



POWER TO YOU(TH)

YOUNG PEOPLE'S PERSPECTIVES AND DECISION-MAKING REGARDING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

EXECUTIVE SUMMARY ETHIOPIA



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PREFACE

KIT Royal Tropical Institute (KIT), in collaboration with in-country research partners, is pleased to present this executive summary of the Power to You(th) baseline study conducted in Ethiopia¹. This was one of seven such studies conducted for the Power to You(th) programme in the seven programme implementation countries, namely Ethiopia, Ghana, Indonesia, Kenya, Malawi, Senegal, and Uganda. Power to You(th) is a five-year programme (2021–2025) with a specific focus on harmful practices (such as female genital mutilation/cutting (FGM/C) and child marriage), sexual and gender-based violence (SGBV) and unintended pregnancy. These are persistent ‘key issues’ on which insufficient progress has been made over the years in the participating countries.

Power to You(th) is funded by the Dutch Ministry of Foreign Affairs. Globally the programme is coordinated by three partners: Amref Flying Doctors, Rutgers and Gender Justice (Sonke). The in-country Ethiopia alliance is led by Amref Health Africa, Youth Network for Sustainable Development and Hiwot Ethiopia. It aims to ensure that adolescents and youth (age under 29) are meaningfully included in discussions and decisions, particularly those related to sexual and reproductive health and rights (SRHR). By increasing the participation of young people from a range of backgrounds and groups in political and civic space, the programme aims to improve youth-led advocacy in achieving change in relation to harmful practices, SGBV and poor sexual and reproductive health (SRH) outcomes, including unintended pregnancy. The programme will be implemented in seven districts of Amhara and Afar regional states.

¹ The full baseline study report is available here: <https://www.kit.nl/publication/power-to-youth-baseline-report-ethiopia/>.

BASELINE FINDINGS: YOUNG PEOPLE'S PERSPECTIVES AND DECISION-MAKING REGARDING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE (SGBV) AND UNINTENDED PREGNANCY

A mixed-methods baseline study and desk review were conducted to inform the Power to You(th) programme in Ethiopia. The baseline study provides a comprehensive understanding of young people's perspectives, decision-making capabilities, voice and agency, and their involvement in pushing for social change regarding harmful practices (including child marriage and female genital mutilation/cutting [FGM/C]), SGBV and unintended pregnancy. The baseline also provides insights on civic space in the focus areas as well as the role of the media in social change processes around the core topics.

The study was conducted by a research team from Addis Ababa University and KIT Royal Tropical Institute in four intervention areas: two in Amhara (Bahir Dar city and Ensaro woreda) and two in Afar (Semera Logia and Asayita woredas).

The study design included a literature review and a mixed-methods baseline study employing both quantitative and qualitative methods. Quantitative data was generated from a youth baseline survey of 1200 respondents distributed across the four study sites. In addition, an online civic space survey was also conducted among 23 CSO members and youth advocates. Qualitative data was collected from the four sites and included 17 semi-structured interviews, 9 in-depth interviews, 6 key informant interviews, and 13 focus group discussions (FGDs). Additionally, 8 young persons participated in Photovoice research after being equipped with cameras and participating in discussions based on photographs taken by them in their communities.

KEY BASELINE RESULTS FOR THE POWER TO YOU(TH) PROGRAMME IN ETHIOPIA

The baseline study suggests a mixed but often positive picture of youth knowledge, agency, and attitudes towards harmful practices, SGBV and unintended pregnancy, as well as large reserves of untapped potential among young people ready and willing to act on these issues. On the one hand, young people felt subjectively well-informed, and were confident in expressing themselves, particularly with their peers. They also reported being key decision-makers in important aspects of their lives such as careers and relationships. On the other hand, they often felt excluded from decision-making processes related to harmful practices and in practice most do not participate in community activities. In addition, it appears that repressive gender norms still restrict the agency and rights of women and girls and other stigmas severely limit the rights of those with disabilities.

Most young people demonstrated a base level of knowledge on key issues such as child marriage, FGM/C, and contraception. They also expressed positive views about topics such as SGBV and they did not wish to continue the practice of FGM/C. They felt able to speak up in class, and express themselves (particularly among peers). These abilities were positively nurtured through youth clubs; young people felt empowered by these and other CSOs, and generally felt meaningfully engaged. Despite their positive impact, most young people were not encouraged to participate in such organisations, and very few had been involved in activities directly addressing child marriage, FGM/C or SGBV – even though most were willing to do so.

Women and girls were particularly excluded from action and decision spaces, as were those with disabilities; widespread views that women lack the abilities of men, and that disabled people are a burden, were apparent. These views had demonstrable knock-on effects on rights, restricting agency in decisions about whether and when to marry and have children – partly due to huge stigmas around pregnancies occurring outside of marriage and SGBV, and the deep-rooted and secretive nature of harmful practices. Despite this – and in response to it – girls are increasingly active in standing up for their rights. They are not merely passive victims but are actively resistant to child marriage and other forms of SGBV. They require more support in this from authorities such as the police, who too often fail to enforce laws that would protect young people's rights.

A healthy civic space and media environment is necessary for constructive public conversations which hold duty-bearers accountable on these issues. However, a mixed picture emerged on the freedom and protection of civic space in Ethiopia. Social media is becoming increasingly important for lobbying and advocacy, but interactions with the public on sensitive issues on these platforms can be hostile. CSOs face many challenges around coordination, finances and dialogue with officials and communities (who at times regard them with suspicion), but they continue to find ways to build these dialogues and defend the rights of young people, while respecting the culture and values of communities with which they work.

YOUNG PEOPLE'S KNOWLEDGE AND ACTIONS RELATED TO HARMFUL PRACTICES, SGBV AND UNINTENDED PREGNANCY

Adolescents and young people seem, overall, well-informed about SRHR and related Power to You(th) themes

Across all study sites, most respondents (more than 90%) indicated that they felt informed about child marriage, FGM/C, HIV and sexually transmitted diseases, puberty, and bodily changes. However, self-reported knowledge of sexual and reproductive health and rights, and sexual orientation and identity was relatively lower. Respondents in Amhara reported being more informed about SRHR topics than those in Afar. This was particularly the case for child marriage (81% in Amhara vs. 67% in Afar), accessing SRH services (54% vs. 29%), and gender identity, expression and roles, including equality, sexual orientation and identity (64% vs. 46%).

In all study areas, respondents exhibited a high level of knowledge (78%) about the legal minimum age of marriage for girls. 83% of survey respondents knew that FGM/C is illegal, with a higher number of female respondents knowing this compared to their male counterparts. The vast majority of respondents (93%) indicated that they would not perform FGM/C on their (future) daughters. Regarding SGBV, the survey results found that adolescents and youth found sexual abuse and harassment unacceptable. An overwhelming majority of respondents (as many as 99% of females in Asayita) strongly disagreed with the statement: 'it is okay for a husband to force his wife to have sex without asking her'. Lastly, the majority of study participants (92%), both females and males, in all study areas were able to name at least one modern method of contraception, with the most widely known method injectables (81%), followed by oral birth control pills (77%), male condoms (67%) and implants (62%). The least known contraceptive method was sterilisation, with only 12% of respondents able to name this method.

What stood out: Adolescents and young people, especially the latter, demonstrated good knowledge and understanding of harmful practices, SGBV and unintended pregnancy. However, their level of community engagement to prevent these practices was not in line with the high level of understanding that they exhibited.

School teachers are reported as the main source of SRHR information for young people

In both Amhara and Afar, school teachers were found to be the main source of SRHR information. Health workers and friends were also commonly reported. This closely aligns with respondents' preferred sources, as schoolteachers followed by health workers and friends were the three preferred sources of SRHR information. In all study sites, female respondents were more likely than males to identify mothers as main and preferred sources of information. For male respondents, youth structures were found to be the main and preferred sources of information. Youth were more likely than adolescents to report social media as main and preferred sources of information.

What stood out: There was a potential age-related digital divide with more youth accessing SRHR information via social media while adolescents were more likely to have less online access.

Young people are confident in speaking up for themselves but are excluded from decision making processes related to harmful practices

The baseline study found that young people were confident in their ability to express themselves on certain topics such as relationships, puberty, love and pregnancy, with more male respondents reporting this than female respondents. The study results show that adolescents and youth prefer speaking to their peers about such topics but reported that they could speak up and express themselves to their communities in their daily lives. The study found that the vast majority in all the study areas felt they could speak up in class or groups and that they were asked by adults for their opinions. Furthermore, adolescent girls participating in an FGD in Bahir Dar indicated that living in the city provides more freedom in terms of being able to express themselves and decide about their future.

The overwhelming majority of respondents, except those in Ensaro, indicated that they themselves were involved in decision-making regarding what they do in their free time (92–98%); how much education they will get (93–96%); whom they can be friends with (95–100%); and with whom and when they will marry (93–99%). Of the four study sites, respondents from rural Ensaro seemed to have the least decision-making power.

One interviewee indicated that decisions about relationships, education and careers were mostly made by young people, with occasional advice from parents and friends:

“Parents don’t want us to be in relationships. However, I can decide about it. ...My parents don’t want me to be a psychiatrist. They want me to be a doctor. However, I can decide what to learn. I am the one to choose my profession. ...We have to decide by ourselves. They don’t live our life. We have to listen to their advice, but we should be the decision-maker. Our life is like glass. We can’t do anything once it is broken.” (Adolescent female FGD participant, Bahir Dar)

However, the survey results also point to a limited involvement of youth in decisions regarding harmful practices. Only a small minority of the respondents reported that adults involved young people in decision-making around child marriage and FGM/C, with the highest proportion in Ensaro, and the lowest in Bahir Dar. The survey results suggest that gender norms might be restricting women’s decision-making more in Afar than in Amhara. While in Bahir Dar and Ensaro a minority of the respondents (strongly agreed) with the statement ‘Men (not women) make the final decisions in the household’ (33% and 35%, respectively), in Amhara the majority of the respondents (strongly) agreed (70% in Semera Logia and 63% in Asayita).

Youth clubs play a vital role in building youth confidence

Adolescents and youth who are actively engaged in youth structures (e.g., youth clubs) often develop confidence and communication skills to effectively interact with adults, friends and peers. Examples include Nigat & Tesfa Anti-HIV/AIDS SRH

club members in Ensaro, and Aramis Volunteer Youth Club members in Semera Logia. These organisations had been instrumental in educating their respective communities (on market days, after religious services) against harmful traditional practices, SGBV and unintended pregnancy and teaching the young people the skills they need in order to speak up for themselves.

A member of the Aramis Youth Volunteer Club in Semera Logia explained how being a member in the club helped him express himself more freely:

“I freely speak in Aramis. I have nothing to hide from Aramis. ...I have no words for Aramis. It changed me from a child to [an adolescent]. Previously, I was not capable of speaking in public. I wasn't even capable of expressing myself. Now, I've learned how to share my ideas. It made me mature. That's why I always talk about Aramis.” (Adolescent male FGD participant, Semera Logia)

What stood out: Youth clubs were integral for educating young people about SRHR issues but also for building confidence and teaching the skills needed to speak up and express themselves.

MEANINGFUL ENGAGEMENT OF ADOLESCENTS AND YOUTH

There are limited engagement of adolescents and youth in activities to prevent harmful practices and SGBV.

The baseline study found that less than half of the respondents (except in Ensaro) felt that the community encouraged them to participate and get involved in different activities and youth associations to work on various youth-related community activities.

- **Child marriage:** There was limited participation of adolescents and youth in all study areas in any activities or action to prevent child marriage. Only 14% of the respondents indicated that they had participated in activities or had taken action to prevent child marriage. The most common type of activities the respondents were involved in were educating girls, undertaken by an average of 77% of respondents in all study areas, followed by empowering girls (51%) and rallying the wider community to stand up for girls' rights (41%).
- **FGM/C:** There has been limited participation by adolescents and only 14% of the respondents indicated that they had participated in activities or had taken action to prevent child marriage. Only 11% of the youth respondents said they had participated in activities or taken action to prevent FGM/C.
- **SGBV:** There has been limited participation by adolescents and young people in activities to prevent sexual abuse. Only 11% of the respondents said they had participated in any activities or taken action to prevent sexual abuse.

While adolescents and youth have limited experience of participating in activities to prevent harmful practices, unintended pregnancy and SGBV, the majority in all study sites said they were willing to engage and participate, particularly in Bahir Dar and Asayita, where more than 90% of the respondents expressed their willingness to participate.

What stood out: A significant number of young people across all study sites were willing to participate in community activities to prevent harmful practices and SGBV but the communities were not actively involving young people or encouraging them to engage.

Young people's CSO engagement is hampered by various constraints

The level of engagement of adolescents and youth in CSOs was generally low in all the study areas. Overall, only 16% of adolescents and youth claimed to have engaged in CSOs. Youth-led organisations were the most common type of CSO in which adolescents and youth were engaged. Qualitative data reveals that most of the young people were engaged in school clubs. Apart from common youth clubs, student parliaments that were not directly financed by the government were reported in Afar. The low level of engagement in CSOs exhibited by adolescents and young people in all the study sites could be attributed to a lack of willingness on the part of leaders of CSOs to engage young people, fear that young people might demand more accountability, weak advocacy work, and budget limitations.

However, the data from the survey also indicate that most of the respondents who were engaged in CSOs felt that their engagement was meaningful. That is, they reported that adults listened to what they had to say, and they could express disagreements, lead exercises or decide on what activities had to be implemented. Again, more respondents in Semera Logia and Bahir Dar rated their engagement as meaningful than those in Ensaro and, in particular, Asayita.

(ENABLING) ENVIRONMENT FOR YOUNG PEOPLE'S RIGHTS AND ADDRESSING HARMFUL PRACTICES, SEXUAL AND GENDER-BASED VIOLENCE AND UNINTENDED PREGNANCY

Gendered assumptions of adolescent girls and young women impacts what spaces they can enter in their communities

Several insights into community-level gender and social norms were gained during the baseline study. Distinct gender norms were found to be prevalent in Ensaro, where interviews indicated that the rural community seems to believe that women do not have the ability to perform in the same way as men. The community has more confidence in what men can say and do. As emerged from the interviews, the local community tends to believe that women do not have the capacity to bring about any positive change in the community. Girls are expected to focus on domestic work and education. Also, in Afar gender norms prescribe that girls focus on domestic work, such as cooking food and caring for children and elderly people, rather than allow them to take part in the public domain.

What stood out: Gendered assumptions were still very prevalent across study sites and these assumptions impacted the ways and spaces in which adolescent girls and young women could be meaningfully engaged within their communities.

Ostracised groups of young people face severe stigma

Youth with disabilities face a lot of stigma in relation to their SRHR needs and the study found that they have difficulty accessing SRH services. Interviewees explained that women with disabilities often do not get proper treatment when they go to health institutions, and that society considers women with disabilities as valueless and a burden on the country. In accordance with the findings from interviews, the survey found generally restrictive gender norms for women and people with disabilities. In all regions, 95% or more of the respondents agreed that people with disabilities should not have children.

Regarding pregnancy outside marriage, the survey results indicate that there was a more negative attitude to unmarried pregnant women in rural areas, with more than half of the respondents in Ensaro and Asaita considering unmarried pregnant girls to be bad. Slightly fewer than half of the respondents in these areas (strongly) agreed that pregnant girls should get married even if they are below the age of 18 (46% Asayita, 48% Semera Logia, 39% Ensaro, 39%, 36% Bahir Dar).

What stood out: Despite the level of knowledge about the illegality and consequences of child marriage, the stigma of unintentional pregnancy for adolescent girls and young women was so great that child marriage was still used as a way of "managing" such situations.

Girls are more actively taking their futures into their own hands when it comes to child marriage

The study found that girls were increasingly ready to stand up against child marriage, for themselves but also on behalf of their female peers whose parents are trying to have them married. As one interviewee in Bahir Dar mentioned:

“There are girls, who went to the law enforcement offices, and managed their wedding to be cancelled. They also reported to the police, and their parents were detained. Even though they wouldn’t be detained for long, the girls’ right would at least be respected. She would get the chance to get back to school and build her future.” (Female FGD participant, Bahir Dar)

Girls are also drawing lessons from peers who got married while underage and are unhappy. A friend’s or a neighbour’s bad experience of child marriage can teach girls not to follow their example. This was indicated by a caregiver who shared that:

“They [girls] support each other. For example, if one of their friends gets married, and lives a bad life, they would resist getting married. If she becomes economically poor, or if her husband abuses her, the rest wouldn’t get married.” (FGD with caregivers, Ensaro)

What stood out: Girls were not passive victims but were increasingly becoming actively resistant to child marriage and supporting their friends in also avoiding child marriage.

Enforcement of policies and laws is restricted across study sites

Although laws and policies around FGM/C, SGBV, and early and child marriage, and the return to school policy for cases of teenage pregnancy are available, enforcement of these laws remains challenging. There are a number of barriers in relation to the implementation of laws such as:

- The clandestine nature of harmful practices
- Communities intervening to get a lesser sentence for perpetrators
- Young people not wanting to embarrass or harm their parents
- Corruption within the police force (i.e.. money being used to drop charges or people with authority dismissing crimes against their relatives)

What stood out: The lack of effective implementation of laws and policies aimed at preventing SGBV and harmful practices rooted a lack of confidence in communities that laws can act as effective prevention for these practices.

CIVIC SPACE AND ROLE OF MEDIA

Perception of civic space differs vastly

Among the 23 civic space survey respondents, there were varying views on the current state of human rights and fundamental freedoms in Ethiopia. Around a third of the participants (7/23) reported that the State's respect for human rights and fundamental freedoms was somewhat restricted/threatened in Ethiopia. On the other hand, 5 of the 23 participants thought that the State's respect for human rights and fundamental freedoms was very free/protected.

These respondents also had different views on the freedom of information and expression in Ethiopia. The findings suggest that these freedoms are stronger for organisations than for individual citizens. Just over half (14/24) of the respondents rated the freedom of expression of organisations or advocates to lobby and advocate on SRHR as (very) free or protected. However, when asked about citizens' ability to express their opinions and views, only 12 considered this ability to be (very) free or protected. A lower number still (10/23) rated citizens' access to information to exercise their rights as being free.

What stood out: It appears that organisations and CSOs had more privilege regarding being able to voice their opinions and also access information regarding human rights topics in comparison to individual citizens.

(Social) media plays an important role in youth lobbying and advocacy

Youth advocates discussed a variety of topics on (social) media platforms or channels, including eliminating child marriage, reducing teenage pregnancy, addressing SGBV, improving SRH service delivery and comprehensive sexuality education. Half of them considered that the interactions with the public on media platforms or channels were (very) constructive, while the other half rated them as (somewhat) hostile.

Social media was used by 11 out of 19 youth advocates for lobbying and advocacy. Facebook was the most mentioned social media platform used, followed by Telegram and YouTube. The youth advocates considered that social media was the most influential type of media in shaping public opinion on harmful practices, SGBV and unintended pregnancy and some respondents also referred to television, and radio, books or magazines as being important outlets.

Impairing and enhancing factors for CSOs carrying out advocacy and lobbying work

There are a number of challenges facing CSOs in Ethiopia. Some of the challenges mentioned by participants were a lack of budget, poor CSO coordination, and poor coordination and flexibility between the government and NGOs. In general, limited budgets and administrative capacities are the main challenges for most CSOs. These challenges impair CSOs' abilities to engage in effective lobbying and advocacy activities and youth-led CSOs are the most impacted. Moreover, besides the financial constraints, opposition from religious leaders, parents' fears that advocating for

SRHR means promoting sexual activities and rooted and accepted gender norms are other challenges that CSOs face to build recognition and acceptance of their work on advancing SRHR.

However, the study found that there are also enhancing factors that support CSOs. Some participants indicated that CSOs could access information about government actions and decisions if they asked through the proper procedure and in some cases, representatives of CSOs are invited to participate in discussions and decision-making process. Dialogue and consultation are becoming common among citizens, CSOs and government representatives. CSOs that accept the culture and values of the community and work seriously can be consulted and be part of different meetings and dialogues.

What stood out: It appears that for the CSOs that were functioning well and working with serious intentions, there was space for them to be involved at a higher level with the government and to be involved in decision making processes. For the CSOs that were struggling, many of them were youth-led CSOs as there is a perceived lack of credibility associated with them.

RECOMMENDATIONS PER PATHWAY

Pathway 1: Young people demand accountability and responsiveness on key issues

- Besides strengthening the knowledge on Power to You(th) key issues and rights, skills-building on advocacy, communication and leadership is also important.
- Create opportunities and spaces for adolescents and youth participation in community activities on Power to You(th) key issues, as there is considerable willingness for them to be active and expand their participation beyond awareness-raising activities and beyond community level.
- Youth clubs are important structures for youth voice and agency, but primarily at an individual level. These spaces/structures need to foster more collective action.

Pathway 2: CSOs amplify young people's voices to claim, protect and expand civic space

- Encourage and facilitate adolescent and youth engagement with CSOs, particularly beyond youth clubs.
- Use social media as one of the main platforms to amplify adolescent and youth voices and facilitate their engagement in lobbying and advocacy.
- Coordination/flexibility between CSOs and government actors was also mentioned as a challenge and, thus, should be strengthened as well as funding and time limitations affecting CSOs, especially youth-led ones.

Pathway 3: Societal actors support and promote youth rights and progressive social norms and attitudes to youth rights.

- Expand the currently limited spaces for exchanges and collaboration between adolescents and youth and adult and discuss perceptions of adolescent and youth capabilities to take decisions.
- Address the diversity of attitudes among social actors. Health care workers and teachers are already supportive of young people's agency and the right to SRH services.
- Awareness-raising among parents on youth rights is needed, with attention to topics such as consent and the difference between being consulted and deciding.

Pathway 4: State actors improve policymaking, budgeting and implementation at the local, national, regional and global levels on harmful practices, SGBV and unintended pregnancy

- Increase the engagement of young people with state actors or in policymaking.
- Facilitate information about budgeting and accountability mechanisms.
- Support the implementation of the existing legal and policy framework on harmful practices.

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