA 2015).

This multi sectorial approach has already been implemented in practice by organizations like the World Bank and UNFPA in West and Central African countries with high fertility rates. These organizations have carried out integrated interventions aimed at enhancing women's reproductive empowerment, providing life skills education, improving reproductive and maternal health services, and strengthening government capacity. These initiatives have demonstrated a successful approach to addressing high fertility through a holistic focus on women's health, education, and institutional support (World Bank and UNFPA 2017).

The integration of women's empowerment and male partner engagement has shown significant results in various countries within SSA. According to May & Rotenberg, (2020), effective policies that integrate these elements—along with female education, family planning, and legal reforms—can significantly reduce fertility rates and enhance socioeconomic outcomes. Rwanda, Kenya, and

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Tanzania are examples of countries where integrated approaches have led to notable fertility declines. In Rwanda, the government's commitment to universal health and contraceptive coverage, supported by policies such as the National Family Planning Policy and the Reproductive Health Strategic Plan, has been crucial. Rwanda's community health worker system actively involves both women and men in reproductive health decisions, fostering shared responsibility in family planning , The increase in contraceptive use, delayed marriage, and higher educational attainment have contributed to fertility decline. Strategies to further reduce fertility in Rwanda include improving access to reproductive health services, involving men in decision-making, and promoting delayed sexual debut through economic opportunities for women Similarly, Kenya has long prioritized male involvement in reproductive health through the Male Champions program, which engages influential men in advocating for family planning at the community level. Tanzania's National Family Planning Coasted Implementation Plan emphasizes gender equality and male involvement, leading to positive changes in reproductive health dynamics (May & Rotenberg, 2020).

In the context of Ethiopia, adopting similar integration strategies is crucial. Drawing on the experiences of Rwanda, Kenya, and Tanzania, Ethiopia can benefit from policies that engage both women and men, challenge gender norms, and offer comprehensive reproductive health services. The integration model proposed in this review incorporates lessons learned from these successful countries and adapts them to Ethiopia's context, where gender inequality and high fertility rates remain challenges. This approach will help to achieve sustainable demographic changes, improve reproductive health outcomes, and pave the way toward a demographic dividend.

Moreover, the influence of social norms and decision-making dynamics in SSA cannot be overlooked. Historically, male dominance in reproductive decision-making has been high, but recent changes in education, urbanization, and media exposure are leading to shifts in gender norms. Schools, as key public institutions, have become important venues for promoting gender equality and disseminating new ideas about women's autonomy (Psaki et al., 2018). These shifts, combined with policies that encourage women's autonomy in reproductive choices, can further support fertility transition efforts.

Existing evidence and practices demonstrate that promoting male engagement in addressing gender inequalities, particularly in reproductive health, family planning, fatherhood, HIV prevention, and gender-based violence (GBV), has yielded promising results in various countries. For instance, studies have highlighted the positive impact of involving men in family planning and reproductive health decisions, with practical recommendations to enhance these efforts (Promundo and UNFPA, 2012 and UNFPA, 2012). These findings underscore the importance of engaging men not only as supportive partners but also as active agents in shifting cultural norms and improving reproductive health outcomes.

Furthermore, there are encouraging practices globally that provide overarching policy frameworks aimed at promoting the engagement of men and boys in various sectors, including health, girls' education, and addressing community barriers to gender equality. These frameworks position men and boys as critical players in fostering change, both as family planning clients and as advocates for gender equality. In particular, initiatives that treat men as supportive partners and engage them as community agents of change are crucial in creating an enabling environment for women's empowerment and reproductive health (Engederhealth and UNFPA 2017). As Elisabeth Rottach and Erin DeGraw (2021), emphasize, integrating men into reproductive health programs, family planning, and education reforms can help break down societal barriers and promote gender equality, which is fundamental for achieving fertility transition and broader demographic goals.

In Ethiopia, several policies and programs aim to promote women's reproductive health empowerment, male engagement, and population management. These include the Population Policy, Health Policy, Women's Policy, Education Policy, National Reproductive Health Strategy (2006–2015) and the National Guideline for Family Planning Services in Ethiopia (2011), and various laws addressing critical issues such as girls education, women empowerment, reproductive health access, addressing early marriage, gender-based violence, and female genital mutilation. Most of these policies were developed in the 1990s and are at various stages of revision. Implementation is carried out by different ministries, including the Ministry of Education, Ministry of Women, Ministry of Health, and the Ministry of Planning and Development. Based on the current evidence and recommendations from the sources reviewed, the researcher has developed the following initial integration model. The next phase of this PhD work will make an in-depth analysis of the existing policies and relevant programs to identify best practices, challenges, and develop practical integration strategies. The model will further be refined using the quantitative and qualitative data collected in this PhD dissertation and will undergo validation through consultations with major policy makers and program designers and donors involved in the study.

Figure 1. Proposed Integration Model Linking Women's Empowerment and Male Engagement to Fertility Outcomes.
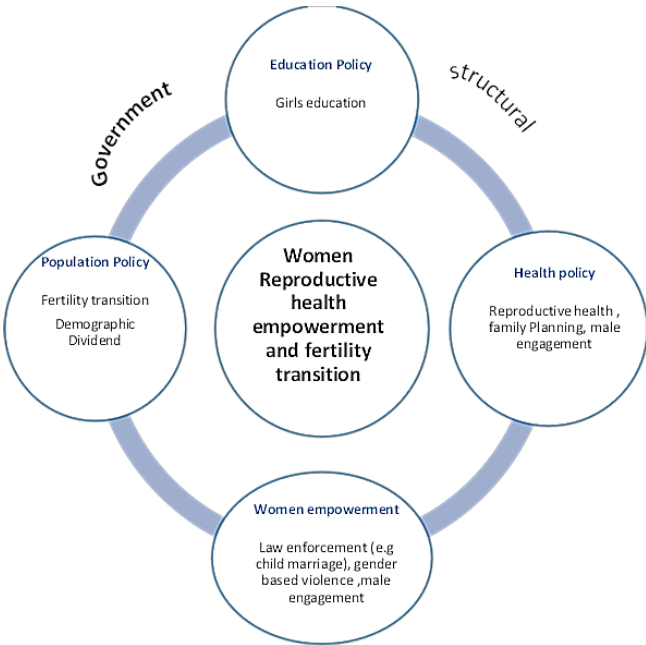
Women's empowerment

Law enforcement (e.g childmarriage), gender based violence ,male engagement

III.   Discussion

This thematic review critically examines the interplay between women's empowerment, male partner engagement, and fertility dynamics in Ethiopia, with an emphasis on the marginalized pastoralist communities of Afar and Somali. While national efforts have expanded access to family planning and advanced gender equality, persistent structural, cultural, and relational barriers continue to constrain women's reproductive autonomy, particularly in rural and pastoralist contexts.

The review shows that women with higher education levels exhibit a total fertility rate below replacement level. This aligns with the Demographic Transition Theory, which posits that changes in women's roles, moving away from traditional caregiving roles, lead to fertility decline. The analysis also reveals marked geographical disparities in women's decision-making power, with the lowest levels observed in pastoralist regions. These findings align with Kabeer's Women's Empowerment Framework, which emphasizes agency, resources, and achievements, and Sen's Capability Approach, which underscores the importance of expanding women's capabilities through education, economic access, and healthcare to facilitate demographic transition. In these regions, limited empowerment is reflected in high incidences of early and arranged marriages and the exclusion of women from community-level decision-making processes.

The contribution of this review is its focus on covert contraceptive use and reproductive coercion— critical yet underexplored dimensions of reproductive health in Ethiopia. The data indicate that covert use, often driven by fear of partner opposition, and instances of pregnancy coercion are symptomatic of entrenched gender power imbalances, undermining women's agency in fertility decision-making.

Male partner engagement emerges as a complex, context-specific factor in fertility outcomes. While evidence supports that male support and spousal communication can improve contraceptive uptake, patriarchal norms frequently result in male dominance over reproductive decisions. This is particularly important in pastoralist areas, where male involvement is minimal and high fertility intension prevail, posing additional challenges to equitable reproductive health outcomes.

IV.   Conclusion and recommendations

Reproductive health empowerment remains a critical area for targeted interventions in Ethiopia. While access to reproductive health services has improved, significant barriers continue to limit women's ability to make informed choices. In pastoralist communities, particularly in the Afar and Somali regions, high fertility rates persist, with some areas experiencing increasing trends. Despite their demographic importance, these regions remain underrepresented in scientific demographic research, as most studies focus on programmatic or organizational priorities rather than in-depth demographic analysis. Addressing these gaps requires more comprehensive research that captures the unique demographic and socio-cultural dynamics of these communities.

A major factor influencing fertility outcomes is the role of societal norms and gendered power dynamics in reproductive decision-making. Many women face constraints in achieving their desired family size due to external pressures, including cultural expectations that promote high fertility. In patriarchal settings, children are valued as sources of labor and as a means for women to secure social status, particularly in patrilocal marriages where they integrate into their husband's family. Without challenging these deeply rooted norms, efforts to promote reproductive health empowerment will have limited impact. Therefore, interventions should incorporate culturally sensitive strategies that engage communities in shifting norms around fertility and gender roles. The two pastoralist regions highlight the critical need for culturally sensitive interventions that empower women and engage men.

Research underscores the strong connection between women's empowerment, male engagement, and reproductive autonomy. Effective programs must go beyond improving service access to actively involve men in reproductive health discussions and encourage joint decision-making. Studies have shown that couple-focused approaches significantly enhance reproductive health outcomes . Expanding such interventions, particularly in rural and marginalized communities, will be essential in driving meaningful change.

Additionally, issues such as intimate partner violence (IPV) and reproductive coercion further undermine women's reproductive autonomy. Many women lack control over contraceptive use due to coercion from partners or family members. Addressing these challenges requires integrated interventions that not only improve service delivery but also strengthen gender-responsive education ,social norm shifts among norm setters and promote economic opportunities for women. Strengthening policy implementation and aligning national programs with evidence-based strategies will be crucial in ensuring sustained progress.

At both the regional and global levels, reproductive health empowerment must be integrated into broader gender equality and population strategies. Ethiopia and other African countries must move beyond service provision to tackle structural barriers that perpetuate gender disparities. By fostering gender-equitable decision-making, addressing socio-cultural barriers, and implementing policies that challenge patriarchal structures, it is possible to create a more supportive environment for women's reproductive health empowerment and overall well-being. It is important to invest in targeted research and improved data collection systems that capture region-specific realities. Particular emphasis should be placed on collecting disaggregated data related to women's empowerment, male engagement, reproductive coercion, and covert contraceptive use. Strengthening the evidence base in these areas will enable the development of more responsive, context-specific, and equitable policies and programs.

References

Adane, B., Kefale, B., Damtie, Y., Arefaynie, M., Addisu, E., Dewau, R., Mitiku, K., Tsega, T. D., Andualem, A. A., Awoke, M., Asfaw, T., Wasihun, Y., & Yalew, M. (2024). Male involvement in family planning and its association with knowledge and spouse discussion in Ethiopia: A systematic review and meta-analysis. *BMJ Open*, *14*(4), e082094. https://doi.org/10.1136/bmjopen-2023-082094

Asratie, M. H., Tesema, G. A., & Belay, D. G. (2024). Joint decision on contraceptive use and determinant factors among married women of reproductive ages (15–49) in Ethiopia: A multilevel analysis using Ethiopian Demographic and Health Survey; 2016 data. *BMC Public Health*, *24*(1), 2252. https://doi.org/10.1186/s12889-024-19715-z

Baiden, F., Mensah, G. P., Akoto, N. O., Delvaux, T., & Appiah, P. C. (2016). Covert contraceptive use among women attending a reproductive health clinic in a municipality in Ghana. *BMC Women's Health*, *16*(1), 31. https://doi.org/10.1186/s12905-016-0310-x

Biddlecom, A. E., & Fapohunda, B. M. (1998). Covert Contraceptive Use: Prevalence, Motivations, and Consequences. *Studies in Family Planning*, *29*(4), 360–372. https://doi.org/10.2307/172249

Blanc, A. K. (2001). The Effect of Power in Sexual Relationships on Sexual and Reproductive Health: An Examination of the Evidence. *Studies in Family Planning*, *32*(3), 189–213.

Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

Canning, D., Raja, S., & Yazbeck, A. S. (2015). *Africa's Demographic Transition*.

Dozier, J. L., Zimmerman, L. A., Ejigu, B. A., Shiferaw, S., Seme, A., Yihdego, M., Yirgu, R., & Wood, S. N. (2022). Pregnancy coercion and partner knowledge of contraceptive use among Ethiopian women. *Contraception: X*, *4*, 100084. https://doi.org/10.1016/j.conx.2022.100084

Elisabeth Rottach and Erin DeGraw. (2021). *A Policy Framework for Engaging Men and Boys in Family Planning Programs and Services*.

Engaging-Men-in-Sexual-and-Reproductive-Health-and-Rights-Including-Family-Planning.pdf. (n.d.). Retrieved October 8, 2024, from https://www.engenderhealth.org/wp-content/uploads/imported-files/Engaging-Men-in-Sexual-and-Reproductive-Health-and-Rights-Including-Family-Planning.pdf

Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2021. Ethiopia Mini Demographic and Health Survey 2019: Final Report. Rockville, Maryland, USA: EPHI and ICF.

Fantaye, F. T., & Damtew, S. A. (2024). Women decision making on use of modern family planning methods and associated factors, evidence from PMA Ethiopia. *PLOS ONE*, *19*(2), e0298516. https://doi.org/10.1371/journal.pone.0298516

Gammage, S., John, N., & Schaub, E. (n.d.). *Intra-Household Bargaining and Decision-Making, Social Norms and Women's Empowerment:*

Gibbs, A., & Hatcher, A. (2020). Covert family planning as a symbol of agency for young, married women. *EClinicalMedicine*, *23*, 100393. https://doi.org/10.1016/j.eclinm.2020.100393

Grose, R. G., Chen, J. S., Roof, K. A., Rachel, S., & Yount, K. M. (2021). Sexual and Reproductive Health Outcomes of Violence Against Women and Girls in Lower-Income Countries: A Review of Reviews. *Journal of Sex Research*, *58*(1), 1–20. https://doi.org/10.1080/00224499.2019.1707466

Groth, H., May, J. F., & Turbat, V. (2019). Policies Needed to Capture a Demographic Dividend in Sub-Saharan Africa. *Canadian Studies in Population*, *46*(1), 61–72. https://doi.org/10.1007/s42650-019-00005-8

Gudu, W., Bekele, D., Surur, F., Teklu, A., Abesha, Y., Nigatu, B., Kassa, M., Lako, T. K., & Sium, A. F. (2023). Role of male partner in women's fertility decision and family planning

utilization in four regional states of Ethiopia: A mixed-method study. *International Journal of Gynecology & Obstetrics*, *163*(2), 672–678. https://doi.org/10.1002/ijgo.14973

Haque, R., Alam, K., Rahman, S. M., Keramat, S. A., & Al-Hanawi, M. K. (2021). Women's empowerment and fertility decision-making in 53 low and middle resource countries: A pooled analysis of demographic and health surveys. *BMJ Open*, *11*(6), e045952. https://doi.org/10.1136/bmjopen-2020-045952

Harrington, E. K., Dworkin, S., Withers, M., Onono, M., Kwena, Z., & Newmann, S. J. (2016). Gendered power dynamics and women's negotiation of family planning in a high HIV prevalence setting: A qualitative study of couples in western Kenya. *Culture, Health & Sexuality*, *18*(4), 453–469. https://doi.org/10.1080/13691058.2015.1091507

Kabeer, N. (1999). *Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment*.

Kapadia-Kundu, N., Tamene, H., Ayele, M., Dana, F., Heliso, S., Velu, S., Berhanu, T., Alemayehu, G., Leslie, L., & Kaufman, M. (2022). Applying a gender lens to social norms, couple communication and decision making to increase modern contraceptive use in Ethiopia, a mixed methods study. *Reproductive Health*, *19*(1), 138. https://doi.org/10.1186/s12978-022-01440-8

Kibira, S. P. S., Karp, C., Wood, S. N., Desta, S., Galadanci, H., Makumbi, F. E., Omoluabi, E., Shiferaw, S., Seme, A., Tsui, A., & Moreau, C. (2020). Covert use of contraception in three sub-Saharan African countries: A qualitative exploration of motivations and challenges. *BMC Public Health*, *20*(1), 865. https://doi.org/10.1186/s12889-020-08977-y

Kirk, D. (1996). Demographic Transition Theory. *Population Studies*, *50*(3), 361–387.

Kollodge and Vereinte Nationen—2019—Unfinished business the pursuit of rights and cho.pdf. (n.d.). Retrieved October 12, 2024, from https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_State_of_World_Population.pdf

Liang, M., Katz, L., Filmer-Wilson, E., & Idele, P. (2024). Accelerating Progress in Women's Sexual and Reproductive Health and Rights Decision-Making: Trends in 32 Low- and Middle-Income Countries and Future Perspectives. *Global Health*, *12*(6).

Mboane, R., & Bhatta, M. P. (2015). Influence of a husband's healthcare decision making role on a woman's intention to use contraceptives among Mozambican women. *Reproductive Health*, *12*(1), 36. https://doi.org/10.1186/s12978-015-0010-2

Miller, E., Decker, M. R., McCauley, H. L., Tancredi, D. J., Levenson, R. R., Waldman, J., Schoenwal, P., & Silverman, J. G. (2010). Pregnancy coercion, intimate partner violence, and unintended pregnancy. *Contraception*, *81*(4), 316–322. https://doi.org/10.1016/j.contraception.2009.12.004

Montgomery, Mark R., Cynthia B. Llyod, Paul C, Hewett and Patrick Heurveline. 1997. The consequences of imperfect fertility control for children survival, health and schooling DHS analytical reports NO 7, Calverton Maryland L Marco International IncRetrieved December 9, 2024, from https://www.dhsprogram.com/pubs/pdf/AR7/AR7.pdf

Moreau, C., Karp, C., Wood, S. N., Galadanci, H., Kibira, S. P. S., Makumbi, F., Omoluabi, E., Shiferaw, S., Seme, A., & Tsui, A. (2020). Reconceptualizing Women's and Girls' Empowerment: A Cross-Cultural Index for Measuring Progress Toward Improved Sexual and Reproductive Health. *International Perspectives on Sexual and Reproductive Health*, *46*, 187–198. https://doi.org/10.1363/46e9920

Muhoza, D. N., Broekhuis, A., & Hooimeijer, P. (2014). Variations in Desired Family Size and Excess Fertility in East Africa. *International Journal of Population Research*, *2014*(1), 486079. https://doi.org/10.1155/2014/486079

Nkonde, H., Mukanga, B., & Daka, V. (2023). Male partner influence on Women's choices and utilisation of family planning services in Mufulira district, Zambia. *Heliyon*, *9*(3), e14405. https://doi.org/10.1016/j.heliyon.2023.e14405

Phan, L. (2013). Women's Empowerment and Fertility Changes. *International Journal of Sociology of the Family*, *39*(1/2), 49–75.

PMAET_2023_survey_result_Brief_June_24_2024.pdf. (n.d.). Retrieved August 14, 2024, from https://www.pmadata.org/sites/default/files/data_product_results/PMAET_2023_survey_resu lt_Brief_Jun e_24_2024.pdf

Population_knowledge_File_paper.pdf. (n.d.). Retrieved August 13, 2024, from https://rutgers.international/wp-content/uploads/2021/09/Population_knowledge_File_paper.pdf

Quak, E., & Tull, K. (2020). *Evidence of Successful Interventions and Policies to Achieve a Demographic Transition in sub-Saharan Africa: Ethiopia, Rwanda, and Malawi* [Report]. The Institute of Development Studies and Partner Organisations. https://opendocs.ids.ac.uk/articles/report/Evidence_of_Successful_Interventions_and_Polici

es_to_Achiev e_a_Demographic_Transition_in_sub-
Saharan_Africa_Ethiopia_Rwanda_and_Malawi/26431624/1

Reproductive-Empowerment-Background-Paper_100318-FINAL.pdf. (n.d.). Retrieved July 1,
2024, from https://www.icrw.org/wp-content/uploads/2018/10/Reproductive-Empowerment-
Background-Paper_100318-FINAL.pdf

Robilliard, A.-S. (2020). Empowerment and Desired Fertility in Sub Saharan Africa. In M.
Ochman & A. Ortega-Díaz (Eds.), *Advances in Women's Empowerment: Critical Insight from
Asia, Africa and LatinAmerica* (Vol. 29, pp. 39–64). Emerald Publishing Limited.
https://doi.org/10.1108/S1529-212620200000029002

Sen, A. (2000). *DEVELOPMENT AS FREEDOM.*

Shumet, T., Geda, N. R., & Hassan, J. A. (2024). Barriers to modern contraceptive utilization
in Ethiopia. *Contraception and Reproductive Medicine*, *9*(1), 47.
https://doi.org/10.1186/s40834-024-00311-w

Smith, D. A., Tadesse, H. A., Lulu, K., & Santillán, D. (2022). Understanding barriers to
men's support for family planning in rural Ethiopia—findings from the USAID Transform:
Primary Health Care Project Gender Analysis. *Reproductive Health*, *19*(Suppl 1), 86.
https://doi.org/10.1186/s12978-022-01384-z

Tekakwo, A., Nabirye, R. C., Nantale, R., Oguttu, F., Nambozo, B., Wani, S., Musaba, M.
W., Mukunya, D., & Epuitai, J. (2023). Enablers and barriers of male involvement in the use
of modern family planning methods in Eastern Uganda: A qualitative study. *Contraception
and Reproductive Medicine*, *8*, 49. https://doi.org/10.1186/s40834-023-00251-x

Tesfa, D., Tiruneh, S. A., Azanaw, M. M., Gebremariam, A. D., Engidaw, M. T., Tiruneh, M.,
Dessalegn, T., & kefale, B. (2022). Determinants of contraceptive decision making among
married women in Sub-Saharan Africa from the recent Demographic and Health Survey
data. *BMC Women's Health*, *22*(1), 52. https://doi.org/10.1186/s12905-022-01636-x

Thomas, H. L., Bell, S. O., Karp, C., Omoluabi, E., Kibira, S. P. S., Makumbi, F., Galadanci,
H., Shiferaw, S., Seme, A., Moreau, C., & Wood, S. N. (2024). A qualitative exploration of
reproductive coercion experiences and perceptions in four geo-culturally diverse sub-
Saharan African settings. *SSM -Qualitative Research in Health*, *5*, 100383.
https://doi.org/10.1016/j.ssmqr.2023.100383

UNICEF (2020) Situation Analysis of Children and Women: Afar Region. Retrieved December 4, 2024, from https://www.unicef.org/ethiopia/media/2521/file/Afar%20region%20.pdf

UNFPA and Care (2012)_linking-womens-economic-empowerment-final.pdf. Retrieved April 11, 2024, from https://asiapacific.unfpa.org/sites/default/files/pub-pdf/201202_unfpa-care_linking-womens-economic-empowerment-final.pdf

UNFPA. (2021). *MY BODY IS MY OWN CLAIMING THE RIGHT TO AUTONOMY AND SELF-DETERMINATION.*

United Nations(2020)MegaTrends.Final... Retrieved June 12, 2024, from https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/06/UN.MegaTrends.Final_.Trask_.2020.pdf

Upadhyay, U. D., Gipson, J. D., Withers, M., Lewis, S., Ciaraldi, E. J., Fraser, A., Huchko, M. J., & Prata, N. (2014). Women's empowerment and fertility: A review of the literature. *Social Science & Medicine*, *115*, 111–120. https://doi.org/10.1016/j.socscimed.2014.06.014

WHO_RHR_07.1_eng.pdf. (n.d.). Retrieved December 7, 2024, from https://iris.who.int/bitstream/handle/10665/69855/WHO_RHR_07.1_eng.pdf?sequence=1

Wondie, A. G. (2021). The association between unmet need for contraception and unintended pregnancy among reproductive-age women in Ethiopia. *Medicine Access @ Point of Care*, *5*, 23992026211033436. https://doi.org/10.1177/23992026211033436

Wood, S. N., Dozier, J. L., Karp, C., Desta, S., Decker, M. R., Shiferaw, S., Seme, A., Yirgu, R., & Zimmerman, L. A. (2022). Pregnancy coercion, correlates, and associated modern contraceptive use within a nationally representative sample of Ethiopian women. *Sexual and Reproductive Health Matters*, *30*(1), 2139891. https://doi.org/10.1080/26410397.2022.2139891

World Health Organization. (2017). *Leading the realization of human rights to health and through health: Report of the High-Level working group on the health and human rights of women, children and adolescents*. World Health Organization. https://iris.who.int/handle/10665/255540

Workshop Note: Research Presentations on Empowerment
Parallel Session Summary

Prepared by: Abiy Hailemelekot (MoWSA)

The parallel session on *Research Presentations on Empowerment* featured three thought-provoking studies addressing key issues at the intersection of gender, socio-economic factors, and women's empowerment in Ethiopia. The presentations were delivered by distinguished researchers:

1. Dr. Tsega Gebrekristos, (Ethiopian Civil Service University) who explored the persistence of gender wage gaps in her study titled *"Do Industry Effects on Gender Wage Gap Persist Over Time? Evidence from Ethiopia."*

2. Dr. Konjit Hailu, (Includovate and Addis Ababa University) who examined parental demand for affordable childcare in Addis Ababa in her study, *"Parental Need for Safe, Reliable, and Affordable Childcare in Addis Ababa."*

3. Mehiret Habte, (Addis Ababa University) whose research, *"Empowering Women: Advancing Reproductive Autonomy and Health in Ethiopia,"* focused on promoting reproductive autonomy and health for Ethiopian women.

Following the presentations, a dynamic Q&A and discussion session ensued, prompting rich dialogue around empowerment frameworks, structural interventions, and methodological advancements. Three main contributors offered insightful reflections and questions, with detailed responses from the presenters:

Key Comments and Questions from Panelists

Commentary by Dr. Getachew Bekele:

Dr. Getachew offered commendations and raised constructive critiques, especially toward Dr. Konjit's study. He emphasized the importance of going beyond affordability and accessibility in childcare, advocating for an expanded focus on relevance and responsiveness—the developmental quality and appropriateness of care provided to children at formative ages. He recommended that future research explore these additional dimensions to ensure holistic early childhood development.

In response to Mehiret's presentation, Dr. Getachew highlighted the significance of the upcoming 30th anniversary of the 1995 Beijing Conference and the Beijing Platform for Action, urging the integration of global frameworks such as the Sustainable Development Goals (SDGs), the Cairo ICPD, and the Beijing Declaration. He suggested that Mehiret consolidate her findings into a form suitable for national or even international presentation, potentially aligning with planned reviews by institutions such as UN Women.

Questions and Observations from Other Participants:

Several participants expressed appreciation for the informative presentations and raised important inquiries:

- Regarding Dr. Tsega's study, one participant requested further elaboration on the causal relationships between socio-political events (e.g., COVID-19, political shifts, cultural norms) and gender wage disparities.

- Dr. Konjit was asked to clarify the alignment between her study's objectives, findings, and policy recommendations—especially concerning the implications of affordable childcare across socio-economic groups.

- Mehiret was encouraged to operationalize key concepts such as autonomy, empowerment, and male engagement in the context of sexual and reproductive health (SRH), and to clarify the difference between male dominance and positive male involvement.

Dr. Tirsit also called for conceptual clarity on the term *empowerment*, urging presenters to move beyond abstract notions and demonstrate practical applications and context-specific definitions within their research frameworks.

Responses from the Presenters:

Dr. Tsega Gebrekristos addressed the complexity of identifying causal links in wage disparities, noting that her cross-sectional data limits observations on heterogeneity. She discussed the implications of post-COVID dynamics, such as increased domestic responsibilities for women and limited time for professional networking—factors contributing to reduced economic opportunities and persistent wage gaps.

She also highlighted the need for sector-based data and further research into gendered perceptions and systemic discrimination in the labor market.

Dr. Konjit Hailu clarified that while her current paper focuses on affordability and accessibility, a separate paper addresses the quality dimension—including standards set by regulators and perceived quality by parents. She acknowledged the tension between maintaining service quality and ensuring affordability, advocating for policy interventions that support the private sector and broaden accessibility. She also noted the absence of structured childcare policy frameworks for children under age four and recommended integrating unpaid care work into gender mainstreaming policy reviews.

Mehiret Habte acknowledged the need to define key terms like autonomy and empowerment with precision, particularly in the context of reproductive health. She outlined her research's thematic focus on reproductive health empowerment, which encompasses women's agency and decision-making in areas such as family planning, fertility, and maternal health. Addressing questions on male engagement, Mehiret emphasized the concept of positive masculinity, advocating for supportive, non-dominant male involvement in SRH decision-making processes. She also confirmed that international frameworks such as the Maputo Protocol and the Beijing Declaration have been incorporated into her research and expressed intent to collaborate with UN Women on national review initiatives.

Conclusion

This session provided valuable insights into the multifaceted nature of women's empowerment in Ethiopia. The engaging discussions emphasized the importance of addressing systemic socio-economic barriers, refining theoretical constructs like empowerment, and ensuring meaningful male engagement in gender equality efforts. The contributions from both presenters and participants highlighted the urgent need for collaborative, policy-relevant research to tackle enduring gender disparities and promote inclusive development.

Research Presentations on Vulnerability

(Parallel Session Three)

Hermela Desta
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Lombebo Tagesse
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Online child sexual exploitation and abuse: legal, institutional and social challenges and opportunities in Ethiopia

Hermela Desta Eyassu
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Abstract

The growing digital technology in Ethiopia has opened new avenues for educational, social interaction and communication. However, it has also introduced significant risks particularly for children who may be exposed to online harm. One of the critical dangers is online child sexual exploitation and abuse (OCSEA) where the perpetrators exploit the anonymity and accessibility of the internet to abuse children. This violence affects children's social life and productivity not to mention it's long-lasting impact on their mental health and emotional wellbeing. The objective of this study was to identify the opportunities and challenges for addressing the online child sexual exploitation and abuse at a legal, institutional, and societal level. Qualitative descriptive research methodology was used to conduct this study. The study identifies numerous challenges in effectively combating OCSEA including legal gaps, particularly with in the computer crime proclamation and the criminal code, creates vulnerabilities, leaving children inadequately protected against online exploitation and abuse since it does not incorporate all types of OCSEA, lack of clarity and inadequate punishments. Institutional challenges further compound this issue; Ethiopia lacks sufficient resources, specialized training, and coordinated response mechanism among law enforcements and lack of child centered victim support. Additionally, cultural taboos around sexual abuse and limited digital literacy, particularly among parents results in zero reporting. Fear of social stigma discourages victims from seeking help, further concealing the problem. Even though these challenges exist having a legal framework, and institutions that could work in this area could be considers as an opportunity. Further, the study recommends the need for multifaceted approach to addressing OCSEA. Which include strengthening legal frameworks, enhance institutional capacity and empowering communities through education and awareness campaigns to crumb social barriers.

1. Introduction

1.1. Background

Children are particularly vulnerable. Children could be vulnerable for two reasons: situational vulnerability, which is based on societal practices and norms, and inherited vulnerability, which is caused by physical limitations and a lack of knowledge and experience.[148] Because of this, they become dependent on an adult, which makes it possible for their rights to be violated easily.

One of the violations perpetrated against children is sexual violence. Regardless of their family history or other circumstances, any child may be at risk of sexual violence. Even though there may be disparity in the rates both girls and boys can be victims of sexual violence, and it can happen in all communities and among all social groups.[149]Additionally, children can commit sexual violence on other children,[150] this could be due to multiple reasons including previous abuse, impulse control problem, substance abuse, and sexualized environment.[151]

Any sexual act or attempt to engage in sexual activity with a person without that person's permission or compelling the victims to engage in sexual conduct together or forcing a person to witness sexual activity constitutes sexual violence.[152]

The perpetrator may abuse a person sexually by using a variety of techniques, such as physical force, compulsion, intimidation, or psychological pressure, along with making false promises. Moreover, sexual violence can occur in a different settings and situations, including home, school, and public areas like parks, it may occur during peace or during wartime. [153]

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[148] Schweiger,G. Ethics poverty and children's vulnerability. Ethics and social welfare (2019).Accessed from https://doi.org/10.1080/17496535.2019.1593480
[149] Lorraine Radford, Debbie Allnock and Patricia Hynes, Preventing and Responding to Child Sexual Abuse and Exploitation: Evidence review, (2015)
[150] Janelle C Brown, child on child sexual abuse: An investigation of behavioral and emotional sequelaeUniversity of Pennsylvania, (2004).
[151] What causes a sexual behavior problem? National center on the sexual behavior of youth, Accessed from www.ncsby.org. Retrieved 2023-02-15.
[152] McDougall, Gay, J. (1998). Contemporary forms of slavery: systematic rape, sexual slavery and slavery-like practices during armed conflict. Final report submitted by Ms. Jay J. McDougall, Special Rapporteur, E/CN.4/Sub.2/1998/13, WHO, Guidelines for medico-legal care for victims of sexual violence, 2003

[153] WHO, Guidelines for medico-legal care for victims of sexual violence, 2003

Studies have indicated that in the world, 1 in 5 girls and 1 in 13 boys have experienced offline sexual exploitation or abuse before turning 18. But there is a difference in the rate between nations.[154]

The violence that a great number of children experience in environments like schools, communities, or families is also occurring via digital technologies as children's online engagement rises globally. The development in technology has its own benefits and risk, the risks children face in the online world include content (when the child engages with and/or is exposed to potentially harmful content), contact(when the child experiences and/or is targeted by potentially harmful contact), conduct (witnesses, participates in and/or is a victim of potentially harmful conduct)and contract (when the child is party to and/or exploited by a potentially harmful contract).[155]

And OCSEA includes Production, distribution, and possession of child pornography, online grooming, sexting, sexual extortion of children (sextortion), online prostitution, CSEAM including virtual child pornography, and live streaming.[156]

As offline sexual exploitation and abuse, OCSEA has vast effects on child victims; children who are the victims of such crime may experience long-lasting harm to their physical, mental, and sexual development, these types of traumatic experiences for children can even be considered torture and other cruel, inhumane, or degrading treatment.[157] That is why the international community and countries try to put legal frameworks to protect children.

Ethiopia as a nation has provided legal framework to protect children from OCSEA, the criminal code and the computer crime proclamation are the most important legal instruments that are used to address OCSEA, to implement the laws there are institution frameworks which include law enforcement bodies, The research tries to identify the gaps in these laws and institution.

The advancement of digital technology has helped children in their learning and exploration.[158] The development in the digital technology, however, has created a risk to

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[154]United Nations Children's Fund (2020) Action to end child sexual abuse and exploitation: A review of the evidence, UNICEF, New York, page16

[155] Stoilova, M., Rahali, M. & Livingstone, S (2023) Classifying and responding to online risk to children: Good practice guide. London: Insafe helplines and the London School of Economics and Political Science (LSE).

[156]What works to prevent online violence against children? Executive Summary Geneva: World Health Organization; 2022, Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse. Adopted by the Interagency Working Group in Luxembourg, 28 January 2016

[157] UN Human Right Office Of The Commission, Global Emergency Of Child Exploitation And Abuse Needs Global Action: UN Experts Accessed From https://www.ohchr.org/en/statements/2022/11/global-emergency-child-exploitation-and-abuse-needs-global-action-un-experts

[158]Children and Technology: Positive and Negative Effects
(2023),https://www.globaltrademag.com/children-and-technology-positive-and-negative-effects/

children's safety and well-being because it increased the threats that many children currently face offline. It has also provided perpetrators with more opportunities and easy access to abuse children, the significant increase in child victims of OCSEA throughout the world demonstrates this.[159]

There is no accurate data on the actual number of victims, but "Interpol's Child Sexual Exploitation database (ICE) holds more than 4.3 million images and videos and has helped identify more than 32,000 victims worldwide."[160]

Particularly in Ethiopia data's indicate that there is an increase in the usage of the internet, out of total population of 119.3 million people, 29.83 million use the internet, and 6.35 million use social media.[161] But there is a scarcity of disaggregated national data on children's internet access in Ethiopia, a research conducted by collaboration between the United Nations Children's Fund (UNICEF), ECPAT International and INTERPOL took a survey from 5,938 households and findings were that one out of every four children between the ages of 12 and 17 uses the internet, here there is a difference between urban and rural area.[162] Children has gotten access to the internet from Wi-Fi which is accessible in public areas including hotels, malls universities, homes and internet cafés, children who live in urban areas are the one who get more access to the internet .[163]

A study conducted by UNICEF taking a sample of 1000 households indicates that in 2021, "out of 25% use the internet using children, 10% of children between the age 12 and 17 have experienced some kind of OCSEA, this involves using coercion, money or presents to lure children to engage in sexual activity, distributing their sexual photographs without their consent, or blackmailing them into doing sexual activities.[164] Scaled to the population, this represents an

estimated 300,000 children who were subjected to these harms in the span of just one year. [165] But there were no OCSEA cases recorded by the Ethiopian law enforcement agencies between 2017 and 2019."[166]

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[159] United Nations Children's Fund (2021) Ending online child sexual exploitation and abuse: Lessons learned and promising practices in low- and middle-income countries, UNICEF, New York
[160] International Child Sexual Exploitation database Accessed from https://www.inteP[rpol.int/en/Crimes/Crimes-against-children/International-Child-Sexual-Exploitation-database
[161]Digital 2022: Ethiopia, https://datareportal.com/reports/digital-2022-ethiopia
[162] ECPAT, INTERPOL, and UNICEF. (2022). Disrupting Harm in Ethiopia: Evidence on online child sexual exploitation and abuse. Global Partnership to End Violence against Children
[163].Id.
[164] Id
[165] Id, p.8
[166]UNODC, Study on the Effects of New Information Technologies on the Abuse and Exploitation of Children, United Nations Office at Vienna

Furthermore, according to the NCMEC cyber tipline report, 11,146 CSEAM contents were uploaded, viewed, and shared in Ethiopia in 2022, but this data does not reflect the exact number, which may be impacted by the usage of proxies and anonymizers[167]

OCSEA has a devastating and long-lasting effect on children, since different kind of abuse might happen on a single child, for instance, a child may be abused in the process of production then when the material is being distributed and redistributed the child will suffer another trauma and this may take a long time to heal.[168]

Therefore, the issue is worth investigating because of the following reasons: first there has not been a sufficient study that explores all the legal, institutional and social gaps on the topic in Ethiopia. So, the study will critically evaluate whether the existing legal, social and institutional framework actually assist victims in receiving justice. Second, the study tries to examine what challenges and opportunity has contributed in combating OCSEA and finally the study looks at the available opportunities and how they may be used to address the challenges. Therefore, the research tried to figure out the challenges and opportunities in Addis Ababa in order to provide possible recommendations for the protection of children.

This research looks into the socio-legal and institutional challenges that need to be addressed in order to tackle OCSEA, which is today a prevalent type of violation that poses danger on children living across the globe. As a result, those responsible organizations, including policy makers, can use this research to establish ways for victims to seek redress by improving the challenges taking in to consideration the research's findings. In this respect, the immediate beneficiaries of this research are survivors of OCSEA as a result of improved legal and institutional frameworks that are proper to their needs.

2. Methodology

2.1. Research Approach

The research aimed to identify the opportunities and challenges in addressing OCSEA by gathering data from relevant institutions. A **qualitative descriptive research methodology** was adopted, as qualitative approaches effectively provide insights into complex issues, while descriptive research focuses on answering "what" questions, emphasizing detailed

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[167] National center for missing and exploited children, 2022 CyberTipline Reports by Country, Accessed from https://www.missingkids.org/content/dam/missingkids/pdfs/2022-reports-by-country.pdf

[168] United Nations Children's Fund (2021) Ending online child sexual exploitation and abuse: Lessons learned and promising practices in low- and middle-income countries, UNICEF, New York

descriptions over variable relationships. This methodology is suitable for thoroughly investigating and articulating the social, legal, and institutional challenges related to OCSEA.

2.2. Data Collection

In line with the qualitative research methodology, the study utilized common data collection methods such as **document review** and **in-depth interviews**. The researcher employed both primary and secondary sources to gather comprehensive data.

2.2.1. Primary Sources

1. **Key Informants**: In-depth interviews with key informants were conducted to collect data, as interviews are effective for obtaining background knowledge and institutional perspectives while capturing personal viewpoints. The participants included key informants from organizations responsible for addressing OCSEA, such as the Federal Police, INSA, Ministry of Justice, Public Prosecutor's Office, MOWSA, INTERPOL NCB, and various NGOs. **Purposive sampling** was utilized to select key informant participants based on their relevance to the subject matter. A total of 13 key informants were interviewed, including experts from law enforcement and public prosecution.

2. **In-depth Interviews**: The researcher conducted in-depth interviews with **25 children** aged 12 to 17 and **15 parents**. Participants were selected through a **purposive sampling** procedure based on their internet access at home.

2.2.2. Secondary Data

To complement primary data sources, secondary sources were also reviewed to achieve the research objectives. This included an examination of existing literature (both published and unpublished), journals, articles, reports, news items, and legal instruments at international, regional, and national levels concerning OCSEA. Online resources were also utilized to gather relevant information.

2.3. Data Collection Process

Initially, the researcher communicated with parents to obtain their consent before explaining the interview objectives to the children involved. To ensure the safety of the children during in-depth interviews, a social worker was present throughout the sessions, and interview locations were chosen according to the preferences of both children and their parents. For key informant interviews, a cooperation letter was submitted to respective organizations, followed by obtaining permissions from organizational officials. After securing consent, the research objectives were clearly communicated to participating experts, ensuring their

willingness to engage in the interviews. All participants were informed of their right to withdraw at any time and assured that their information would remain confidential and published anonymously.

2.4. Data Analyzing Technique

To analyze socio-legal and institutional challenges related to OCSEA in Ethiopia, **thematic analysis** was employed as the primary analytical technique. This approach is appropriate as it allows for inferring meanings about situations or ideologies through specific conceptual or theoretical frameworks. Thematic analysis involves evaluating how data patterns reflect particular concepts or theories while enabling researchers to articulate participant perspectives using their own descriptions. The researcher intends to categorize identified challenges into common themes for clarity.

3. Result and Discussion

3.1. Legal Challenges and Opportunities

3.1.1. Legal Opportunities

Ethiopia has ratified the UNCRC, Optional Protocol to the Convention on the Rights of the Child on the sale of   children, child prostitution and child pornography and also has enacted a proclamation that deals with computer crimes. Under this proclamation, some types of OCSEA are criminalized and this proclamation provides higher penalties than those that are provided under the Criminal Code. This is a positive move since legislation that criminalizes an act and punishes people who violate the law is a method of combating crime.

3.1.2. Legal Challenges

a) Lack of Clarity:

Article 12 of the proclamation criminalizes obscene or indecent crimes committed against minors which include intentionally producing, transmitting , selling , distributing, making available or possessing picture, poster, video or image through a computer system that depicts a minor engaged in sexually explicit conduct or a person appearing to be a minor engaged in sexually explicit conduct, and enticing or soliciting a minor for sexual explicit conduct by transmitting or sending erotic speeches, pictures, text messages or videos through computer system.

However, key terms in the provision, such as erotic, solicit, sexually explicit conduct, and obscene or indecent offences, are not defined and may be subject to interpretation. The

words in the proclamation need to be clearly defined because providing definition for terms ensures every one attaches the same meaning to the terms.

The effect of the laws lack of clarity is observed in the discussion the researcher had with some of the interviewees on the case of Melat Mohammed[169] "A 14 years old girl was kidnapped and her kidnaper starts to post some pictures of her. These pictures include them (Melat and the perpetrator) kissing and sleeping on the bed. Some argued that the pictures should not be considered as production of child pornography since the pictures do not show anything but both sleeping together and other argued that it should be considered as production of child pornography basing their argument on the fact that the pictures has their own implication. This shows that if the case is to be taken to court it up the judge's interpretation and understanding.

Furthermore, it criminalizes possession of child pornography without authorization and it is not clear who gives the authorization and the conditions someone has to fulfill in order to get the authorization. Here some argue that if a person possess a child pornography for the purpose of research and investigation, the person should not be criminally liable and the base for this argument is the criminal code article 642 which states that 'works or objects purely artistic, literary or scientific in character which are not calculated to inflame erotic felling or lust are not held to be obscene or indecent.' additionally article 643 of the criminal code stipulates that it is a crime to send to some who has no professional interest in them, These articles are used as defense because it is a basic principle of criminal law that there is no crime as long as the legal, material, and moral components are not present.[170] But some believe that this opens the door for perpetrators to possess child pornography and claim that it is for the purpose of scientific, or artistic work, in such cases it is important to prioritize the best interests of the child the protect and the law should presume that anyone possessing child pornography is doing so for the purpose of abuse or exploitation.

One of the reasons for the lack of clarity could relate to the proclamations attempt to address a vast and complicated issue in one provision.

b) Inadequate Coverage of Crimes:

 The computer crime proclamation only criminalizes producing, transmitting, selling, distributing, making available or possessing picture, poster, video or image through a computer system that depicts a minor engaged in sexually explicit conduct or a person appearing to be a minor engaged in sexually explicit conduct, and enticing or soliciting a

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[169]Hub tube በሀዋሳከተማ የተጠለፈችው ሜላት መሀመድ አነጋጋሪ ጉዳይ|melatmohammed, https://www.youtube.com/watch?v=vNDHk3jypWI
[170] Government of Ethiopia. (2005). Criminal Code, Article23(2)

minor for sexually explicit conduct. However, it does not include kinds of OCSEA that are mentioned in the CRC committee's report; for instance, sexting, virtual child pornography, and live streaming.

Even though article 13(1) of the computer crime proclamation can be used to criminalize sexual extortion, it is important to explicitly cover sexual extortion in order to alleviate the debate that judges cannot create a crime by analogy which is provided under Article 2(3) of the Criminal Code.

c) Inadequate Punishment:

The objective of punishment of criminals is in order to deter them from committing another crime and make them a lesson to others or by providing for their reform and measures to prevent the commission of further crimes. The punishment stipulated for the producing, transmitting, selling, distributing, making available or possessing picture, poster, video or image of child pornography is imprisonment from three years to ten years. But looking at the impact it has on the child, it is inadequate, the minimum should not be three years, because according to the Ethiopian criminal code three years is considered to be simple imprisonment. [171]

And if a legal person produces, transmits, sells, distributes, makes available picture, poster, video or image of a child engaging in a sexually explicit conduct the punishment is 200,000 birr which is not adequate to attain the objective of the punishing a criminal.

Imposing a higher penalty like the United States would be beneficial in creating a deterrent effect. In the United States, any breach of federal child pornography law is a serious offence, and convicted offenders face significant statutory penalties. A first-time offender convicted of producing child pornography faces penalties and a statutory minimum of 15 years to a maximum of 30 years in prison. A first-time offender convicted of trafficking child pornography in interstate or foreign commerce risks penalties and a prison sentence ranging from 5 to 20 years. Convicted offenders may face severe penalties if they have past convictions or if the child pornography offence happened in aggravating circumstances, such as the pictures being violent, sadistic, or disturbing, the child was sexually abused or the offender has prior convictions for child sexual exploitation. In these situations, a convicted offender may face up to life imprisonment. [172]

The Ministry of Justice has recently conducted a rapid assessment to identify the existing prevention and response mechanisms in relation to OCSEA. The assessment identified gaps

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[171] Government of Ethiopia. (2005). Criminal Code, Article23(2)
[172] The united states of department of justice , Citizen's Guide To U.S. Federal Law On Child Pornography

related to the law however there is a challenge addressing these gaps because there are no OCSEA cases that have been through the criminal justice system thus testing its sufficiency or lack of it in handling these cases. this should not be a reason there should not be many children that go through this misery to prove that the law has gaps. If the protection in the laws is inadequate, the victims may not come forward.

Registration of child sex offenders is vital for two reasons. The first is that it would deter potential offenders due to the long-term shame associated with being caught, and the second is that it could help police in investigations when trying to understand who a suspect is and what he/she has done, especially when dealing with perpetrators who move around to track their movements and identify repeat child sex offenders.

In general, even though the government made the right decision by passing a legislation that addresses cybercrimes, including OCSEA, a law that is unclear, puts inadequate punishment and has gaps will not be able to achieve its objective. In this case, which is to prevent and punish crimes committed using digital technology. As a result of the lack of clarity and the loopholes, victims could be unable to describe the violence they experienced, and offenders might take advantage of legal gaps to avoid consequences. And the inadequate punishments will not have deterrent and retributive effect.

3.2. Institutional Challenges and Opportunities

3.2.1. Institutional Opportunities

Having an institutional mechanism is very important for the implementation of the law. The computer crime proclamation lists the institutions that are responsible to address cybercrimes including OCSEA. And MOWSA has taken the initiative to create collaboration among these institutions which include service providers, in February 2023, a TWG formed comprising of a total of 19 members from governmental organizations (agencies), NGO's and internet service providers. The TWG primary objective is to oversee and coordinate Ethiopia's programmes for protecting children online.

3.2.2. Institutional Challenges

a) Lack of Awareness and Commitment by the Government

There is lack of awareness about the severity and urgency of OCSEA even among law enforcement officers. Other kind of cybercrimes, such money laundering and fraud, have overshadowed OCSEA since they are perceived as bigger problem than this. And the other challenge is that it is understood as a western problem; people in less developed countries

like Ethiopia wouldn't be subjected to such abuses because internet access is luxurious but it is important to understand that one of the driving factor is economy The vulnerability of children to sexual exploitation is greatly impacted by poverty and economic disparity.[173] Poverty may force children into survival sex and the internet may easily expose them to interact with individuals who can abuse their economic vulnerabilities.[174] Families could even subject their children for such kind of violation to get money. Due to poverty parents may go to the extreme to get money. A woman in Romania was sexually abusing her one-year-old daughter and three-year-old son via Skype for payment. The investigation was started after the offender (watching the video) had a conversation with her.[175]

Lack of awareness on the issue has resulted in a lack of commitment and lack of capacity; to fight against OCSEA. Particularly the prevention and investigation process, requires the availability of capable and qualified personnel to identify, collect, and acquire digital information relevant to the investigation but the lack of awareness on the issue has caused the personnel's not to develop their skills.

b) Lack of Cooperation

i) Lack of Institutional Cooperation

OCSEA require strong coordination between institutions with the necessary knowledge and technical expertise. According to the computer crime proclamation, federal police and public prosecutors have the investigation power and INSA provides technical support, conduct analysis on collected information, and provide evidences, if necessary, service providers are also required to assist in the collection of data.[176]

Even though a TWG is formed, the researcher has noted that majority of NGOs and certain governmental organizations still haven't started to function in accordance with the duties that have been designated to them. A respondent has mentioned that although the MOWSA's action should be commended, much work remains, it is crucial that a TWG on child online protection be established because it will help to advance and speed up a multi-stakeholder and cross-sector strategy to address OCSEA in Ethiopia. The TWG is expected to make it easier for organizations to share more knowledge and data, which will improve the services provided to OCSEA victims, enable government agencies to jointly plan, oversee, and report

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[173]The Dark Side Of The Internet For Children Online Child Sexual Exploitation In Kenya - A Rapid Assessment Report, 2018
[174] United Nation General Assembly resolution A/76/144,Report of the Special Rapporteur on the sale and sexual exploitation of children, including child prostitution, child pornography and other child sexual abuse material, Mama Fatima Singhateh, Accessed from https://documents-dds-ny.un.org/doc/UNDOC/GEN/N21/196/73/PDF/N2119673.pdf?OpenElement
[175] EUROPOL, Internet Organized Crime Threat Assessment,(2018) P.35
[176] Computer Crime Proclamation, art 23&25(6)

on shared operations and facilitate international coordination by active and coordinated participation in international initiatives like We PROTECT Global Alliance and make it simpler to coordinate any support from the international community on development priorities based on Ethiopia's needs.[177]

ii)   Lack of International Cooperation

The Ministry of Justice is empowered to establish international cooperation with other countries in regards to matters concerning computer crime, including for exchange of information, joint investigations, extradition and similar matters.[178]

 Cybercrime is borderless and major social media companies are located abroad, forming collaboration with these companies or the country where they are registered, as well as other countries, will greatly assist in taking immediate action by removing the posts in order to prevent further victimization. for instance, face book has office in Kenya and this has made it easier for Kenyan government to work with the company.

c) Confusion on the Investigative Power

According to the computer crime proclamation, one of the major organs which were given the power to investigate cybercrimes together with the public prosecutors is the federal police. But federal police have stated that it is not currently working on the issue, since it does not have a specific unit that is established to investigate sexual crimes that are perpetrated against women and children. And some respondents have suggested that this mandate should not be given to federal police. Regional polices should be delegated to do the investigation. The reason they put for this is that in addition to federal police not having a unit which investigates sexual violence perpetrated against women and it does not have enough human power to deal with the issue.

The confusion over who has investigative power has led to simply documenting many reports obtained from the cyber tip line. The Ethiopian National Central Bureau (INTERPOL) receives reports from the cyber tip line, but because Interpol does not have investigative power and does not know to whom it ought to turn over the reports, it simply documents the reports. The respondent from the Ethiopian National Central Bureau (INTERPOL) stated that they get reports every day but are unable to act owing to the organization's lack of investigation power and the confusion over identifying the responsible police bureau with the investigative power.

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[177] Id
[178] Computer Crime Proclamation, art 42

The cyber tip line shows crated date, type of abuse, reporting service provider, reported person's information (last name, screen name, phone number, email address, age , and date of birth), source of captured information, prior report numbers and number of associated files. From May 29/2023 to June 4/2023, Interpol has received 733 cases However, these cases will not be investigated since it is unclear which police organization is in charge of investigating them.

And the respondent from the Ethiopian Federal Police Commission Crime Investigation Bureau Forensic Investigation Directorate has explained that, while they are aware that Ethiopia receives reports from the cyber tip line, they have not received a request from either federal or regional polices to conduct an investigation, and the only responsibility of the forensic unit is to extract information from devices, which they only do upon request from any police

d) Lack of Adequate Investigative Equipment and Technological Expertise

The complex nature of cybercrime, it is extremely difficult, if not impossible, for someone lacking technical competence to conduct the investigation. Ethiopia lacks investigation equipment and technological skills that is up to date with current technology advancements, the current technologies available are not adequate to find out who has really posted or created the image since many Ethiopians share their apparatus (mobile or computer) to their friends.

However, the Ethiopian Federal Police Commission Crime Investigation Bureau Forensic Investigation Directorate argues that if cases are brought for investigation, it will be able to develop the experts' skills; yet, the expert's skills are not competent with current technological advancement because they are not working on cases.

Responses Available for Victims

Aside from the violation of their human rights, victims experience several kinds of psychological and physical harm. OCSEA victims may experience a variety of psychological problems and if offline child sexual abuse is committed in addition to the OCSEA the children may also face physical health problems in addition to the psychological problems. To assist those who have been victims of OCSEA, the government should have established a confidential counseling and reporting mechanism.

In Ethiopia there has been efforts to start hotline services in all the regions and city administration that provide counseling for children who have been victims of any kind of violence but most of the hotline services are not functional for different reasons. One of the

reasons is related to payment for the line which is expensive and the organization that established the service is responsible for payment. In some regions it is Bauru of Women And Social Affairs (BOWSA) and in others it is the regional police, and many children are unaware that such services exist, so they do not use them as much as expected. And also, the problem is that the government starts to take actions when things are aggravated but these things should be established before too many children are victimized.

Furthermore, Ethiopia has established one stop centers the only thing that is needs to be done is to strength and educate the staff about OCSEA and the treatments that that they should provide

Additionally, in regards to witness protection if an OCSEA victim come seeking justice she /he will receive the same treatment as other sexual and gender-based violence survivors receive. This means if the perpetrator is a family member or her/ his family is unable to protect her /him from the perpetrator, she/he will be sent to safe house owned by NGO's and the safe houses take children based on their criteria so the available safehouses might not take OCSEA victims and if additional protection is needed, she/her will be able to receive the protections provided under the witness proclamation.

3.4. Social Challenges

a) Lack of Awareness

 Many of children and parents do not know that such kind of violation exists. And there are many misconception by parents that their children will never be victims of OCSEA since they believe that they have warned their children about stranger danger or that their children are involved in religious activities or that their children do not have access to smart phones and the internet.

And the other misconception is related to the financial status of the family on one hand there is an assumption that this problem exists in rich families since rich families are busy with work and do not look after their children and these parents can afford to buy their children what ever they want so they are spoiled and exposed to such kinds of abuses. And on the other hand, there is a believe that children from poor family are subjected to such violence since their parents are not able to meet their children's need for them, they look other means to get money. This shows that parents are not aware that their children could be a victim of such crime.

Additionally, children that participated in the research state they have never heard of the issue before and others mentioned that they do not know what constitute OCSEA many

children who participated in the research believe that as long as a person does not ask for sexual favours, it does not constitute OCSEA, but the reality is that the person might be grooming her. Moreover, these children believe that if there is no physical interaction it would not be a problem rather, they believed it to be "fun".

b) Blaming the Victims

Victim blaming is the act of totally or partially holding the victim responsible for the crime that happened to them.   Victim blaming is more prominent in cases of rape and sexual harassment, some blame the victims out of ignorance, to get the sense that this would not happen on them and others blame because they want to believe that the world is peaceful.

The majority of respondents think that the victim chose to speak to the perpetrator and choose to engage in sexual discourse or perform the sexual act, and that the victim's choices are the result of her/his bad behaviour.

Reasons for Failure to Report

The previously mentioned institutional, legal, and social challenges may have contributed to it being harder for victims and the community at large to report such incidents. Furthermore, the challenges mentioned above might be linked to the additional explanations for not reporting, which are stated below.

a) Fear and Shame

Sexual violence exposes victims to stigma and, in certain cases, discrimination, and may jeopardize their standing in the community. Victims of sexual violence are often blamed for what happens to them in many communities.[179]

The majority of students who took part in the study stated that they would not even tell their parents if this happened to them because they would be blamed, labeled as a "bad child," and be forbidden from talking with their friends and causing shame on their family.

b) Lack of Awareness

Many of the participants are unaware that the act is a crime and the offender could be held responsible by law. The majority of parents have stated that they are not aware of the risks that could occur online especially on children. And even those who know that this is a crime do not know what they should hold as evidence.

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[179] Evelyne Josse, they came with two guns': the consequences of sexual violence for the mental health of women in armed conflicts

c) Lack of Confidence in the Legal System

People go to law enforcement when they believe that they will get the appropriate justice. However, if they think that they won't get proper justice, they will be discouraged to go to law enforcement organs.[180] In Ethiopia the general cases of sexual abuse the punishment perpetrators receive are less than the time and the energy spent by the victim and the victim's family.   And the other problem is that the perpetrators of sexual violence will be released on bail and will threaten and destroy evidence against the victim, and they are also released early for having a good behavior in the prison in such cases the offenders are more likely to flee from one area to another after committing a crime but the child and her/his parents suffer greatly and law enforcement organs are negligent will not look after the offer.

4. Conclusion and Recommendations

4.1. Conclusion

The advancement of digital technology has made our life easy. We are able to share information, learn, recreate, communicate, express ourselves, find jobs, connect with other easily. Especially children are interested to use these digital technologies and parents use smart phones to calm their children or distract them, not taking into consideration the danger their children are exposed.

Although the internet has provided children with access to information, education, increased their creativity, and allowed them to show their talent, it has also introduced numerous risks such as accessing inappropriate sites, being exposed to online information that promotes hate, violence, and pornography, not being able to developing real social skills and engage in physical activity and exercise, sharing their personal information on social media sites, and being bullied on social media sites.

The internet has made it easier for perpetrators to gain more access to children through social media platforms to they choose their targets, they groom them and they abuse, them without even raveling their identity, which leaves the victim in a state of constant fear and re-victimization because of easy distribution and not being able to identify the person who abused them and how many people have seen the abuse.

OCSEA is becoming one of the major crimes being committed against children around the world, it is a transnational crime. There is different type of OCSEA which include child pornography, sextortion, online grooming, sexting and live streaming, these abuses can

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[180] **Legitimacy Policing in Depth, Accessed from** https://www.rand.org/pubs/tools/TL261/better-policing-toolkit/all-strategies/legitimacy-policing/in-depth.html

occur solely online or the abuse might happen offline and letter displayed online or in some cases the abuse might take place offline and be displayed online at the same time.

The crime violates multiple of the victim's human rights, as well as harming her/his mentally, socially, and economically. There is a misconception about the crime, which presents it as a Western problem that would not occur in poor nations. As a result, it has gotten substantially less attention.

One way of fighting this dangerous crime is through having a strong law. However, International and regional human right instruments that give legal protection to children in cases of crimes committed through internet has come short when it comes to protecting children from online sexual violence. The instruments do not address all kinds of online child sexual abuse but the CRC committee has tried to include all the forms of OCSEA under the guidelines regarding the implementation of the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, but it is not a binding legal instrument.

At the national level, Ethiopia has adopted legislation and established several institutional mechanisms to combat cybercrime. The most applicable legal framework that could be used for the purposes of OCSEA is the Computer Crime Proclamation. The proclamation mentioned particular cybercrimes as well as procedures that the Ethiopian criminal law missed. Even though adopting a proclamation is a step in the right direction, the proclamation still has problems with clarity, addressing all types of OCSEA, and providing adequate penalties for the commission of the crime.

In terms of institutional procedures, the proclamation lists the institutions responsible and assigns those tasks, but the institutions suffer from a lack of resources, capability, and qualified personnel, lack of collaboration and coordination, lack of understanding of the crime as well as confusion over who has investigation authority. Additionally, among other things lack of awareness about the reporting system and non-functionality of the hotline services might be the cause for the discouragement to report.

These legal and institutional gaps have could be obstacles to combat OCSEA in Ethiopia so the government have use the available opportunities and fix the challenges in order to protect children and deter perpetrators. Children should be able to enjoy all the best things that are available and it is important for everyone create a safe space for children where they feel confident and be able to get the most out of the world has to offer, internet by its self is not a bad thing so denying the access won't be the solution to protect children but it is

important to mitigate the risks. For that all stakeholders including law enforcement bodies should work hand in hand.

The issues mentioned above are indicative of the tremendous amount of work that has to be invested in fighting online sexual abuse committed against children. The effort must focus on prevention, protection, prosecution, and response. As a result, the researcher suggests the following.

4.2. Recommendations

a) Legal framework

- The Computer Crime Proclamation needs a revision. It should include the different types of OCSEA listed in the international documents including sexting, sextortion, live streaming, virtual child pornography and additionally, it should provide the definitions for some of the terms that are ambiguous, like erotic, solicit, sexually explicit conduct, and obscene or indecent offences,

- The penalties for these crimes should be increased so that they have deterrent and retribution effect.

- Child sexual abuse and exploitation should be put as a condition to deny bail since perpetrators can use the right to bail to destroy evidence and threaten victims and their family and this creates fear in the victim and their family to report cases

- Provide legal basis to systematically register sex offenders so that they could be held liable if they reoffend in another city/region

b) Institutional mechanisms

i.   Capacity building and equipping with technological tools

- Clarifying which police organ either the federal or regional has the mandate to investigate the crime and establishing a police unit or team that particularly investigates OCSEA since the nature of the crime is complicated and it may be overlooked

- Assigning police officers that solely investigate OCSEA, since OCSEA cases are handed to polices officers that handle other cases it might be overlooked

- providing in-depth training on the types of OCSEA for law enforcement organs including polices, prosecutors and judges on OCSEA

- Allocate budget to equip law enforcement body with the necessary resource, technological tools and training

ii.   Cooperation

- All stake holders (police, Interpol, MOJ, courts INSA, MOWSA, Ethio Telecom, Safaricom, NGO's and other responsible organizations) should cooperate, collaborate and take the commitment to fulfill their duties

- Strengthen Interpol NCB 's international cooperation with other NCB's and international Interpol to prevent OCSEA, identify victims and the perpetrators, and destroy criminal networks involved in manufacturing and disseminating inappropriate content.

- Strengthen collaboration with NGO's

Response system (Service Provision)

- Strengthen and promote hotline services so that it is easily accessible,

- Strengthen one-stop centers and raise awareness among one-stop center staff about OCSEA.

- Make sure that the services are child sensitive and inclusive

- Establish a mechanism to immediately block and delete dangerous content concerning the child, in order to prevent such material from being accessible and spread in the future which could victimize the victim

- The government should build safe houses to provide protection for victims since the safe houses owned by the NGO's could be closed due to different reasons additionally the government should invest in quality rehabilitation and integration programs.

Community Level

Awareness creation

- Raising community awareness about different types of OCSEA, related laws, and reporting mechanisms

- Educate children about the risks of using the internet and how to protect themselves

- Law enforcement organs should closely work with the community to gain the community trust back

- Educating teachers and parents about OCSEA so that they can teach digital skills and online safety to children.

- Economically empower families so that they do not fall short of providing the needs of their children are not forced into survival sex.

Leave No Girl Behind: Unpacking Vulnerabilities of Female Domestic Workers, Focus on Brokers and Parental Concerns

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ABSTRACT

This study examines the role of intermediaries, and parents, in exacerbating the vulnerability of female domestic workers in Hosanna town. A pragmatic research paradigm was employed, combining both quantitative and qualitative approaches. Data were collected from 130 female domestic workers through questionnaires and 28 additional respondents, including key informants such as government officials, employers, brokers, and parents. Quantitative data were analyzed using SPSS version 22, while qualitative data were thematically analyzed. The results indicated that many female domestic workers preferred illegal brokers over licensed ones, citing the latter as "unsafe" or "insecure." Furthermore, brokers and their assistants were frequently reported to have committed acts of violence against these workers. Parents actively facilitated their daughters' employment, often coordinating with brokers and employers without seeking their daughters' consent. In some instances, parents collected wages in advance, subjecting the workers to exploitative conditions, while others advised their daughters to switch employers for higher pay, further entrenching their vulnerability. Overall, the findings highlight how both brokers and parents contribute to the cycle of exploitation and violence experienced by female domestic workers. These workers are subjected to various forms of mistreatment, not only from their employers but also from intermediaries and their own families. The study underscores the urgent need for stricter regulation of brokers, alongside advocacy and protective measures for domestic workers, to mitigate the ongoing exploitation and abuse faced by these women.

Keywords: Vulnerability, brokers, Hossana, female domestic workers

1. INTRODUCTION

1.1. Background

Domestic work refers to a work performed in or for a household or households; this includes home chores like cleaning the house, cooking, taking care of the children, elders, and sick members of the employer, gardening, washing and ironing, and others (ILO 2013:3-7, Budrich 2018:9-28). Millions of men and women around the world work as domestic workers which is one of the oldest and most significant occupation (ILO, 2013:67-101). The ILO estimates that there are almost 53 million domestic workers worldwide and that both males and females over the age of 15 make up this group (ILO, 2013:80). In 2050, the working-age population will expand by 40 percent, and trade openness will continue to develop, especially in service occupations. Concerning the classification, domestic workers are classified into two based on their living situation, and time they spent on their duties (Rani 2018:577-583). Intermediaries are individuals (brokers, friends, parents, relatives and other) who facilitate conditions to contact employee and employers for their mutual benefits (Mulugeta and Makonnen 2017: 1-15). Brokers provide that service and are compensated in various ways, either through commissions, fees, or through being paid by the exchange itself (Chau and Schwiter 2021). There are two types of brokers "*delalas*" (Proclamation No 1156/19 2019). The first one is a licensed one; those agents get permission from the concerned government agent as a private employment agency (PEA). As defined by Svennson (2018:1-10), young female domestic workers are workers whose age is between 13-21 and who work in a household other than their own to perform domestic activities under the umbrella of domestic work, whether it is paid or unpaid. Nowadays, female domestic workers make up a large portion of the workforce, in the globe in general and in developing countries in particular and their number has been increasing even in the industrialized world (Kharas 2017:1-17).

In Ethiopia, the concept of domestic work and domestic workers is not new because has long history starting from the slave trade to current time (Mekonen, 2014:709 and Kifle, 2002:27-59). The way in which feudal families threatened their slaves during the monarchy period is largely carried over into how domestic workers are treated in Ethiopia. They were known as "*Gereds*" and were expected to be available around 24 hours, with no days off and no chances for professional or even personal growth. Currently, some community members exhibited their diminished sense of attitudinal value by referring to them as "*Gered*" in Amharic, a pejorative term meaning "servant" "y*ebet serategn*" in Amharic (Berhe 2019, Kidist 2012:11). This is a reflection of unfair treatment for this social group, and it is an indication of a decent work deficit, not treating it like other groups.

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Domestic employment and internal migration are strongly related; that is, internal migration rises periodically as a result of several circumstances, including the scarcity of rural land, the romantic attraction of city life, peer pressure, and the expansion of the need for domestic labor in cities (Adugna, Deshingkar, and Ayalew 2019). When potential migrants have plans to leave their village, one of their goals is the intensity of the issue facing female domestic workers in the study area, Hossana town, is not the easiest thing to put into words. In specific term, they have been facing human rights violations like deprivation of the right to education, health, and work; physical abuse like hitting and scorching; sexual abuse like rape and forcing women to abort; economic abuse like being unable to be paid for similar occupations as men; and social abuse. Moreover, in the hospitals and health centers, it is obvious to see female domestic workers visiting for the purpose of abortion, and those who are pregnant but are not aware of abortion centers give birth and kill recklessly, abandoning a child somewhere in the periphery of the town. In spite of these troubles, no research has been conducted emphasizing this vulnerable group.

Cognizant of these, this study aimed to explore the research questions such as: How did the domestic workers' parents contribute to the study population's vulnerability in the study area? How could brokers allow female domestic workers to be vulnerable in the study area?

2. METHODOLOGY

2.1. RESEARCH PHILOSOPHY, DESIGN AND METHOD

The research philosophy used in the study at hand was pragmatism in which combines both qualitative and quantitative approach with an embedded mixed design. Convenience sampling was used with the non-probability sampling method because domestic workers have no permanent residence. Further, their official registration records are not well organized and available from the concerned government organization in the study areas. Thus, all domestic workers who fulfilled the criteria and agreed to participate in the study were included.

2.2. SAMPLE SIZE

A total of 130 domestic workers participated in the study for the quantitative survey, and 28 respondents participated in the qualitative data. For data collection, three locations were chosen where female domestic workers could be found. First, private employment agencies (PEAs): there are five licensed PEAs in the study area (Hosanna). 92 female domestic workers were selected from these sites. Second, 29 female domestics who attend evening

classes were recruited from schools that offer them. Third, water points: from the water points, 9 female domestic workers were selected.

2.3. DATA COLLECTION TOOLS AND DATA SOURCE

The quantitative data has been gathered using a structured questionnaire from sampled female domestic workers; and qualitative data was gathered via interview from key informants and selected female domestic workers. Key informant interviews (KII) took place to gather data from the concerned bodies of those who have direct and/or indirect linkages in the employment process. Hence, the 18 selected key informants were: 2 licensed private employment agencies, 2 unlicensed agencies, 1 LSA office, 1 WAD, 6 employers, 2 police officers, and 4 parents of employees (those who collected money from their daughters).

An in-depth interview was another tool used to collect data, in which five female domestic workers were selected to illuminate their experiences with the aforementioned issues (3 schools, and 2 from PEA). Their selection was based on the fixed criteria established by the researcher, such as work experience, the number of employers with whom they have worked, and their age, which should be 18 or above. Finally, five case studies have been conducted with migrant female domestic workers using the same criteria used for IDI respondents. In conclusion, 158 individuals participated as respondents in the field when the data collection process was conducted. In terms of the data collection process, female enumerators gathered quantitative data first, followed by the collection of qualitative data.

2.4. DATA ANALYSIS

The collected data was processed step by step using the survey method and the in-depth interview method. First, survey data was analyzed using SPSS software version 20 after cleaning and coding of the data. For the descriptive analysis, percentage, and graphic presentation, it was done in a clear way. The process of qualitative data analysis was done step by step, such as transcribing audio recorded data and categorizing themes accordingly. Finally, after completing both qualitative and quantitative data separately, an attempt was made to integrate them to arrive at a more comprehensive conclusion.

3. RESULTS AND DISCUSSION

3.1. DEMOGRAPHIC PROFILE OF THE RESPONDENTS

The majority (about 90%) of the respondents were aged between 15-24, while the remaining were children aged below 15 years old, i.e., below the minimum legal working age in the country. Regarding their educational status, about 77% of the respondents had school

attendance stories from grades 1 to 8, with the exception of 9%, which is categorized under not being able to read and write, or educational blindness. Due to their rural upbringing, respondents were unfamiliar with the metropolitan community's way of life. All respondents were single (never married), with the exception of 3.8%, who are married or divorced. As shown in the table above, individuals who have never married migrate more frequently than those who have.

In terms of work experience, the majority (90%) of the respondents were in the category of 2–5 years of experience, but only 10% had 6–8 years of work experience. This is perhaps the intention of the withdrawal from local domestic work and the migration to the Middle East countries. Obviously, most female domestic workers who are belong to poor family used small towns and cities as a place to do and learn about domestic work and as a place where funds are raised to cover the visa process to the destination, the Gulf countries.

3.2. PATHWAYS TO EMPLOYMENT AS DOMESTICS VIAa BROKERS

Brokers are intermediaries that facilitate transactions across different sectors in Ethiopia, such as the purchase or rental of housing and vehicles, as well as the employment of domestic workers. Employers looking for domestic workers and employees seeking domestic work both need a mediator to connect the two parties. These individuals are considered intermediaries, whether they are licensed or unlicensed. However, the majority of *delalas* operate as legal enterprises. In the employment process, particularly by the unlicensed facilitators, no agreements are ever made in writing. For their services, they demand a certain fee. But both licensed and unlicensed are involved in the facilitation process, the licensed brokers in their formal office (overtly) and the other obscurely (illegally). During their first decision to be a domestic worker, all of the respondents reported that they were advised by another person or persons. Both licensed and unlicensed brokers (*delalas) are* active and organized in the facilitation of employment for the migrants. They do operate within networks, despite it being challenging to estimate the size of the network.

More than one-third of them (36%) publicized that their employment was facilitated by brokers (licensed or unlicensed), while the remaining two-thirds were assisted by parents, relatives, or friends. Unlike Elsa's (2011) finding, in which parents took a limited role in their daughter's decision-making process to become a domestic worker. But in this study, parents had a significant role, whatever the reason for their involvement could be. Regarding the "convincing" promises given by the facilitators during the decision making process for domestic work, the respondents disclosed that all the intermediaries were told persuasive promises. The first and most persuasive promise given by the brokers to the employees was

to support the family left behind. This is perhaps due to a couple of reasons. On the one hand, the immigrants might be belong to poor families, and this is probably the reason why they are easily persuaded by the promise made by the intermediaries to help their families. On the other hand, it has become accustomed for migrant female domestic workers to send money to their families, friends, and religious centers (churches) in an attempt to obtain favor and make their families proud of them.

The second underlined persuasive promise given by the brokers was the arrangement of work abroad (Middle Eastern countries). Female domestic workers who work in the town and rural girls who may move to urban areas in the study area are very curious and have aspirations of immigrating to the Middle East. They disclosed that she has been dreaming of migrating to the Middle East (Arab) countries in order to change their lives and their families' lives as well. Furthermore, parents are also possessed by sending their daughters to the Middle East in order to collect remittances for their families.

Consistently, the interviewed parents replied as follows:

A reason to permit my daughter to be engaged in domestic work in urban areas is because I was not able to support my family by working on the farm. Due to the farmland's intermittent lack of productivity, life becomes very challenging, and I am unable to provide for my family's needs. I, therefore, sent her to the city to get accustomed to city life in the hopes that she would be sent to the Middle East to aid us. However, I was unable to receive the agents' promises. (Interviewed on Dec 2021)

The promise of the unlicensed brokers in the study area is trusted by the parents and guardians of the domestic workers because they are considered as members of the community and popular among the community.

3.3. THE LEGAL STATUS of the BROKERS

The study at hand revealed that the total respondents who joined domestic work through brokers, 70.2% of them were using unlicensed ("illegal", named by government) brokers. This may be due to the accessibility of unlicensed brokers in rural areas. Most of the time, unlike licensed brokers who located only in the towns and inaccessible to potential migrants, chain of unlicensed brokers is deep within the community and found in rural and urban areas as well.

3.4. PRIORITY OF RESPONDENTS TO INTERMEDIARIES

There are numerous agents and parties, such as friends, brokers, relatives, parents, and others, involved in the facilitation process for domestic work who function as mediators between the employee and the employer. Employees' priorities for facilitators vary depending on their social networks and their awareness level about them. Cognizant of this, nearly half of the respondents prefer unlicensed brokers to get employment, whereas 19.2% only use licensed ones.

Parents/guardians were the second-most popular choice of the respondents to get employment rather than licensed brokers. Regarding unlicensed brokers, they are invisible, and the government considers them illegal, i.e., they are supposed to put domestic workers into miserable lives by pushing them into situations that cause them suffering. Despite the objectionable connotation mentioned by the government about unlicensed brokers, they are the top choice of the respondents (female domestic workers) to find employment. This condition might be because of their strong social network among the community that they have made with; and because the amount of charge they requested their customers to pay is less than what is licensed.

Even the interviewing employers supported the idea that unlicensed brokers are preferred over legally licensed ones for a couple of reasons. The first one is related to the amount of charge they are required to pay while they facilitate employees for the employers. Unlike licensed brokers who requested unreasonable payment for their brokerage, the amount of charge asked by the unlicensed brokers for their brokerage service is not exaggerated; and the monthly salary fixed to employees is reasonable and convincing.

On top of this, the other reason employers rely on unlicensed brokers is their exclusion from interfering in interpersonal relations between employees and employers. As employers disclosed, the licensed brokers lobbied the employees to stop their work, and they made arrangements for another place with a better salary. The reason behind this plan is not to serve the interests of the employees, but rather, when the employees shift from one employer to another, the broker will collect their commission and calculate their advantage at the expense of the employees. Then, female domestic workers thought of a pretext, citing things like the need to visit sick family members and other reasons to cease and leave.

3.5. "SAFE" AND "UNSAFE" BROKERS FOR FEMALE DOMESTIC WORKERS

In this study, the notion of "safe" and "unsafe" is in the context of female domestic workers' vulnerability, which includes a comfortable employment process, freedom from different

forms of violence committed against the subject by the brokers during the recruitment process, and staying in with the brokers until they find employers. Furthermore, in this study, contrary to the intention of the government, the evidence from the respondents revealed that licensed brokers are much more "unsafe" for the employee than unlicensed brokers, and licensed brokers have been more exploitative and "unmannerly" than unlicensed brokers. This implies that the intention of the government in licensing unlicensed brokers is not efficient in combating exploitation against female domestic workers. On the other extreme, the scenario opened the way for the involvement of numerous unlicensed brokers in rural and urban areas to act as an agent to facilitate the situation of communication for the unlicensed broker to collect some amount of commission from the brokers. These factors supported the growth of unlicensed brokers in the broker market.

3.6. PREVALENCE OF VIOLENCE BY INTERMEDIARIES AGAINST FEMALE DOMESTICS

Domestic worker violence is a significant problem that needs to be addressed. Several domestic workers, according to the International Domestic Workers' Federation, experience various types of violence, including physical abuse, intimidation, threats, bullying, sexual attack, harassment, bad food, and a lack of privacy. Murder and other severe acts of brutality have been recorded. It is not common to address the prevalence of violence committed by brokers or intermediaries against migrant women domestic workers. Prevalence of violence, which is the frequency of abuse committed by the brokers against female domestic workers while they were looking for employment via brokers (licensed or unlicensed brokers), is addressed in this section.

In most cases, domestic workers in general and migrant female domestic workers in particular were subjected to various forms of violence, including physical, sexual, psychological, and economic violence. In the aforementioned context, therefore, different forms of violence were committed against female domestic workers while they were waiting for employers via licensed brokers. Regarding the person who has committed violence, licensed brokers and their office assistants (as required to have at least 2 office assistants) were the main offenders, followed by male domestic workers awaiting employment through licensed brokers. Despite the culture of shyness to disclose sexual harassment committed against them, sexual violence overrides (52%) another type of violence committed by the brokers against the subjects. The study by Mekonnen, (2014:710) reported that 72 percent of the superficially responding respondents reported having experienced sexual harassment by brokers without identifying the type of broker. However, in this study specific to the type of broker who committed violence against their customers, 74% were committed by the

licensed brokers, and 14.8% were by the one who works with the licensed brokers (assistants in the office). But compared to the licensed brokers, 11% of the sexual abuse was committed by the illegal brokers. This demonstrates that licensed brokers were the main actors of sexual violence against their female domestic workers while looking for employment via brokers. And their brokerage service frequently exposes female domestic workers to a serious risk of abuse.

Furthermore, when female domestic workers are raped by their employers and/or someone in their home, some licensed brokers give coverage for the crime by communicating with the violator to favor it by taking some advantage (money) from employers. This designates that the vulnerability of female domestic workers was exploited by licensed brokers, and instead of preventing violence against female domestic workers, they became the main perpetrators of crimes committed against them, whether directly or indirectly.

3.7. PARENTS' INTERVENTION ON EMPLOYMENT OF FEMALE DOMESTICS

The study depicted that all except 13.9%, of the respondents supported that parents/guardians were totally interested and even push their daughters to be domestic workers in the town and their intention is just to collect income via them. Plus, 69% of the respondents disclosed that their parents/guardians suggested their daughters to send to overseas, the Middle East countries, to be domestic workers by arranging some amount of expense. This implies that parents were initiate their daughters to be domestic workers rather than they complete their education, and the mind of parents/guardians about education were corrupted.

This finding is consistent with the finding of Population Council (2021) which labeled an individual's decision for immigration was not made solely by the migrant but also by their relatives, especially their families and parents.

Moreover, respondents disclosed that their parents/guardians communicate with the employers without their daughters' consent to hire them. The decision making of their daughters were totally taken by their parents of the female domestic workers. Furthermore, of the total respondents, about half illustrated that their parents (both or one) presented during the deal with employers together with the brokers. This implies, in addition to their initiation to be employed in domestics, parents were playing the role of brokers in the process of facilitation of employment of their daughters. This made ways easy to know the location of the household in the town and helps to collect the monthly salary of their daughters even in advance.

This stated the extent of involvement of parents in the employment process of their daughters as brokers do. Other interviewed employers were also indifferent to this idea and they consolidated by underscoring the awkward interruption of the parents. Some parents called their daughters (employees) to their homes without informing employers to look for another domestic worker to replace. This made employers not kind and humble to their employees, and others have taken the clothes of the employees and imposed deductions for the broken and lost materials. At the end of the day, the female domestic workers remain null because on one hand their monthly salaries are taken by their parents, and on the other hand, they have no positive interaction with employers due to the interference of the parents/guardians. Of the total respondents, about half illustrated that their parents (both or one) presented during the deal with employers together with the brokers. This implies that the parents are playing the role of brokers in the process of facilitation of employment.

4. DISCUSSION

The results of this study showed that the demographic profile of the respondent proved that their age was below the legal working age set by the country's law, and that their education level was more on the primary level, rendering it impossible for them to be aware of their fundamental human rights. Unlike the findings of other researchers, such as Getachewu (2006), in which half of the respondents were illiterates, this study came up with the finding that respondents had stories of schooling. This is probably due to the good scope of government educational expansion, and the attitude of society toward female education has probably become more favorable.

The majority of respondents preferred unlicensed to licensed brokers, while both licensed and unlicensed brokers were the primary agents to contact companies with potential employees. The unlicensed brokers are well liked by the locals, and they maintain close relationships with local elders and religious leaders. Furthermore, they are also readily accessible in rural areas with their chains. Regarding violence, the study of Makonnen (2017) and Mulugeta (2017) underscored that 72 percent of the superficially responding respondents reported having experienced sexual harassment by brokers without identifying the type of broker. But in this study, the result was revealed: unlike unlicensed brokers, female domestic workers were sexually harassed by licensed brokers and their assistants in their offices. The offices of licensed brokers operated as both a location for sexual harassment and a site for either consenting or non-consenting recruitment of workers for sex work. As a result, the structure of licensed brokers (manager to assistant) has played a significant part in the study population's vulnerability by letting respondents live in appalling conditions rather than standing up for their rights.

In the hopes of attaining the improved pay arrangements promised by the licensed brokers, female domestic workers left their occupations without giving the employers sufficient time to find another employee. This is, however, not for the benefit of the workers; rather, it is for the financial benefits of the brokers. Due to this situation, employers grew irate with their domestic workers. As a result, even if the employees were not following the trend, they were treated harshly and mercilessly. As indicated in the finding, the attitude of parents about the involvement in facilitation of their daughters in domestic work was welcoming; and even so, it is becoming a culture of the community with the intention of collecting the daughters monthly salaries.

In consistence with other scholars such as Aboye (2019) and Kifle (2002) about the involvement of parents in facilitation, relatives, friends, or even parents bring children to towns as they mature physically to engage in domestic work, and they also play a facilitation role by contacting employers and brokers. Plus, parents create communication with employers, sometimes collect the monthly salary in advance, and take materials like flour, clothes, oil, *enjera,* and other used resources home. Due to this favor, even if the situation is miserable for the employees, she could not leave the employers' home.

On the other hand, if these advantages are not given, parents may lobby their daughters to abscond to find employment with better salaries at other employers. This scene of parents upset employers and degraded humbleness and kindness from them towards their employees. Finally, dissatisfaction with employers by parents paved the way for the vulnerability of domestic workers, such as when they maltreat their employers with sympathy, humility, and exclusive constant control, sometimes commit physical violence, and work beneath a veil of maltreatment by their employers. As a result, female domestic workers are the objects of extreme exploitation in terms of toiling, such as loss of decision making power on their personal issues starting from involvement, salary control, and being powerless to defend themselves.

5. CONCLUSION AND RECOMMENDATIONS

The findings showed that licensed brokers and their assistants were more likely to harass female domestic workers in their workplaces than were unregistered brokers. Additionally, sexual harassment and the solicitation of employees for sex work, with or without their consent, took occurring at the licensed brokers' office and the location where workers stayed to contact employers. As a result, the hierarchy of licensed brokers (manager to assistant) greatly contributed to the study population's vulnerability and allowed the respondents to live in desperate circumstances rather than standing up for their rights. Female domestic

employees quit their jobs in anticipation of the licensed brokers' promises of a better pay package.

However, charging is in their best interest, not the employee's. Employers became strict, unforgiving, and brutal toward their employees as a result of these experiences, even if the employees were not part of the trend. This circumstance led to employers being dissatisfied and disillusioned with their employees. According to the findings, parents welcomed their daughters working as housewives, but despite this, it is becoming more common in the neighborhood with the goal of paying the daughters' earnings on a monthly basis. Additionally, parents encourage their daughters to run away to work for better-paying employers, much like brokers do. Employers' humility and generosity toward their employees were degraded by this scene of parents, which upset them.

Moreover, dissatisfaction of employers contributes to the vulnerability of domestic workers, such as when they maltreat their employers with sympathy, humility, and exclusive, constant control, sometimes commit physical violence, and work beneath a veil of maltreatment by their employers. Finally, female domestics have left a void, and they have become vulnerable to extreme exploitation by their employers. As a result, female domestic workers are the objects of extreme exploitation in terms of toiling, such as loss of decision making power on their personal issues starting from involvement, salary, and being powerless to defend themselves. All these scenarios made the magnitude of the vulnerability of female domestic workers beyond their capacity and resulted in mental health problems such as a feeling of devoid affection, a sense of insecurity, a loss of confidence, a sense of living in constant fear, and a developing feeling of being socially marginalized. On top of this, continued violence, social exclusion contribute to the development of hatred and revenge against the community and employers through acts such as theft, murder, and looting. This finding helps to recommend new perspectives regarding the indispensability of follow-up work on the licensing process of the brokers. Plus, strengthening consultations with the local community, parents, and employers is underscored by creating emergency funds from the stakeholders and concerned agencies.

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6. References

Aboye, Alemayehu A, Fekadu IA (2019). Home Truths behind Closed Doors : Reciting the Lived Experiences of Child Domestic Workers in Selected Towns of Gedeo Zone, Southern Ethiopia. International Journal of Sociology and Anthropology V-11(Issue December):59–67. doi: 10.5897/IJSA2019.821.

Bekele S (2013). *Th*e Vulnerability of Ethiopian Rural Women and Girls: The Case of Domestic Workers in Saudi Arabia and Kuwait. Uppsala University. PP. 31-59.

Drucker, P (2017). The Age of Discontinuity: Guidelines to Our Changing Society. Routledge.

Available at: https://books.rakuten.co.jp/rk/2297bb966e0a38a29a9759163d28c525/

Felleke, A (2007). Child Labor in the Informal Sector : A study on the Impact of Child Labor in the Case of Children who are Engaged in Blacksmithing Activity in. Addis Ababa University. Pp:26-56.

Fernandez, B (2010). Cheap and disposable? The impact of the global economic crisis on the migration of Ethiopian women domestic workers to the Gulf. *Gender and Development*, *18*(2), 249–262. Available at: https://doi.org/10.1080/13552074.2010.491335

Getachewu, Y (2006). Cross Sectional Assessment of Violence Against Female Domestic Workers in Gulele Sub-City for Local Level Intervention. Addis Ababa. Addis Ababa University. Available at: http://etd.aau.edu.et/handle/123456789/3628

Hathaway, JC (2021). The Rights of Refugees under International Law. Cambridge University Press.2nd Edition. Pp 61-87.

ILO (2013). Domestic Workers Across the World: Global and regional statistics and the extent of legal protection (Issue January). Available at: http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_173363.pdf

Kifle, A (2002). Investigating the Worst Forms of Child Labor No. 38 Ethiopia Child Domestic Workers in Addis Ababa. Geneva, ILO. Pp *1-85.*

Mulugeta, K (2012). Vulnerability , Legal Protection and Work Conditions of Domestic Workers in Addis Ababa (Issue December). Hague Netherlands. Pp 18-27.

Mulugeta, M, Teferee M (2017). Illicit Cross-Border Migration in Ethiopia: Causes , Patterns and Policy Responses. Addis Ababa University. Ethiopian Journal of the Social Science and Humanities. (Vol XIII, Issue 2). Pp. 1-15.

Mekonnen, K (2014). Perception of Female Domestic Workers in Addis Ababa about Risks of Illegal Migration to Middle East Countries. (Vol. 12, Issue 7) Addis Ababa University. Available at: https://hsgm.saglik.gov.tr/depo/birimler/saglikli-beslenme-hareketli-hayat-db/Yayinlar/kitaplar/diger-kitaplar/TBSA-Beslenme-Yayini.pdf

Nazir, S (2011). Sociology-economic conditions of female domestic workers before and after migration in Faisalabad city By. University of Pakistan. Pp 53-97.

Phillipson, C (2019). 'Fuller ' or ' Extended ' Working Lives ? Critical Perspectives on Changing Transitions from Work to Retirement. Cambridge University press. Pp 630-650

Population Council (2021). Reducing the Prevalence of Child Domestic Servitude in Addis Ababa. Freedom Fund, Ethiopia. Pp 1-19.

Postmus JL, Hoge GL, Breckenridge J, Sharp-Jeffs N, Chung D (2020). Economic Abuse as an Invisible Form of Domestic Violence: A Multi country Review. *Trauma, Violence, and Abuse*, *21*(2), 261–283. Available at: https://doi.org/10.1177/1524838018764160

Rinaldi, Azzurra, and Irene S (2020). The Tourism Gender Gap and Its Potential Impact on the Development of the Emerging Countries. *Quality & Quantity* 54(5):1465–77. doi: 10.1007/s11135-019-00881-x.

Seblewongel, AY (2009). Assessing Resilience in Domestic worker: with history of Sexual Abuse in Addis Ababa. Addis Ababa university. Pp. 25-43.

Available at: http://etd.aau.edu.et/handle/123456789/16671

Szép, K (2018). Economic value of domestic work. *The Legal Culture*, *1*(1), 114–130.

Available at: https://doi.org/10.37873/legal.2018.1.1.14

Tadesse Ansebo. 2012. Socio- Economic Effects of Migration: The Case of two Kebeles in Soro Woreda of Hadiya Zone in SNNPR State of Ethiopia. Pp. 1-71.

Available at http://etd.aau.edu.et/handle/123456789/12207

Impact of school inaccessibility on academic achievement of students with disabilities in Munessa Woreda, Arsi Zone, Ethiopia

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Abstract

This study examines the impact of an inaccessible school environment on the academic achievement of students with disabilities (SWDs) in Munessa Woreda, Arsi Zone, Ethiopia. Utilizing a mixed-methods approach, data was collected from 194 participants, including students, teachers, parents, school leaders, special needs experts, and education officials, with a focus on 8 students with visual impairments and 13 with physical disabilities. The findings reveal significant challenges for SWDs, primarily stemming from negative attitudes and misconceptions within the educational community, leading to stigma and exclusion. This environment marginalizes many students and adversely affects classroom dynamics. Additionally, physical barriers, such as the absence of ramps and accessible restrooms, limit SWDs' participation in school activities and hinder academic performance. Participants reported instances of bullying and discrimination, which decrease self-esteem and increase anxiety. The study also highlights deficiencies in implementing inclusive education policies, with many educators lacking the necessary training. To foster a more inclusive environment, the study recommends awareness and training programs for teachers, students, and parents, along with regular monitoring of inclusive policies. It also calls for further research, especially longitudinal studies, to assess the academic and social progress of SWDs in inclusive settings.

Keywords: Disabilities, inaccessibility, psychological well-being, academic achievement, Munessa Woreda, Ethiopia

Introduction

Education is a fundamental right for all individuals, regardless of age, gender, race, economic status, or ability. It equips people with the knowledge and skills necessary for personal growth and societal contribution. Ensuring equal access to education fosters a more just and inclusive society, enabling everyone to reach their full potential (Kabuta, 2014). Empirical evidence highlights that denying children their educational rights negatively impacts their social interactions and future opportunities. Inclusive education, which integrates students with disabilities into mainstream classrooms, promotes social inclusion and prepares them for active participation in community life (MapeshaLehohla, 2012; Rutherford, 2009).

Globally, the World Bank (2023) and the World Health Organization estimate that 1.3 billion people (16% of the world's population) live with significant disabilities. Children with disabilities, particularly those from low-income families, face lower rates of school enrollment and completion compared to their peers without disabilities. This educational disparity contributes to higher unemployment rates among individuals with disabilities, perpetuating cycles of poverty for them and their families (SADPD, 2012). Since the 1948 Universal Declaration of Human Rights, there has been a global push for students with disabilities (SWDs) to receive meaningful access to quality education (UNESCO, 2009; Tichá, Abery, & al, 2018). The 1994 Salamanca Conference further emphasized inclusive education (IE) as a cornerstone of the Education for All (EFA) initiative, urging schools to accommodate students with special educational needs (UNESCO, 2009). Over the past three decades, this has led to increased efforts to mainstream SWDs into general education systems (Chimwaza, 2015).

In Africa, the challenges faced by individuals with disabilities are particularly pronounced due to limited resources and infrastructure. Many countries struggle to provide accessible education and healthcare services, exacerbating the marginalization of this population. Ethiopia, for instance, is home to approximately 15 million individuals with disabilities, representing 17.6% of the population. Most reside in rural areas with limited access to essential services such as healthcare and education. Alarmingly, 95% of Ethiopia's disabled population lives in poverty, often relying on family support or begging for survival (WHO & World Bank, 2011).

Nationally, Ethiopia has made strides in expanding primary education, with 19,460,971 children enrolled in grades 1-8 as of 2015 E.C. Among these, 323,748 students were identified as having special educational needs (SNE), representing a Gross Enrollment Ratio

(GER) of 11.1%. While this marks a slight increase from previous years, it remains far below the national target of 75% by 2022-2023 (MOE, 2022). The Ethiopian Ministry of Education acknowledges that without addressing the needs of marginalized groups, including individuals with disabilities, the country will struggle to achieve its development goals. Poverty and disability are deeply intertwined, with each exacerbating the other (Handicap International, 2014). Cultural attitudes in Ethiopia often stigmatize individuals with disabilities, portraying them as "weak" and "dependent" (Tirussew, 2005). These misconceptions, coupled with negative perceptions of their capabilities, contribute to their low social and economic status. Teachers' negative attitudes further hinder the participation of students with disabilities, particularly those with visual impairments, in school activities (Sherrill, 1998).

At the local level, the challenges are even more acute. Many schools in Ethiopia lack the infrastructure necessary to accommodate students with disabilities. Critical facilities such as lifts, ramps, paved walkways, and accessible emergency exits are often absent. Service delivery units, dining facilities, libraries, and dormitories frequently fail to meet accessibility standards, creating significant barriers for students who use wheelchairs or other mobility aids (Tirussew, 2005). These physical barriers, combined with negative societal attitudes, severely limit the participation of students with disabilities (SWDs) in school activities and hinder their academic performance.

In Munessa Woreda, Arsi Zone, Ethiopia, these issues are particularly pressing. While studies have explored the implementation of inclusive education in Ethiopian universities (Getachew, 2018; Tirussew T. e., 2014; Birhanu Mekuria, 2020), there is a notable gap in research focusing on SWDs in primary schools, especially within the Oromia regional state. This study aims to address this gap by examining how inaccessible school environments impact the academic achievement of SWDs in Munessa Woreda elementary schools. Specifically, it will assess the effects of inaccessible educational environments on academic performance, evaluate their implications for psycho-social development, and investigate the role of the community in enhancing learning environments for SWDs. By addressing these objectives, the research seeks to provide actionable insights for creating more inclusive and supportive educational settings.

Description of the Study Area

Munessa Woreda is located in the East Arsi Administrative Zone of the Oromia National Regional State in Ethiopia. The capital, Qarsa, is situated 62 kilometers from Asella, the zonal seat, and 235 kilometers southeast of Addis Ababa. According to the Central

Statistical Agency (CSA) report from 2006/2011, Munessa Woreda has a population of approximately 240,000, with females constituting 52% of this demographic. The majority of the population, 90.9%, resides in rural areas, while only 9.1% live in urban settings.

Methods

This study employed a mixed-methods approach, combining quantitative and qualitative techniques to examine the impact of inaccessible school environments on the academic achievement of students with disabilities (SWDs). A sequential explanatory design was used, enabling statistical analysis alongside in-depth exploration of participants' experiences.

Study setting and participants

The study was conducted in Munessa Woreda, Arsi Zone, Ethiopia, involving six elementary schools selected through non-probability sampling. Participants included 267 teachers, 5 supervisors, 12 school leaders, 8 students with visual impairments (SWVI), 13 students with physical disabilities (SWPD), parents of SWDs, special needs experts, and representatives from the Woreda Education Office and Women and Children Affairs Office. Yemane's formula was applied to determine the sample size, ensuring a 95% confidence level and a 0.05 margin of error, resulting in a sample of 290 participants. Stratified random sampling was used to ensure representation across age, gender, and disability status.

Data collection

Primary data were collected through structured surveys, semi-structured interviews, and focus group discussions (FGDs). Surveys assessed school accessibility, including classroom design and availability of assistive tools, while academic records provided metrics such as grades and standardized test scores. Interviews and FGDs explored participants' experiences and perceptions of accessibility challenges. Secondary data were gathered from published research articles and reports.

Data analysis

Quantitative data were analyzed using descriptive statistics and regression analysis to identify patterns and relationships. Qualitative data were thematically analyzed to extract recurring themes and insights. A pilot study was conducted to refine data collection instruments, ensuring clarity and relevance.

Ethical considerations

The study adhered to ethical research standards, prioritizing participant confidentiality and well-being. Informed consent was obtained from all participants, and measures were taken to minimize any potential risks.

R**esults and discussions**

 Background information of the respondents

A total of 264 questionnaires were distributed to participants in this study, with 59 copies given to school administrators, parents of students with disabilities (SWDs), the Woreda Education Office (WEO), and the Women and Children Affairs Office (WCAO). All questionnaires were returned.

Table 1 :Background Information of the Respondents

Item	Category	Teachers		School Leaders		WEO & WCAO		Parents	
		F	%	F	%	F	%	F	%
Sex	Male	83	37.6	10	83.3	2	100	11	52.4
	Female	122	62.4	2	16.7	0	0	10	47.6
	TOTAL	205	100	12	100	2	100	21	100
Age	20-30	27	20.3	0	0	0	0	0	0
	31-40	81	38.3	9	75.0	2	100	11	52.4
	41-50	80	28.6	3	25.0	0	0	7	33.3
	51-60	16	12.0	0	0	0	0	3	14.3
	Above 60	1	0.8	0	0	0	0	0	0
	TOTAL	205	100	12	100	2	100	45	100
Educational Status	Certificate	15	3.8	0	0	0	0	-	-
	Diploma	81	33.1	2	16.7	0	0	-	-
	Degree	108	62.4	10	83.3	2	100	-	-
	Master's degree	1	0.8	0	0	0	0	-	-
	PhD degree	0	0	0	0	0	0	-	-
	TOTAL	205	100	12	100	100	100	-	
Fields of study	Social Sciences	42	7.5	1	8.3	0	0	-	-
	Natural Sciences	99	59.4	2	16.7	2	100	-	-
	Linguistics	64	33.1	9	75.0	0	0	-	-
	Others	0	0	0	0	0	0	-	-
	TOTAL	205	100	12	100	2	100		
Work experience	0-5	33	9.0	0	0	0	0	-	-
	6-10	69	29.3	2	16.7	0	0	-	-
	11-20	58	28.6	10	83.3	2	100	-	-
	21-30	28	20.3	0	0	0	0	-	-
	Above 31	17	12.8	0	0	0	0	-	-
	TOTAL	205	100	12	100	2	100	-	-

Key:F=frequency,%= percent

Table 1 outlines the demographic and professional profiles of participants. Among 205 teachers, 83 (37.6%) were male and 122 (62.4%) female, while 10 of 12 school leaders (83.3%) were male and 2 (16.7%) female. Both WEO and WCAO respondents were male. Parents were nearly evenly split, with 23 (52.4%) male and 22 (47.6%) female. Educationally, most teachers held diplomas (33.1%) or degrees (62.4%), with one having a master's degree. School leaders predominantly held degrees (83.3%), as did WEO and WCAO respondents. Work experience varied: 29.3% of teachers had 6-10 years, 28.6% had 11-20 years, and 12.8% had over 31 years. School leaders and WEO/WCAO respondents primarily had 11-20 years of experience, indicating a well-experienced and educated participant pool capable of effectively assessing the needs of students with disabilities.

The school community's attitude towards students with disabilities

Table 2: Respondents response on the influence of the Attitude of the Community towards SWDs

No	Items	Respondents	N	Mean	SD
1	Do you believe(agree) that students with disabilities can perform their day-to-day activities freely?	Teacher	205	1.41	0.509
		School Leaders	12	1.75	0.452
		WEO & WCAO	2	1.5	0.707
		Parents	45	1.67	0.483
		TOTAL	168	1.58	0.5377
2	Do you believe(agree) that collaborative work with parents/teachers of students with disabilities is not necessary to improve those students' academic achievement?	Teacher	205	1.61	0.548
		School Leaders	12	1.92	0.289
		WEO & WCAO	2	1.0	0.00
		Parents	45	1.48	0.512
		TOTAL	168	1.50	0.337
3	Do you believe (agree) that a student with a disability doesn't have the right to study in an inclusive educational environment?	Teacher	205	1.68	0.707
		School Leaders	12	2.08	0.793
		WEO & WCAO	2	1.0	0.00
		Parents	12	1.29	0.463
4	Do you think that a student with a disability doesn't need special support from the school and community?	Teacher	205	1.84	0.650
		School Leaders	12	2.25	0.965
		WEO & WCAO	2	1.50	0.707
		Parents	12	1.29	0.463
		TOTAL	168	1.72	0.812
5	Do students with and without disabilities not have to learn in an inclusive environment?	Teacher	205	2.0	0.431
		School Leaders	12	1.92	0.369
		WEO & WCAO	2	2.00	0.00
		Parents	12	1.52	0.12
		TOTAL	168	1.86	1.23
6	Do they consider students with disabilities in school when improving facilities and resources?	Teacher	205	1.44	0.583
		School Leaders	12	1.75	0.452
		WEO & WCAO	2	1.50	0.707

			N	Mean	SD
		Parents	12	1.38	0.498
		TOTAL	168	1.51	0.559
7	Do you believe(agree) that students with a disability don't face difficulty in learning in an inclusive environment?	Teacher	205	1.74	0.583
		School Leaders	12	2.33	0.985
		WEO & WCAO	2	1.50	0.707
		Parents	45	1.43	0.811
		TOTAL	168	1.75	0.771
8	Should students with disabilities perform equally with other students?	Teacher	205	1.05	0.224
		School Leaders	12	1.42	0.793
		WEO & WCAO	2	1.00	0.00
		Parents	45	1.38	0.498
		TOTAL	168	1.21	0.378
9	Do you think(agree) that students with disabilities can benefit socially from equal participation?	Teacher	205	1.30	0.853
		School Leaders	12	2.00	0.953
		WEO & WCAO	2	1.50	0.707
		Parents	45	1.29	0.463
		TOTAL	168	1.522	0.744
10	Do you believe(agree) that the acceptance of students with disabilities doesn't contribute to an increase in their self-esteem and academic performance?	Teacher	205	1.98	0.717
		School Leaders	12	1.33	0.492
		WEO & WCAO	2	1.00	0.00
		Parents	45	1.0	0.0
		TOTAL	168	1.32	0.30

Key: N: Number of Items, SD: Standard deviation,

As shown in Table 2, the majority of respondents strongly disagree with the notion that students with disabilities can perform daily activities without difficulty, reflected in a mean score of 1.41 (SD = 0.537). This skepticism suggests that these students are not seen as having the same capabilities as their peers without disabilities. This finding aligns with Solomon M. (2023), which indicates that, in developing countries, inaccessible facilities hinder students with disabilities from engaging in daily activities. One special needs teacher echoed this sentiment in an interview, highlighting the challenges faced by these students.

"In my country Ethiopia, especially in rural areas like Munessa Woredas, it's difficult to believe that students with disabilities can perform their day-to-day activities freely. The roads, infrastructure, and even the schools' facilities are not suitable even non-disabled students. Therefore, in the current situation, it's difficult for me to accept that students with disabilities can perform day-to-day activities freely"(Special need teacher 2).

Teachers, school leaders, WEO and WCAO respondents, and parents all emphasized the necessity of collaboration to enhance academic achievement for students with disabilities, with an overall mean score of 1.50 (SD = 0.337). Teachers strongly disagreed (mean = 1.61, SD = 0.548), school leaders expressed similar disagreement (mean = 1.92, SD = 0.289),

and WEO/WCAO respondents strongly disagreed (mean = 1.0, SD = 0.00). Parents also disagreed (mean = 1.48, SD = 0.512), reflecting a consensus on the importance of teamwork among stakeholders. A special needs expert further highlighted the critical role of collaborative efforts in improving academic outcomes for students with disabilities.

"As a special needs education expert, I strongly oppose the belief that collaboration between parents and teachers of students with visual impairments and physical disabilities is unnecessary for improving academic achievement. Such collaboration is essential for understanding each student's unique needs and challenges, which forms the basis for effective interventions. It facilitates the integration of support services like counseling and assistive technologies, promoting stability and reinforcing learning. Involving parents in decision-making empowers them and strengthens the parent-teacher partnership, enhancing advocacy skills"(VDS2).

Teachers, school leaders, WEO and WCAO respondents, and parents all affirmed the right of students with disabilities to study in inclusive environments. Teachers strongly disagreed with the notion that these students lack this right (mean = 1.68, SD = 0.707), as did school leaders (mean = 2.08, SD = 0.793). WEO and WCAO respondents strongly supported inclusivity (mean = 1.0, SD = 0.00), while parents also emphasized its importance (mean = 1.29, SD = 0.463). This consensus aligns with international frameworks like the UN (2006) and was reinforced by a special needs expert, highlighting the universal recognition of inclusive education as a fundamental right for students with disabilities.

"As a special needs teacher, I firmly oppose the idea that students with disabilities lack the right to study in inclusive educational environments. Inclusive education is a fundamental principle that benefits both these students and the entire school community. Denying access perpetuates discrimination and hinders their development. Inclusive settings promote diversity, acceptance, and respect, creating a supportive learning environment for all. Every student, regardless of disability, deserves this right for their holistic growth and well-being. While our primary school has embraced inclusive education, ongoing efforts are needed to enhance its implementation for all learners(Special need teacher)".

The statement emphasizes that inclusive education is a fundamental human right and acknowledges the efforts of the primary school while recognizing that much work remains to ensure all students receive tailored education. Regarding the need for special need support of students with disabilities, respondents had a mean score of 1.72 (SD = 0.812), indicating strong disagreement with the idea that no special support is needed. This reflects a consensus on the necessity of additional assistance for these students. Additionally, an

interviewee with student underscored the community's vital role in supporting students with disabilities, stating that:

"The community plays a crucial role in enhancing the school environment for students with visual impairments. Community involvement helps raise awareness of accessibility issues and advocate for inclusive practices. It can also provide resources for necessary changes, such as installing aids and training staff to support students with disabilities effectively. By collaborating, the community can create a more inclusive and accessible learning environment for all student"(SWD 2)

Another critical aspect is the consideration of students with disabilities in school facility improvements. As shown in Table 2, teachers strongly disagree, with a mean score of 1.44 (SD = 0.583), indicating that school administrators do not take these students into account. School leaders also expressed strong disagreement, scoring 1.75 (SD = 0.452), suggesting a similar oversight. Parents of students with disabilities echoed this sentiment, with a mean score of 1.38 (SD = 0.498). Additionally, respondents from the WEO and WCAO showed strong disagreement, with a mean of 1.50 (SD = 0.707), indicating that primary schools often overlook these students during facility upgrades. However, the overall mean score of 1.51 (SD = 0.559) suggests some awareness of students' needs within the community. An interviewee with a student with visual impairments reinforced these findings, stating that:

"*As a student with visual impairments can say that the consideration for students like me when improving school facilities in our school is often minimal. It can be frustrating because our specific needs are not always taken into account. This lack of consideration creates barriers that make it challenging for us to navigate the school environment and access educational resources(VDS1).'*

Inclusive learning environments present significant challenges for students with disabilities, as reflected by strong disagreement among teachers, WEO and WCAO members, and parents. Teachers reported a mean score of 1.74 (SD = 0.583), while the WEO and WCAO and parents had mean scores of 1.50 (SD = 0.707) and 1.43 (SD = 0.811), respectively. The overall mean score of 1.75 (SD = 0.771) indicates a consensus that students with disabilities face difficulties in inclusive settings. These findings highlight the substantial challenges encountered by these students in such environments.

Inaccessibility of the physical environment affects the academic achievement of disabled students

Table 3: Respondents' response to the influence of the Inaccessibility of the physical environments on the academic achievements of disabled students

No	Items	Respondents	N	Mean	SD
1	Do school buildings, gates, and classrooms have ramps constructed?	Teacher	205	1.13	0.335
		School Leaders	12	1.42	0.669
		WEO & WCAO	2	1.0	0.00
		Parents	45	1.24	0.436
		TOTAL	168	1.19	0.36
2	Are there ramps in every building and class of the respective school?	Teacher	205	1.2	0.34
		School Leaders	12	1.42	0.669
		WEO & WCAO	2	1.0	0.00
		Parents	45	1.48	0.750
		TOTAL	168	1.27	0.439
3	In the respective school, do students with disabilities sit closer to where they can easily access resources and participate fully?	Teacher	205	1.17	0.380
		School Leaders	12	2.17	0.718
		WEO & WCAO	2	2	0.00
		Parents	45	2.14	0.478
		TOTAL	168	1.87	0.394
4	In the respective school, are classrooms for students with disabilities designed to be accessible and inclusive?	Teacher	205	1.44	0.499
		School Leaders	12	2.17	0.718
		WEO & WCAO	2	1.50	0.707
		Parents	45	2.33	0.577
		TOTAL	168	1.86	0.625
5	Is there an open ditch in the school that challenges SWDs?	Teacher	205	1.49	0.775
		School Leaders	12	2.42	0.669
		WEO & WCAO	2	1.0	0.00
		Parents	45	2.43	0.507
		TOTAL	168	1.835	0.487
6	Are doors wide and accessible for SWDs?	Teacher	205	1.29	0.489
		School Leaders	12	1.92	0.900
		WEO & WCAO	2	1.00	0.00
		Parents	45	1.52	0.512
		TOTAL	168	1.43	0.47
7	Are walkways in the school free from obstacles for SWDs?	Teacher	205	1.14	0.372
		School Leaders	12	1.50	0.674
		WEO & WCAO	2	1.00	0.00
		Parents	45	1.0	0.839
		TOTAL	168	1.16	0.471
8	Is there a resource center in the school for SWDs?	Teacher	205	1.07	0.252
		School Leaders	12	1.67	0.778
		WEO & WCAO	2	1.50	0.707
		Parents	45	1.40	0.700
		TOTAL	168	1.41	0.609
9	Are there direction indicators in the school?	Teacher	205	1.05	0.224
		School Leaders	12	1.75	0.866
		WEO & WCAO	2	1.50	0.707
		Parents	45	1.86	0.727
		TOTAL	168	1.54	0.631
10	Is there an accessible toilet for SWDs?	Teacher	205	1.08	0.265
		School Leaders	12	1.08	1.42
		WEO & WCAO	2	1.50	0.707
		Parents	45	1.86	0.727
		TOTAL	168	1.38	0.779
11	Are SWDs moving here and there without any support in the respective school?	Teacher	205	1.23	0.454
		School Leaders	12	1.42	0.515
		WEO & WCAO	2	1.50	0.707
		Parents	45	1.05	0.384
		TOTAL	168	1.3	0.515

Teachers, parents, WEO and WCAO respondents, and school leaders strongly disagree that ramps are present in school buildings, gates, and classrooms, with mean scores of 1.13 (SD = 0.355), 1.24 (SD = 0.436), 1.0 (SD = 0.0), and 1.42 (SD = 0.669), respectively. The overall average score of 1.19 (SD = 0.36) underscores a significant lack of accessibility in key areas, hindering the mobility of students with disabilities. This absence of ramps creates physical barriers, limiting independent navigation and negatively impacting academic achievement and overall school experience. Students with disabilities further emphasized these challenges during interviews, highlighting the urgent need for improved infrastructure to support inclusivity. One student with visual impairments stated:

"There are no ramps at the school's gate, inside the structure, or in the classrooms. I find it quite challenging to walk and move around the school freely as a student with visual impairments without the assistance of other students. My ability to move around the campus comfortably is severely hampered by these accessibility difficulties, which negatively impacts my entire educational experience"(VDS3).

The findings reveal significant physical barriers in schools that hinder accessibility and participation for students with disabilities. A total average mean score of 1.87 (SD = 0.394) indicates substantial disagreement regarding seating arrangements, which often restrict access to learning materials and active engagement. Classroom designs are also poorly suited for students with disabilities, reflected in a mean score of 1.86 (SD = 0.625), while the absence of ramps, wide doors, and obstacle-free routes (mean = 1.43, SD = 0.47) further limits independent movement. Teachers, WEO, and WCAO respondents strongly disagree with the presence of open ditches (mean = 1.49, SD = 0.775), and the lack of accessible restrooms (mean = 1.38, SD = 0.779) and directional indicators (mean = 1.41, SD = 0.609) exacerbates these challenges. These barriers disproportionately affect students with physical disabilities and visual impairments, restricting their mobility and overall school experience.

Additionally, classrooms lack basic amenities like proper lighting, ventilation, and adjustable furniture, while blackboards are positioned too high for accessibility. Libraries lack assistive technology, wide doorways, and lower shelves, and play areas are inaccessible. The absence of a resource center staffed by experts further limits support, and the school community shows insufficient cooperation and acceptance. These architectural and systemic flaws create numerous obstacles, underscoring the urgent need for improved facilities, inclusive designs, and collaborative efforts to ensure equitable access and participation for students with disabilities.

Impact of community attitudes on social interaction and disabled students' achievement

Table 4: Respondents' views on inaccessible school environments and academic achievement of disabled students

No	Items	Respondents	N	Mean	SD
1	Do most students with disability have friends in their respective schools?	Teacher	205	1.48	0.545
		School Leaders	12	1.75	0.452
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.86	0.573
		TOTAL	168	1.77	0.392
2	Do parents of SWD accompany their children to school?	Teacher	205	1.81	0.665
		School Leaders	12	1.92	0.289
		WEO & WCAO	2	2.0	0.0
		Parents	45	2.19	0.873
		TOTAL	168	1.98	0.456
3	Do SWDs participate when there is a discussion in the school?	Teacher	205	1.54	0.557
		School Leaders	12	1.92	0.289
		WEO & WCAO	2	2.0	0.0
		Parents	21	1.62	0.498
		TOTAL	168	1.77	0.336
4	Do SWDs participate equally with their peers?	Teacher	205	1.16	0.366
		School Leaders	12	1.42	0.669
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.24	0.436
		TOTAL	168	1.455	0.367
5	Do teachers, families of students with disabilities (SWDs), and SWDs work together to increase social inclusion?	Teacher	205	1.24	0.495
		School Leaders	12	2.0	0.739
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.86	0.478
		TOTAL	168	1.77	0.428
6	Do students with disabilities make efforts to effectively communicate their needs?	Teacher	205	1.22	0.450
		School Leaders	12	1.50	0.522
		WEO & WCAO	2	1.71	0.0
		Parents	45	1.71	0.463
		TOTAL	168	1.53	0.358
7	Do teachers and SWD families create a welcoming environment to interact with SWDs?	Teacher	205	1.16	0.424
		School Leaders	12	1.67	0.778
		WEO & WCAO	2	2	0.0
		Parents	45	1.81	0.402
		TOTAL	168	1.66	0.401
8	On recreation time, Do SWD sit alone in their classroom or play with their peers?	Teacher	205	1.26	0.559
		School Leaders	12	1.67	0.888
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.81	0.402
		TOTAL	168	1.68	0.46
9	Are SWDs not excluded because of their disability?	Teacher	205	2.65	1.790
		School Leaders	12	2.25	1.055
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.19	0.402
		TOTAL	168	2.02	1.623

Key: N: Number of Items, SD: Standard deviation.

Respondents strongly disagreed that most students with disabilities (SWDs) have friends, with teachers, school leaders, and parents reporting mean scores of 1.48 (SD = 0.545), 1.75 (SD = 0.453), and 1.86 (SD = 0.573), respectively, while WEO and WCAO showed slight disagreement (mean = 2.0, SD = 0.0). The overall mean of 1.77 (SD = 0.392) confirms widespread social isolation, with one student noting, "Students mock me because of my disability, making me feel lonely." Parental involvement is minimal, reflected in mean scores of 1.81 (SD = 0.665) for teachers and 2.19 (SD = 0.873) for parents. SWDs also face barriers in school discussions and recreational activities, with mean scores of 1.77 (SD = 0.336) for participation and 1.455 (SD = 0.367) for equal engagement. Collaborative efforts among teachers, families, and SWDs are lacking (mean = 1.77, SD = 0.428), and communication of needs (mean = 1.22, SD = 0.450) and participation in activities (mean = 1.68, SD = 0.46) remain low, highlighting significant challenges in social integration and support. One student respondent confirms the above stating:

"*Most of the time, we aren't actively involved in school discussions. This lack of inclusion makes me feel isolated, especially when important topics are being discussed. I only have a few close friends, and I am hesitant to make new ones due to the fear of rejection or being treated differently. Additionally, during recreation time, I often find myself sitting alone in the classroom while my friends move out to play and participate in sports. This isolation during recreational activities further adds to my sense of loneliness and exclusion*"(VDS5).

Regarding efforts to create a welcoming environment for interaction with students with disabilities (SWDs), teachers and school leaders expressed strong disagreement, with mean scores of 1.16 (SD = 0.424) and 1.67 (SD = 0.778), respectively, indicating a significant lack of such environments. Parents of SWDs also disagreed, scoring 1.81 (SD = 0.402), highlighting their belief that a welcoming atmosphere is not being fostered. The overall mean score of 1.66 (SD = 0.401) reflects a general perception of insufficient welcoming environments for SWDs. A social needs expert reinforced these findings during an interview, stating that:

"*Creating a welcoming environment for students with disabilities (SWDs) is crucial for their well-being and success. While efforts have been made in our school, the success rate remains low due to factors like limited resources, lack of training, and societal attitudes. Despite these challenges, ongoing collaboration among teachers, families, and the community is essential for enhancing inclusivity and support for SWDs in education*"(Special need expert 2)

Teachers show a moderate stance on the exclusion of students with disabilities (SWDs), with a mean score of 2.65 (SD = 1.790), indicating uncertainty about whether such exclusion occurs due to disabilities. In contrast, parents strongly disagree, scoring 1.19 (SD = 0.4021), firmly believing that SWDs face significant exclusion from society, including from teachers and peers. The overall mean score of 2.02 (SD = 1.623) reflects a general perception that SWDs frequently encounter exclusion due to their disabilities, highlighting challenges in fostering inclusive environments. One student with visual impairments noted stated that:

"Exclusion is a significant issue for students like me. In my area, people with disabilities are often seen as weak and unsupported, which leads to exclusion both in and out of school. These societal attitudes cause emotional pain and impact my social interactions and academic performance, making me feel undervalued and worthless"(VDS6).

Impact of administrators' activities on academic achievement of disabled students

Table 5: Respondents' views on the effect of administrators' activities on SWD **academic performance**

No	Items	Respondents	N	Mean	SD
1	Do you believe the school creates a collaborative work setting to make physical spaces accessible?	Teacher	205	1.34	0.506
		School Leaders	12	1.67	0.492
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.67	0.483
		TOTAL	168	1.67	0.370
2	Do you/they create an accessible school environment to work collaboratively with the SWDs and SWDs' parents?	Teacher	205	1.50	0.531
		School Leaders	12	2.08	0.515
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.62	0.498
		TOTAL	168	1.8	0.386
3	When administrators make decisions in the school, do they consider students with disabilities?	Teacher	205	1.38	0.518
		School Leaders	12	2.25	0.754
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.43	0.507
		TOTAL	168	1.76	0.44
4	Do school leaders work collaboratively with students with disabilities to create an inclusive and supportive environment?	Teacher	205	1.30	0.507
		School Leaders	12	1.92	0.669
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.43	0.507
		TOTAL	168	1.16	0.420
5	Do you/ they create opportunities for students with disability to engage in extracurricular activities?	Teacher	205	1.31	0.464
		School Leaders	12	2.17	0.718
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.57	0.507
		TOTAL	168	1.76	0.422
6	Do you/they try to provide awareness creation training by working collaboratively with teachers and parents?	Teacher	205	1.28	0.466
		School Leaders	12	2.42	0.669
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.76	0.539
		TOTAL	168	1.865	0.418
	Do you/they try to employ different experts by announcing to concerned stakeholders to foster a more inclusive environment?	Teacher	205	1.33	0.488
		School Leaders	12	2.17	0.718
		WEO & WCAO	2	2.0	0.0

7		Parents	45	1.62	0.498
		TOTAL	168	1.78	0.426
8	Do you/they create opportunities for special needs experts in school to support students with disabilities?	Teacher	205	1.30	0.507
		School Leaders	12	2.08	0.515
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.67	0.483
		TOTAL	168	1.762	0.376
9	Do you/they give the command to clean the road(way) when there are obstacles or broken paths?	Teacher	205	1.33	0.533
		School Leaders	12	2.00	0.603
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.57	0.507
		TOTAL	168	1.72	0.410
10	Do you/they try to facilitate accessible materials in the school for students with disabilities?	Teacher	205	1.20	0.547
		School Leaders	12	1.92	0.669
		WEO & WCAO	2	2.0	0.0
		Parents	45	1.62	0.498
		TOTAL	168	1.68	0.428

Key: N: Number of Items, SD: Standard deviation

As shown in Table 5, respondents strongly disagreed with claims regarding the creation of collaborative, physically accessible environments for students with disabilities (SWDs), reflected in a total mean score of 1.67 (SD = 0.370). This indicates a lack of collaborative efforts to ensure accessibility for SWDs and their guardians, who scored 1.80 (SD = 0.386). Similarly, respondents expressed strong disagreement with a mean score of 1.76 (SD = 0.44) regarding collaboration in advancing an inclusive curriculum, highlighting the exclusion of SWDs in decision-making processes. Awareness training and collaboration with teachers and parents were also minimal, with mean scores of 1.865 (SD = 0.418) and 1.78 (SD = 0.426), respectively, indicating underdeveloped professional support and resources for inclusion. Furthermore, respondents strongly disagreed with efforts to maintain accessible routes and provide necessary materials for SWDs, scoring 1.72 (SD = 0.410) and 1.68 (SD = 0.428), respectively. These findings underscore persistent challenges in ensuring accessibility, resource availability, and inclusive practices for students with disabilities in educational settings.

Psycho-social impact of an inaccessible school environment on disabled students' academic performance

Table 6: Respondents' views on the effects of psycho-social factors on student performance

No	Items	Respondents	N	Mean	SD
1	Do stigma, labeling, and discrimination affect disabled students' academic achievement?	Teacher	205	4.65	0.688
		School Leaders	12	4.58	0.515
		WEO & WCAO	2	4.50	0.707
		Parents	45	4.38	0.498
		TOTAL	168	4.52	0.602
2	Does disability-specific discrimination and bullying create effects on disabled students?	Teacher	205	4.71	0.625
		School Leaders	12	4.83	0.389
		WEO & WCAO	2	5.0	0.0
		Parents	45	4.90	0.301
		TOTAL	168	4.86	0.328
3	Does the lack of special schools and exclusive education affect disabled students' academic performance?	Teacher	205	4.50	0.724
		School Leaders	12	4.67	0.492
		WEO & WCAO	2	5.0	0.0
		Parents	45	4.90	0.301
		TOTAL	168	4.76	0.379
4	Do students who have been neglected by their parents and caregivers face challenges in accessing educational resources and support?	Teacher	205	4.44	0.753
		School Leaders	12	4.67	0.492
		WEO & WCAO	2	5.0	0.0
		Parents	45	4.86	0.359
		TOTAL	168	4.74	0.401
5	Does sexual exploitation affect disabled students' academic achievement?	Teacher	205	4.69	0.676
		School Leaders	12	4.58	0.515
		WEO & WCAO	2	5.0	0.0
		Parents	45	4.90	0.301
		TOTAL	168	4.79	0.373
6	Does poor implementation of disability-specific policies affect the SWDs' academic performance?	Teacher	205	4.78	0.632
		School Leaders	12	5.0	0.0
		WEO & WCAO	2	5.0	0.0
		Parents	45	4.95	0.218
		TOTAL	168	4.93	0.212

Key: N: Number of Items, SD: Standard deviation

Table 6 highlights the impact of stigma, labeling, and discrimination on the academic achievement of students with disabilities (SWDs). Respondents strongly agreed that discrimination significantly affects academic performance, with a mean score of 4.52 (SD = 0.602). There was also strong consensus that bullying and the absence of special schools

negatively impact SWDs, with mean scores ranging from 4.71 to 4.90 (SD = 0.301 to 0.625), though school leaders showed slight disagreement (mean = 4.67, SD = 0.492). Additionally, respondents agreed that parental neglect and sexual exploitation hinder academic success, with mean scores ranging from 4.44 to 4.86 (Average Mean = 4.74, SD = 0.401) and 4.58 to 4.90 (Average Mean = 4.79, SD = 0.373), respectively. These findings underscore the profound psycho-social challenges faced by SWDs, which significantly impede their educational outcomes.

General question Regarding the students with disabilities' academic achievement

Table 4: Respondents' Response to the SWD Academic Achievement

No	Items	Respondents	N	Mean	SD
1	Do attitudes of people towards disability affect disabled students' academic achievement?	Teacher	205	4.99	0.087
		School Leaders	12	5.0	0.0
		WEO & WCAO	2	5.0	0.0
		Parents	45	5.0	0.0
		TOTAL	168	4.99	0.02
2	Does inaccessibility of the physical environment affect academic achievement?	Teacher	205	4.96	0.357
		School Leaders	12	5.0	0.0
		WEO & WCAO	2	5.0	0.0
		Parents	45	5.0	0.0
		TOTAL	168	4.99	0.08
3	Does social interaction affect the academic achievement of disabled students?	Teacher	205	4.98	0.122
		School Leaders	12	5.0	0.0
		WEO & WCAO	2	5.0	0.0
		Parents	45	5.0	0.0
		TOTAL	168	4.99	0.03

Key: N: Number of Items, SD: Standard deviation

Table 7 reveals that respondents, including teachers, school administrators, WEO & WCAO members, and parents, strongly agreed that societal attitudes toward disability significantly impact the academic achievement of students with disabilities (SWDs), with mean scores ranging from 4.99 to 5.00 (Average Mean = 4.99, SD = 0.02). A special needs expert emphasized that positive attitudes foster inclusion, while negative perceptions lead to isolation and decreased motivation, adversely affecting performance. Respondents also strongly agreed (mean scores of 4.96 to 5.00, Average Mean = 4.99, SD = 0.08) that physical inaccessibility, such as a lack of ramps and poor classroom designs, hinders SWDs' participation and academic success. Additionally, social interaction was identified as a

critical factor, with teachers reporting a mean score of 4.98 (Average Mean = 4.99, SD = 0.03), highlighting its significant influence on academic achievement.

Conclusion

This study investigates the impact of an inaccessible school environment on the academic achievement of students with impairments in Munessa Woreda, Arsi Zone. Findings reveal that negative attitudes, bullying, and discrimination from the school community marginalize these students, fostering low self-esteem and underachievement. The physical inaccessibility of schools, including inadequate infrastructure, further hinders their academic performance. Poor implementation of supportive policies by administrators, exclusion from decision-making, and unwelcoming social attitudes exacerbate these challenges. Additionally, psycho-social effects of stigma, labeling, and parental neglect create significant barriers to accessing educational resources. The study underscores the urgent need for collaborative, inclusive programs involving students, teachers, and the community to improve academic outcomes for students with disabilities.

Recommendations

To address the challenges faced by disabled students in Munessa Woreda, Arsi Zone, Ethiopia, the study recommends the following actions:

- Collaborate with government education departments, parent-teacher associations, NGOs, and community leaders to design and implement inclusive education initiatives.

- Partner with government bodies, school administrations, and local planners to install ramps, wide doors, accessible restrooms, and directional markers for better physical access.

- Work with education agencies, disability rights organizations, and community partners to enforce supportive policies and eliminate discriminatory practices.

- Establish clear guidelines for inclusive teaching methods, decision-making processes, and necessary accommodations to ensure effective policy application.

- Offer counseling, emotional support, and resources to students, parents, and caregivers through partnerships with healthcare providers, educational institutions, and community leaders.

REFERENCES

Abiyot, K., Tewodros, A., & et.al. (2017). Challenges and opportunities in inclusion of students with physical disabilities in physical education practical classes in North Shewa Zone, Ethiopia. *American Journal of Sports Science*, 7-13.

Afaq Ahmad Mir, A. W. (2022). Experiences of Students with Disabilities in Indian Higher Education: An Interpretative Phenomenological Study. *Higher education for the future*, 186-202.

Agarwal, A., & Steele, A. (2016). *Disability considerations for infrastructure programmes.* UK: Evidence on demand,.

Akmal, F. (2023). A Qualitative Analysis of the Problems and Challenges in Special Education from the Teacher's Perspective in Sargodha Division. *Global social sciences review*.

Al-Adra, & Ibrahim. (2016). The challenges facing students with disabilities at the University of Jordan: A field study. *Dirasat Journal of Humanities and Social Sciences*.

Bhattacherjee. (2012). *Social Science Research: Principles, Methods and Practices.* Global Text Project.

Birhanu Mekuria, M. S. (2020). Assessing the physical accessibility of Debre Markos University for students with disabilities. *International Journal of Scientific & Engineering Research*, 1056-1074.

Brito, L. G. (2023). Symbolic Interactionism. In K. Steeves, *Varieties of Qualitative Research Methods* (pp. 457-462).

Byrne, J., & Humble, A. M. (2007). An introduction to mixed method research. *Atlantic Research Center for Family-Work Issues*.

ByrneAine, J., & Humble, H. (2007). An Introduction to Mixed Method Research.

Celine Vignes, E. G. (2009). Determinants of students' attitudes towards peers with disabilities. *DEVELOPMENTAL MEDICINE & CHILD NEUROLOGY*.

Chimwaza, E. S. (2015). Challenges in implementation of inclusive education in Malawi: A case study of Mountfort special needs education college and selected primary schools in Blantyre. Unpublished Master Thesis.

Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative.* Thousand Oaks, CA: Sage.

Creswell, J. W. (2014). *Research design: qualitative, quantitative, and mixed methods approaches (4th. ed.).* SAGE Publications, Inc.

Demisew, A. (2014). Inclusive education practices of primary schools in Yeka sub city.Unpublished Master Thesis. Addis Ababa: Addis Ababa Printing Press.

Education, M. o. (2015). *general education statistical abstract.Federal Democratic.* Addis Ababa.

EREMIE, V. T. (2014). Education for Human Rights Enforcement: A Functionalist Perspective. *Public Policy and Administration Research*.

Gardner, T. J. (2008). Speech Recognition for Students with Disabilities in Writing. *Education, Computer Science.*

Gemma Goodall, et.al. (2022). Barriers and Facilitators in the Transition From Higher Education to Employment for Students With Disabilities: A Rapid Systematic Review. *Front. Educ.*

Getachew, W. (2018). The Provision of Support Services for Students with Disabilities in the Selected Higher Education Institutions of Amhara Regional State-Ethiopia. *Research on Humanities and Social Sciences*, 4-14.

Ghobari, M. (2003). Caring for special groups in the context of social service, caring for the disabled. *Modern university office, Alexandria, Egypt*.

Ghobari, M. (2003). Caring for special groups in the context of social service, caring for the disabled. Modern university office, Alexandria, Egypt.

Gray, D. E. (2014). *Doing Research in the Real World.* Sage. .

Handicap International. (2014). *Access to service for persons with disabilities in challenging environments.*

Ibrahim, M. S. (2002). The Problems of Blind Students in Jordanian Universities. Unpublished MA thesis, University of Jordan.

Kabuta, L. G. (2014). Problems Facing Students With Physical Disabilities In Higher Learning In Tanzania. *Msc Dissertation*. Tanzania.

Khalid A. (2021). Challenges Faced by Students with Low Vision in Preparing for their Public Exams: A Qualitative Study. *Global Educational Studies Review*.

Kiat, O., S. (2014). Enforce law on handicap parking more strictly. *The Straits Times*.

Kija, L. L. (2024). Reducing barriers for inclusion of students with visual impairments in the universities: Focus on educational and psychological needs. *British Journal of Visual Impairment*.

Kumar, R. (2005). *Research Methodology: A Step-by-Step Guide for Beginners,2nd Ed.* Singapore: Pearson Education.

Leithwood, K., & Doris, J. (2008). Linking Leadership to Student Learning: The Contributions of Leader Efficacy. *Educational Administration Quarterly*.

Maingi-Lore, M. (2016). Factors influencing academic performance of students with special needs in institutions of higher learning: The case of middle level college in Machakos county, Kenya. *Thesis: University of Nairobi.*

Mapesha Lehohla, D. H. (2012). Inclusive Classrooms: An Ecosystemic Perspective . *journal of human ecology*.

Marloes Koster, S. J. (2010). Social Participation of Students with Special Needs in Regular Primary Education in the Netherlands. *International Journal of Disability, Development and Education*, 59–75.

Mastropieri, M. A., & et.al. (2024). *Inclusive Classroom, The: Strategies for Effective Differentiated Instruction, 7th edition.* Pearson.

MOE. (2015). general education statistical abstract.

MOE. (2022). *general education statistical abstract.* Addis Ababa: Federal Democratic Republic of Ethiopia.

MOLSA. (2010). *National Social Protection Policy of Ethiopia.* Addis Ababa,Ethiopia.

Muzemil, A. (2018). Campus Physical Environment Accessibility for Person with Disabilities in the Ethiopian Public Universities. *International Journal of Multicultural and Multireligious Understanding*, 286-302.

Negash, I., & Yadavalli, P. K. (2020). A Review of Educational, Psycho-Social, and Attitudinal Challenges in Addressing the Needs of Students with Disabilities in Inclusive Education. *International Journal of Psychosocial Rehabilitation.*

Negash, K., & Gasa, V. (2022). Academic Barriers That Prevent the Inclusion of Learners With Visual Impairment in Ethiopian Mainstream Schools. *SAGE Open*.

Ng, H.-n., Boey, K. W., & et, a. (2022). Self-esteem and Psychological Distress of Students with Special Educational Needs in Higher Education. *Asian journal of inclusive education*, 03-24.

Nyangweso, M. (2018). Disability in Africa: A Cultural/Religious Perspective.

Pazey, B. L., & B. Combes. (2020). Principals' and School Leaders' Roles in Inclusive Education. *Education.*

Pazey, Barbara L.; Cole, Heather A. (2012). The Role of Special Education Training in the Development of Socially Just Leaders: Building an Equity Consciousness in Educational Leadership Programs. *Seg ,Educational Administration Quarterly*.

Radulović, L., & M., S. (2017). Social inequality in education analyzed within various theoretical frameworks. *FACTA UNIVERSITATIS ,Series: Philosophy, Sociology, Psychology and History*, 025-036.

Rasuli, M. H., Makhdoomzada, F. M., & et.al. (2023). Effects of Teacher and Student Relationships to Enhance the Learning Process. *American Journal of Multidisciplinary Research and Innovation (AJMRI)*.

Rutherford, G. (2009). Curriculum Matters for All Students? Understanding Curriculum from The Perspectives of Disabled Students and Teacher Aides. *CURRICULUM MATTERS* .

SADPD. (2012). *Secretariat of the African Decade of Persons with Disabilities.*

Sarkar, R. (2023). Understanding Mental Health Related Issues of Students with Disabilities. *The International Journal of Indian Psychology*, 4222-4231.

Sasan, N. J., & Lanie Villarin Sasan. (2019). Symbolic interactionism competency of teachers in relation to students' performance: result.focus measures. *TIJ's Research Journal of Social Science & Management - RJSSM*.

Setume, S. D. (2016). Myths and Beliefs About Disabilities: Implications for Educators and Counselors. *Journal of Disability & Religion*, 62-76.

Stauter, D,et.al. (2019). Assistive Technology for Literacy in Students With Physical Disabilities: A Systematic Review. *Journal of Special Education Technology*, 284-292.

Stubbs. (2008). *Inclusive Education: Where there are few resources.*

Taye, G. (2008). Perceptions and Practices of Active Learning in Dilla University ,(M.A Thesis). *Addis Ababa: Addis Ababa University*.

Temesgen, Z. (2018). EXPLORING GOVERNMENTAL COMMITMENT TO EXECUTE INCLUSIVE EDUCATION IN ETHIOPIA. *Research in Pedagogy*, 226-239.

Tichá, R., Abery, B., & al, E. (2018). *Instructional Strategies for Inclusive Classrooms: PALS, Cooperative Learning, Direct Instruction and Play-based Strategies.*

Tirussew, T. e. (2014). Assessment of the situation of students with disabilities in the Ethiopian universities. *Unpublished paper*.

Tirussew. (2005). Disability in Ethiopia: issues, insights and implementation . *Addis Ababa University Printing Press.* Addis Ababa.

Toroitich, M. (2019). Factors influencing academic achievement of pupils with learning disabilities in public primary schools in Koibatek sub country, Baringo county, Kenya. *Thesis:unpublished.*

UN. (2006). *Convention on the Rights of Persons with Disabilities.*

UNESCO. (1994). *THE SALAMANCA STATEMENT ON PRINCIPLES, POLICY AND PRACTICE.*

UNESCO. (2009). *Towards Inclusive Education for Children with Disabilities: A Guideline.* Bangkok.

vp, S., & Ramachandran, R. (2022). Fear of negative evaluation and social interaction anxiety among persons with disabilities and typically developing persons. *International Journal for Research Trends and Innovation (IJRTI)*, 580-583.

WHO, & World Bank. (2011). *World report on disability 2011.*

Willeh, T. (2002). *Gavilan College Campus Diversity Climate Survey Project.*

Yamane, T. (1967). *Statistics: An Introductory Analysis,* (2nd Edition ed.). New York: Harper and Row.

Yeshanew, Y. T., Tianxi Xu, & Wei Yuan. (2024). Perceptions on Their Own Social Participation: A Qualitative Exploration of Ethiopian Secondary Students with Visual Impairments. *MDPI,Healthcare*.

Yeshanew, Yisma T.; et al. (2023). Perceptions on Their Own Social Participation: A Qualitative Exploration of Ethiopian Secondary Students with Visual Impairments. *MDPI,Healthcare*.

Zhasulan, K., et.al. (2022). Psychological support for children with special educational needs in an inclusive education. *Cypriot Journal of Educational Sciences*, 1024-1031.

Workshop Note: Research Presentations on Social Vulnerabilities Parallel Session Summary

Prepared by: Yibeyin Gebeyehu (MoWSA)

This parallel session focused on three research presentations addressing online sexual exploitation, child domestic labor, and disability inclusion, with active participation from government institutions, academia, NGOs, and private consulting firms.

Research Presentations on Social Vulnerabilities Session

1. Hermela Desta (Ministry of women and Social Affairs) - *Online Child Sexual Exploitation and Abuse: Legal, Institutional And Social Challenges and Opportunities In Ethiopia*

2. Lombebo Tagesse (University lecturer and researcher) - *Leave No Girl Behind: Unpacking Vulnerabilities of Female Domestic Workers, Focus on Brokers and Parental Concerns*

3. Megersa Tolera (Arsi University) - *Impact of school inaccessibility on academic achievement of students with disabilities in Munessa Woreda, Arsi Zone, Ethiopia* (Virtual presentation)

Key Comments and Questions from Panelists

Discussion on Presentation 1: Hermela Desta

Q1 (Hiwot Gebeyehu, UNICEF): Ethiopia is a signatory to the Optional Protocol on child pornography. Why hasn't it been fully implemented?
A1: The implementation requires greater public advocacy and engagement of relevant actors. There is a lack of awareness and institutional capacity to enforce the protocol.

Q2: Was document analysis used, and what is the prevalence of online sexual exploitation?
A2: The issue is widespread. Some victims trivialize the abuse, stating that earning money through online activities—even at the cost of dignity—is acceptable.

Q3 (Online Participant): Why was the exploitation of adolescent boys not addressed?
A3: This is a valid concern. The full report includes broader data, but greater advocacy is needed to address exploitation affecting both girls and boys.

Q4 (Online Participant): Which institution is responsible for addressing online sexual abuse?
A4: The legal framework is ambiguous. The current computer proclamation does not clearly identify accountability. There is also institutional conflict between federal and Addis Ababa police, indicating a need for a designated body to address such crimes.

Q5: What is the government's response to your recommendations, and what challenges does MoWSA face in legal reform?
A5: The Ministry has made progress, including developing a GBV policy and tools in collaboration with stakeholders. However, gaps remain in operationalizing legal protections.

Q6 (Online Participant): What strategies can parents use to control children's exposure to harmful online content?
A6: Most parents do not monitor their children's phone usage. Advocacy and awareness campaigns are urgently needed to support parental control and prevent exploitation.

Discussion on Presentation 2: Lombebo Tagesse

Q1: What does the broker network look like, and is there a gender bias in staffing?
A1: Both licensed and unlicensed brokers are predominantly male. In some cases, managers are married to former domestic workers.

Q2 : Why are families collaborating with brokers to facilitate the employment of young girls?
A2: Families often see this as an economic opportunity. In regions such as Hadiya, it's common for girls to leave school for domestic work or to travel abroad, especially to the Middle East.

Q3 (Hiwot Gebeyehu, UNICEF): Were the influences of intimate friends pushing girls into this work explored?
A3: The study focused on general vulnerabilities, but the concern is appreciated for future research.

Q4: Why do employers prefer underage girls?
A4: Younger girls are seen as more obedient and less likely to assert their rights. Employers often avoid hiring older youth who may demand better conditions.

Q5 (Online Participant): How are girls supported after experiencing trauma or unwanted pregnancy?
A5: Domestic workers are highly vulnerable, often suffering in silence. Training and psychosocial support are essential but currently lacking.

Q6 (Dr. Melese): How reliable is your data, especially from illegal brokers?
A6: Data were collected by a qualified female health officer, but some respondents may have exaggerated. Still, the data reflect genuine concerns.

Q7: What is the marital status of domestic workers?
A7: Northern domestic workers are more likely to be married. In contrast, those from the south tend to be unmarried and work to support their families.

Discussion on Presentation 3: Megersa Tolera

Q1 (Dr. Getachew): Why are recommendations focused solely on the education sector?
A1: The research was conducted within schools and thus limited to data from educators and school administrators.

Q2 (Dr. Meaza): Why did you not specify the levels of education involved?
A2: The study targeted grades 5 and 12, selected due to their relevance and appropriateness for the research objectives.

Conclusion

The session highlighted critical issues affecting vulnerable populations in Ethiopia - online abuse, labor exploitation, and barriers to inclusive education. It also underscored the need for stronger institutional accountability, legal clarity, and targeted support services. The discussions revealed both systemic challenges and opportunities for advocacy, capacity building, and policy reform.

Closing Remarks

Dr Tifsehit Solomon
Chief Executive for Policy and Strategy Research,
Ministry of Women and Social Affairs

Distinguished guests,

Invited conference participants,

Ladies and Gentlemen!

It is truly an honor and a privilege to close this one-day 15th-Year Anniversary Annual Workshop of the Children, Youth, and Women – Research and Practice Forum. Today has been an enriching and insightful experience, offering us valuable opportunities to review and learn from the impactful speeches and research presentations.

As you have witnessed, the workshop showcased a diverse range of studies, each providing deep analysis and critical insights. During the opening session, we had the privilege of hearing from distinguished speakers. H.E. Dr. Ergogie Tesfaye emphasized the vital role of research and evidence in shaping effective policies, strategies, programs and interventions. Dr. Abubeker highlighted the importance of valuing research and ensuring its effective translation into concrete actions. Similarly, Mr. Shadrack underscored the potential of this platform, emphasizing its critical role in shaping strategic priorities and guiding future interventions.

The comprehensive topics discussed in the morning session have provided valuable insights into key areas, including the status and priorities of Ethiopian women, the impact of conflict and climate change on children, child poverty and deprivation, and youth economic empowerment. These presentations underscored the urgent need for focused attention and action to improve the lives of women, children, and youth.

Furthermore, the afternoon sessions have offered profound insights into critical issues affecting children, youth, women, and vulnerable groups. The studies presented highlighted topics such as violence against children, women's empowerment, and vulnerability, offering a deeper understanding of pressing concerns like child sexual abuse, child marriage, and various forms of violence against children.

In addition, discussions on gender and social issues addressed topics such as the gender wage gap, childcare, and women's reproductive health, emphasizing the need for policy and

programmatic responses to bridge these inequalities. We also explored the challenges posed by online child sexual exploitation and abuse, the plight of female domestic workers, and the inaccessibility of schools for students with disabilities.

Collectively, these presentations not only deepened our understanding of these pressing issues but also reinforced the urgent need for focused attention and concrete actions to improve the lives of women, children, and youth, ensuring their inclusion and well-being in Ethiopia's socio-economic development. Therefore, it is essential to translate these insights into practical interventions, strengthen social protection mechanisms, and foster an enabling environment where women, children, and youth can thrive and reach their full potential.

Dear Participants,

Addressing these challenges requires a collaborative approach, involving policymakers, researchers, civil societies, development partners and other stakeholders to design and implement effective and evidence-based solutions. Therefore, we will continue strengthening our collaboration with stakeholders to ensure that these recommendations are translated into actionable initiatives that drive meaningful and sustainable change.

In this regard, as we plan to produce the proceedings of today's workshop, I kindly request all presenters to submit a summary of their research, not exceeding 8,000 words, by the end of this month.

As we conclude, I would like to express my heartfelt appreciation to all the presenters, speakers, facilitators, and participants for their active engagement and invaluable contributions. Your dedication to advancing research and practice in this field is truly inspiring.

I would also like to extend my deepest gratitude to YoungLives, UNICEF, UN Women, and FCDO Ethiopia for their financial and technical support.

Additionally, I want to recognize the organizing team: Dr. Alula Pankrust, Bruh Aynekulu, Dr. Fasil, Martha, Rewina, Selam and Yodit, who worked with incredible team spirit to ensure the success of this workshop. Your efforts and collaboration have made this event possible, and I am deeply appreciative of your hard work and commitment.

Finally, let us carry forward the insights gained today and continue our collective efforts to drive meaningful change.

Thank you!

Organizing Committte

Dr. Tifsehit Solomon	Ministry of Women and Social Affairs
Dr. Alula Pankhurst	Young Lives Ethiopia
Dr. Fasil Nigussie	Foreign Commonwealth and Development Office
Martha Kibur	UNICEF Ethiopia
Selam Gebretsion	UN Women
Abigale Degafie	UNICEF Ethiopia
Biruh Aynekullu	Young Lives Ethiopia

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

The Children, Youth and Women Research and Practice Forum (CYW-RPF) was established to bridge the gap between research, policy, and practice on issues affecting children, youth, and women in Ethiopia.

The idea emerged during a 2010 workshop organized by Young Lives on orphans and vulnerable children, where participants noted the lack of public access to research findings. Following consultations with partners, the Forum was launched to promote evidence-based dialogue.

Over the past 15 years, CYW-RPF has held monthly seminars, initially at the Ministry of Women, Children and Youth, and since 2022 at the Ministry of Women and Social Affairs.

Open to policymakers, researchers, NGOs, and the public, the Forum has a mailing list of over 1,400 individuals and institutions and produces newsletters and annual presentation summaries.