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Young Lives

“Caring for a baby is a mother’s responsibility”

Parenting and Health Service Experiences of Young Mothers and Fathers in Young Lives Communities in Ethiopia

Agazi Tiumelissan, Kiros Birhanu, Alula Pankhurst and Vincenzo Vinci

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Summary

This working paper draws on data from Young Lives and focuses on 29 young families within the sample. The paper addresses two main issues: the roles of the young mothers and fathers in parenting, and the health services available to them.

The findings suggest that parenting is almost exclusively the role of young mothers, in addition to other domestic work, helping husbands with agricultural work, and, for some, engaging in income-generating work outside the home. Because of patriarchal norms, this division of labour is accepted by almost all. The role of fathers seems to be limited mainly to income provision, and they were not expected to be actively involved in childrearing, apart from playing with their children in their spare time. There were some exceptionally supportive fathers who helped their wives even with what is culturally considered to be women's domestic work. However, there were also others who were unsupportive or who spent the money they made on alcohol and were not providing for their family as expected. The role of the extended family was found to be of paramount importance, especially for first-time mothers. This was especially true of grandmothers and sisters-in-law, and to some extent grandfathers. Neighbours also played a key role, but their involvement was found to be diminishing in some cases.

Access to health services has improved as a result of the expansion of the health extension service and its staff, for which the young people in the study were mostly grateful. Community-based health insurance, involving small annual contributions that enable access to services, was also appreciated by most. However, young people expressed concern that the insurance did not cover all essential medication, requiring them to pay additional costs they could not afford.

1. Introduction

This working paper looks at the involvement of young mothers and fathers in childcare and children's health, and the health services available for children and their young parents in Ethiopia. It argues that with patriarchal gender norms being pervasive in Young Lives communities, young mothers are shouldering far more responsibilities than young men. The paper draws on data from Young Lives and looks at some of the young people within the sample who have their own children. We start by considering the international literature and local policy context, then briefly consider the data and methods, before addressing the research questions. The research findings are presented in two sections – covering the parenting experiences of the young mothers and fathers, and the healthcare services available to the families – before the major conclusions and policy implications are outlined.

The Convention on the Rights of the Child (United Nations 1989) and the African Charter on the Rights and Welfare of the Child (African Unity 1999) recognise the family as the building block of society, one which ensures children are cared for and their needs met. Both the Convention and the Charter stipulate that states need to support families to fulfil their obligations. Parenting is demanding and needs to be a collaborative effort to be successful and to contribute to the well-being of all involved, especially the children. Even in developed countries, where women have increasingly become involved in paid work since the 1970s, men's involvement in childcare has not progressed as much as some had hoped (Adler and Lenz 2015). The International Labour Organization found that in every region of the world, women spend more time on unpaid care work than men, 'ranging from 1.7 times more in the Americas, 2.1 times more in Europe and Central Asia, 3.4 more in Africa, 4.1 times more in Asia and the Pacific, to up to 4.7 times more in the Arab states' (ILO 2018: 54).

This problem is more pronounced in developing countries, where mothers are often dependent on their husbands for financial support and constrained by social and gender norms, even when they are engaged in productive agricultural activities. While men have a degree of discretion to use the income they generate as they wish, women tend to use any income they earn for household needs, and this seems to be unquestioned by women and society at large. Despite some progress in gender equality in developing countries (notably in urban areas) in terms of women's involvement in income generation and decision-making, much more needs to be done to support mothers with the difficult task of childrearing, which they often do in addition to handling all the household tasks.

Building on the global agenda set by the Millennium Development Goals of promoting gender equality and empowering women, the Sustainable Development Goals, and Target 5.4 in particular, pledge to 'recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate' and promise to 'undertake reforms to give women equal rights to economic resources' (United Nations 2015).

Women who are empowered to influence household decisions are found to improve their children's well-being (MoWCY, UNICEF Ethiopia and SPRI 2019). In Ethiopia, where most of the population lives in rural areas, there is still a long way to go in the journey towards greater gender equality. Patriarchal norms persist and women are responsible for almost all household work, including childcare. Women's decision-making is also highly constrained,

despite the acceptance by policymakers of the need for improved gender equality (Pankhurst 2020; Chuta 2017). Working on women's empowerment, as well as state support and men's involvement at home, is therefore crucial as it benefits the whole of society and not only women (IFPRI 2003).

Linked closely to parenting and children's care is improvement in children's health outcomes. The Millennium Development Goals and the Sustainable Development Goals give due emphasis to improving children's and mothers' health. The Sustainable Development Goals envisage ensuring healthy lives and promoting well-being at all ages, with a focus on ending the preventable deaths of new-borns and children under 5 years old, and achieving universal health coverage. As a signatory to these global agreements, Ethiopia has shown commitment to improving the health of its citizens, including children.

2. The policy context of gender equality and children's health in Ethiopia

2.1 Parenting and gender equality

The Federal Constitution (FDRE 1995) the Women's Policy (TGE 1993) and the National Gender Mainstreaming Guidelines (MoW 2010) give equal rights to women and men, including within the family, which should have positive ripple effects for children's health and well-being. Nevertheless, despite good policy intentions, and some improvement in gender equality (Kumar and Quisumbing 2015), gender inequality is still a huge problem in Ethiopia (MoWCY, UNICEF Ethiopia and SPRI 2019).

When women lack decision-making power and the ability to generate their own income, their ability to care for their children is compromised. This is due to a lack of access to disposable financial resources even when they are engaged, for example, in productive agricultural activities. Women are thought of as only having responsibility for undertaking household work and raising children, and as having limited decision-making power (Tafere et al. 2020). Women are engaged in household activities and external activities that often do not bring in income, while men are usually engaged in paid or income-generating work (Bekana 2020). Moreover, once a couple is married, the tasks of rearing and looking after the family as a whole are largely left to the woman (Ethiopian Society of Population Studies 2008).

2.2 Parenting and children's health

The Federal Government of Ethiopia has introduced various policies and strategies to protect the well-being and health of children. The National Children's Policy (FDRE 2017) is a key document and envisions the creation of a supportive environment for parents, especially mothers, to provide all the necessary care for children. For instance, training in parenting skills is mentioned as one way to strengthen families.

Ethiopia has been working intensively to improve its citizens' health, with the health extension system put in place over the last two decades one example of such endeavours.

The expansion of this system has brought about multiple benefits in health outcomes across communities. In their analysis of articles from 2003 to 2018 on the Health Extension Programme (HEP), Assefa et al. (2019) found that the HEP had improved health outcomes, including maternal and child health, though it had its own challenges, regarding, for example, the effectiveness of health extension workers (HEWs) and health posts, and how to address the social determinants of health.

The Health Sector Transformation Plan (MoH 2015b) and the National Strategy for Newborn and Child Survival (MoH 2015a) incorporated global commitments into national planning to decrease child mortality and improve well-being by focusing on prevention and community-based measures. Access to health services has improved with the presence of two HEWs and one health post or health centre in every community. HEWs work closely with households on priority health problems in communities. The success of the HEP can be seen in improvements in family planning, immunisation, antenatal care, malaria, TB, HIV and community satisfaction (Aseffa 2019). Another recent measure to improve broad-based health service access is community-based health insurance (CBHI), which seeks to provide healthcare in exchange for a small annual contribution, and free medical care for the poorest of the poor who cannot afford this contribution. Women's empowerment has a key role to play in terms of improving children's well-being and health (MoWCY, UNICEF Ethiopia and SPRI 2019).

2.2.1 Patriarchy

Patriarchy is a gender system providing for and legitimatising the predominance of men over women (Debabu 2000), and patriarchal culture affords men certain privileges that are not available to women (Dickerson 2013). This dominance is manifested in various spheres of life, including household responsibilities, where women have disproportionately large roles even when they also take part in productive work outside the home (Deme 2015; Adler and Lenz 2015). Von Werlholf (2013) coined the term 'housewife-ization' to explain how women handle many aspects of domestic work without their work being recognised and valued.

In this paper we view the parental roles of the young people through this patriarchal lens. Enduring societal gender norms mean that patriarchy persists in many spheres of life, including in parenting and childcare practices. The norms tend to be accepted without question, including by women, who are affected by the issues emanating from such values.

3. Data and methods

This paper is based on data from Young Lives, an international study of childhood poverty and transitions to adulthood following the lives of 12,000 children in four countries – Ethiopia, India (in the states of Andhra Pradesh and Telangana), Peru and Vietnam – since 2001. It has been following 3,000 girls and boys and their families in each country – a Younger Cohort of 2,000 children, born in 2001 and an Older Cohort of 1,000 children, born in 1994. The sample, which was pro-poor, includes equal proportions of girls and boys. In Ethiopia these children were selected from 20 sentinel sites in the five major regions of the country – Amhara, Oromia, Tigray, Southern Nations, Nationalities, and Peoples' Region (SNNPR) and the capital city, Addis Ababa.

Young Lives has been conducting research in Ethiopia since 2001, and has so far collected five rounds of survey data from all the respondents in all 20 sites. There have also been five waves of qualitative data collected in five communities, one from each region. For the fifth round of qualitative research, five additional communities, again one from each region, were added to the data collection, so that this round included ten study sites. Young Lives has also undertaken sub-studies on pertinent issues over the years (Pankhurst et al. 2018), one of which is the Young Marriage and Parenthood Study (YMAPS) (Crivello and Mann 2020; Tafere et al. 2020), which is one of the datasets used for this paper.

Young Lives thus has rich datasets on the lives of the children, their caregivers and their communities, and the longitudinal cohort data enable the analysis of the life stories and trajectories of those who have been involved in the study. For this paper, in addition to the YMAPS data, we also used qualitative interview data from young married parents[1] who participated in the fifth wave of the qualitative research, carried out in 2019. All the respondents featured in this paper were resident in the seven communities listed in Table 1.

Table 1. *Young families included in this study, by community, region and parent*

Community	Region	Both parents	Mothers only	Fathers only	Total
Bertukan[2]	Addis Ababa	2	1	1	4
Tach-Meret	Amhara	1	–	–	1
Leki	Oromia	3	3	2	8
Lomi	Oromia	2	–	–	2
Timatim	SNNPR	3	–	–	3
Zeytuni	Tigray	3	6	1	10
Gomen	Tigray	1	–	–	1
Total		**15**	**10**	**4**	**29**

Bertukan is an overcrowded area in the centre of the capital city, Addis Ababa. **Tach-Meret** is a rural food-insecure area in the Amhara region. **Leki** is a rural area near a lake in the Oromia region. **Lomi** is a drought-prone rural area in the Oromia region. **Timatim** is a densely populated rural area growing *enset* ('false banana') in the SNNP region. **Zeytuni** is a drought-prone rural area highly dependent on government support in the Tigray region, while **Gomen** is a small, poor town, also in Tigray.

Just over half of the young families (17) had a single child, 10 had two children, one already had three children and another had four children. Of the 25 mothers, seven were under 18 years old when they had their first child. The rest were older, with the oldest being 25 when she first gave birth. In 15 cases both parents were interviewed, in 10 cases we only interviewed the mothers, and in four cases only the fathers. The interviews with both parents brought about a better understanding of their situation than when we had to rely only on one parent's responses.

1 'Young parents' here refers to those young people that Young Lives has been following since childhood and who now have their own children.

2 Names of the communities and of the young people are pseudonyms.

Most of the young parents were still living with their spouses, although five were divorced. Of these five, three young men and one young woman were still single, while one divorced young woman had remarried.[3]

4. Research questions

This paper deals mainly with the roles of young mothers and fathers in parenting and childcare, including in relation to children's health. The paper aims to address the following research questions:

1. How does the gendered division of labour operate for young parents?
    a. How are mothers managing childcare along with their other household responsibilities?
    b. In what circumstances are fathers involved in childcare?
    c. Which kinds of fathers are involved to a greater extent in childcare?
2. What is the participant experience of health service access?
    a. What are the factors that determine young parents' use of health services?
    b. Were young parents given parenting advice by HEWs and if so, what was their experience?
    c. Are there families who do not access health services even when available? Why?

5. Findings

This section presents the findings in two parts: first, the involvement of young parents in childcare, then the health services available for children and their parents and the access to such services.

5.1 Parenting roles

Parenting is understood here primarily in terms of the roles of the young mothers and fathers. However, we also consider the role of others who are involved in childcare, notably among the extended family, and how health service providers support parents.

5.1.1 Mothers

Because of the patriarchal norms that prevail in the communities studied, all the young mothers had almost exclusive roles in direct childcare. There seems to be a clear division of labour between young mothers and fathers, and clear expectations regarding this – mothers were responsible for all the household activities, including cooking, washing clothes, fetching water and collecting firewood, and also childcare – including bathing, feeding and carrying

3 This topic is explored in a related paper on marital discord, separation and divorce (Pankhurst and Crivello 2020).

the children. They were also having to engage in productive agricultural activities in rural areas, and income-generating informal sector activity in urban areas, while fathers were responsible for financial support.

Some respondents suggested that patriarchal norms were accepted and that there was nothing that could be done about it. Zahara, a 25-year-old woman from Lomi who had two children, said, "[H]usbands do not do such things [childcare and domestic work] in this area." Ayu, from Leki, who was 22 years old and had two children, shared this view. When asked who decided about the roles and responsibilities of the mother and the father, after smiling she said "it is already known", and added that caring for the children and carrying out the other household duties were her responsibilities, while her husband bought things or gave her money to fulfil household needs. Medi, from Bertukan, who was 24 years old and had two children, said that she did a lot of work in the house and wished her husband could help in some ways, although she did not specify how.

Husbands also realise that their wives have a lot of household responsibilities. For instance, the husband of Wubanchi, from Lomi, said:

> Most often, I and other fathers stay away from home and generally, mothers have a long list of responsibilities in raising children. Mothers are responsible to play all the roles of carrying, bathing/washing, food preparation and others.

The responsibilities of childcare and household work did not seem to diminish even when the young mothers also had to engage in income-generating activities outside the home. Some young mothers were also supporting their husbands with farming activities, or undertaking income-generating activities themselves. Mina from Timatim was 25 years old and had four children. She said:

> When I return home, I prepare food for children even during night time. It is me who does the whole domestic work even if I get tired. I wake up at 4 am … in order to prepare food for my children, before I leave for the market place. … It is me who does the whole domestic work, including cooking and washing clothes. Also, I help my spouse with planting vegetables in the land located close to the house.

Her husband was aware of her struggle. He said:

> They [women] feel tired when they care for their children. They cannot even wash the feet of their children when they come back home, because they have demanding work during the day.

He then recommended that

> [i]t would be good if everything is provided to them without the need for them to go to work outside. If this is the case, they can raise their children without problem, and they will have a happy marriage.

This indicates that he was not planning to help his wife or taking the initiative to address the problem, and might therefore be strengthening existing patriarchal norms (Lailulo, Susuman and Blignaut 2015).

Besides having to care for their children and do all the important household work, young mothers have social obligations to fulfil, and expectations around these did not seem to decrease even shortly after they gave birth. These included helping their in-laws, particularly when they were living with them, with difficult and time-consuming activities such as fetching

water, collecting firewood, or caring for ill relatives. The wife of Samir, who was 25 years old and had two children, was not getting proper care after giving birth, as her husband's mother was sick. He said:

> When a family member is very sick, you don't try to cook and get food to eat, and if you do so when someone from the family died, the neighbourhood will say, 'They are not down about the death of their mother or a family member and they are cooking food to eat.' If the sick person is in a coma, and if you eat food or cook it, people will say something really bad about you.

His mother died seven weeks after the birth of their child, and his wife was expected to actively participate in the funeral and mourning activities, even though she had a breast problem caused by lack of rest and a proper diet. As a consequence, she was unable to breastfeed until she went to hospital for treatment and eventually recovered.

Young mothers did not seem to expect support from their husbands in caring for children, apart from the income they provided for the family. Some young mothers even seemed to discourage any support from their husbands, especially with cooking. Sessen from Zeytuni, who was 25 years old and had one child, was taken aback when asked if her husband was helping her:

> How could he help me? Caring for a baby is a mother's responsibility. His obligation is to buy clothes, food and shoes for her. It is me who has to feed and care for her.

However, Buzunesh from Leki, who was 19 years old and had two children, was getting support from her husband, including with cooking and making coffee. She felt that a woman could only understand motherhood when she had had her own children:

> I used to disrespect motherhood. I even used to insult my mother. Yet now I regret my past understanding of motherhood. I have confirmed that a mother loves her child from the bottom of her heart. A mother loves her child more than she loves her own mother. I think this love for one's child is attributable to the fact that she delivered him or her after a painful labour.

When she was interviewed a year earlier, she had complained that her husband was not giving her money and that he was drinking a lot with his friends, issues which seemed to have improved by the time of the next interview.

Divorced or separated mothers

In cases of divorce, there were single mothers who assumed responsibility both for generating income to support their household and for caring for their children, with no, or only nominal, support from the fathers of their children.[4] When this support existed it was not regular, and only occurred when the fathers felt like giving it or when they had money to spare, and the fathers did not believe that supporting their children was their obligation.

Two of the divorced mothers were single and took on sole responsibility for caring for their children. Lielti's ex-husband in Zeytuni bought clothes for their child but refused to give her money, and even refused when she asked him to save money in their daughter's name. For

4 This topic is explored further in a paper by Pankhurst and Crivello (2020).

Rihisti in the same community, who had remarried, her child from her previous marriage was able to live with her and her second husband.

5.1.2 Fathers

There seemed to be agreement between young mothers and fathers that the role of young fathers is mainly to provide income. The lack of direct involvement of fathers in childcare did not appear to concern most young mothers. When fathers were around the house, what was expected of them was to play with their children after their working day was over.

Zahara's husband in Lomi, for instance, said that providing for the family was the main responsibility of the father, and that fathers had a secondary role to play in the socialisation of their children. Similarly, in Timatim, the husband of Amarda (who was 25 years old and had two children) said his role was mainly to buy the things that were needed in the house. Samir, from the same community, said that he helped a lot with childcare, but when asked how, he mentioned that he was buying soap and asking his sister to bathe the children. Likewise, Medi's husband from Bertukan said, "[A] father's responsibility is to fulfil the needs of the household; that is it." He implied that that was his only responsibility, and his wife seemed to agree with his views.

Supportive fathers

However, there were a number of cases of exceptionally supportive young fathers who at times were acting contrary to the widely held norms of their communities. Some were caring for their wives during their pregnancy and beyond. For example, Bereket from Bertukan was not cared for by his father when he was growing up, but wanted to make sure his family got his support and he did not want his wife to engage in paid work after she'd become pregnant, though their marriage did not last long after the birth of their daughter. The husband of Shitaye (who was 25 years old and had one child) was highly supportive of his wife. He even prepared food, an act that is usually culturally seen to be women's domain. In a different community in the same region, Sessen, from Zeytuni, said she would not even think of her husband doing such things, and that she would be angry at him because men were not supposed to do women's work in the kitchen.

There were also cases of young fathers who felt that they had to start to work harder to be able to provide for their family. A good example in Lomi is the husband of Wubanchi (who was 25 years old and had two children), who had started thinking about saving to be able to buy assets for their children, as well as providing for the current needs of the family. The husband of Buzunesh, in Leki was also supportive. Buzunesh said that her husband was helping her a lot, for example with cooking when she was breastfeeding, and her husband also said that after the birth of his children he worked harder to be better able to support his family.

There were also other young fathers whose efforts to care for their children and family were appreciated by their wives. Zahara said that her husband cared for the child and the family a lot. For example, he thought the child was malnourished and bought juice, thinking that it might help her gain weight. She also said:

> He brings everything he gets. Recently a man gave him 300 birr for a Muslim holiday and he bought different things for the child with all the money he got.

Similarly, Mina also said that her husband helped her a lot:

> He holds the baby and the children. He bathes them and changes their cloth. He feeds them when I am not at home so that they do not get sick due to lack of food and he feeds them on time.

She mentioned that she and her husband took caring for the children seriously, in order to avoid subsequent problems. She added, "[W]e can't afford to pay for medical treatment if they do not get food on time and if they get sick." Amarda, from Timatim, also said her husband supported her by caring for the children when she was busy with other work. Recently she had a hand injury and he was doing most of the childcare, including feeding and washing. The husband of Rihisti, from Zeytuni, was also supportive. He helped care for the children, for example when Rihisti was preparing food, for which she was grateful, mentioning that her husband helped her in the house in addition to his main role of working outside the home and providing for the family.

Shitaye from Gomen, who was 26 years and had one child, mentioned the exceptional support she received from her husband. She said that she was sick, and it was during a holiday. She said: "He prepared chicken stew, and he is very good in helping me." This was exceptional because preparing traditional Ethiopian chicken stew takes a long time, is seen to be exclusively the work of women because of the intricacies involved, and is culturally considered to be a measure of an accomplished Ethiopian woman's ability to cook.

Divorced or separated fathers

Divorced or separated mothers shoulder almost sole responsibility for childcare, particularly when their children live with them. However, here too there were exceptions. One divorced young father, Bereket in Bertukan – who was separated because of the influence of his in-laws – showed his commitment to supporting his child in various ways, despite the unwillingness of his in-laws to welcome him or appreciate his endeavours. In addition to sending money and clothes for his daughter, he was saving up one year's worth of kindergarten school fees, and planning to save enough money for two years if possible. He had initially tried to keep his marriage going, but seemed to have lost hope, and because of the intrusion of his in-laws was considering migrating abroad. He said he would only consider getting married again in the future when he was over 30 years old.

Another divorced young father, Kena from Leki, who was 22 and had one child, was not supporting his child purely out of a sense of duty; rather, he had to take some responsibility for providing for his daughter, because his wife left the baby with his family when she was only three months old. However, his daughter was mainly taken care of by his parental family, especially his mother.

Unsupportive fathers

There were a number of cases of husbands who were completely unsupportive of their wives when it came to childcare, and did not even provide financial support, though most of the young fathers did not admit this, and this information came from their wives. One young man was frank enough to mention a recent conflict with his wife, caused by his child crying when his wife was busy washing clothes, while he was in the house and apparently doing nothing. His wife, Meselech from Tach-Meret, who was 25 years old and had one child, recalled:

> Yes, we were in conflict when our daughter was crying. I was engaged in washing clothes of the child. At that time, he became angry at me. I was trying to go to my parents but neighbours convinced me to stay.

This young man did not feel that he had to help his wife, despite his father's advice to him to be a helpful husband and father. Meselech then had to carry the child on her back and continue washing clothes.

Other cases of unsupportive behaviour from husbands included not providing for the family due to drinking alcohol, as happened in Leki, where the husband of Hibiste (who was 22 years old and had two children) used the money he earned to buy alcohol for himself.[5] However, there seemed to be a positive change of behaviour in one case. The husband of Buzunesh (who was 19 years old and had two children), from the same community, was said to have been drinking a lot in a previous round of the study, but was a supportive husband during the last round and was helping his wife, including with the cooking.

5.1.3 Extended family

Grandparents

The role of the extended family cannot be overstated, as grandparents were highly involved in caring for and supporting their grandchildren and the young parents' family, as other studies also suggest (Bray with Dawes 2016). Grandmothers on each side, depending on proximity and availability, were critically important in socialising the new young mothers. This included attending births, when these happened at home, which was infrequent especially for subsequent births, as most births happened in health facilities. Their role in training young mothers and sometimes fathers about how to care for the children was thought to be essential, especially for first births. Grandmothers were involved in teaching mothers how to care for babies, including how to breastfeed, how to bathe babies, and how to feed them once they started to take solid food. Some grandfathers were said to have been advising the young fathers on how to become good fathers.

Support from the extended family was also crucial after the first birth, and continued during the childhood of the grandchildren. In some cases, grandchildren were more attached to their grandparents than their own parents, owing to the bond that was created through their care since the children's birth. Not only were grandparents feeding and bathing the children, they were supporting the families financially and buying clothes, shoes and food. They were also caring for the children when the parents were busy outside the house, including working or going to the market – whether to buy things or to engage in income-generating activities, notably informal petty trade.

Zahara's mother-in-law, for instance, was caring for her first child and only returning him to his mother for breastfeeding. Hence, he had a stronger attachment to his grandmother than his mother. Her sister-in-law (his aunt), who was also close to him, sent money from abroad when she heard that the child was sick. Similarly, Amarda's sister-in-law was helping the young mother carry out household work, such as fetching water and washing clothes. She also cared for the children, including by bathing and holding them. Amarda appreciated this and also said that her mother's role in supporting her was indispensable:

5 This topic is explored further in the paper by Pankhurst and Crivello (2020).

> I had difficulties bathing my baby because I didn't have the experience. It was my mother who was guiding me how to bathe the baby and how to hold him during breastfeeding. And I didn't have someone who could prepare food for me when my mother left.

For Sessen from Zeytuni, the support from her mother was also indispensable, as she was sick when her daughter was two years old, and it was only with her mother's support that she was able to cope with the situation. She also counted on the support she got from her sister when the child was young.

If separation or divorce occurs, the role of grandparents, most notably on the side of the young mother, becomes even more important, as it was mostly they who took on caring responsibilities, especially when the young mothers remarried. In one case of over-protective in-laws, the parents of a young mother in Addis Ababa caused the couple to separate because they were protecting their daughter, a young mother, arguing that she was "a child herself, let alone being able to care for her own child". They therefore decided to take the young mother and her daughter into their house. The father, Bereket, was angered, especially since he was committed to supporting his daughter, and decided to continue to play a part in the lives of his former wife and his daughter. By contrast, in Kena's case, his wife left the child when she was just three months old. His family primarily support the child, and he only provides money occasionally, when he can. However, he outlined that "my family, especially my mother, is suffering while caring for my daughter".

Siblings, older children and neighbours

Although the main sources of support among the extended family were grandparents, and especially grandmothers, the role of siblings from either family was also found to be essential, not only in caring for their nieces and nephews, but also in undertaking demanding domestic work and responsibilities, which relieved the young mothers of a huge burden. These included fetching water, collecting firewood, cooking, and caring for the babies and older children.

In the cases of two families where there were older children as well as very young ones, some childcare was provided by the older siblings. Mina, for example, had four children; the eldest, an 8-year-old boy, would play and spend time with his younger siblings. Older siblings were able to care for younger siblings in this way, especially in the absence of their parents, who were grateful for this help when they had to leave the house for various reasons. They were not old enough to support their mothers in other ways, however, such as feeding and bathing younger children.

The other source of support that is important to note is neighbours. Most respondents who mentioned neighbours, revealed that they received support from them. However, a few said that they could not count on their neighbours for childcare and support, suggesting regret about declining social support among neighbours in recent times.

5.2 Children's health

5.2.1 Parental roles

As in the case of parenting, children's health, starting from home remedies, regular health service follow-ups and care in times of sickness, seemed to be the responsibility of the young mothers. They reasoned this was so because they were the ones who spent most time with the children. Mothers were the ones who took their children for vaccinations and to receive supplementary feeding when needed. Fathers were mentioned only very rarely as accompanying mothers and children. 'Accompanying' also implies a secondary role for fathers, not the primary one of the mothers, who 'take' children to health facilities. The young parents consulted each another to reach to a decision about taking their children to health facilities.

Mothers' care for children starts with home remedies, with the fathers' role being to cover medical expenses. Mina in Timatim, for instance, was giving *tenadam* (a plant believed to have medicinal value) to her child, thinking she would gain weight, and when the child was busy sucking the bottle, she was able to undertake other activities. Likewise, Buzunesh, from Leki, mentioned that they got their son circumcised at the house two weeks after birth, and he recovered after three days.

When parents could not get the services they needed from the health posts and centres which were near or within their locality, they were forced to go to hospitals which were usually some distance away. For instance, Samir and his wife in Timatim usually took their children to a local health centre. On one occasion, however, he had to take his son to a hospital when he had difficulty breathing after being exposed to charcoal smoke.

As with parenting, the fathers' role was mainly supposed to be providing the financial means for mothers to take children to a health facility, when payment was needed. Fathers were also involved in buying medication in cases of those benefiting from CBHI, as this was not usually available for free. Where government health services would not provide a solution, or when families preferred private clinics, husbands were expected to cover the much higher medical expenses.

In the two communities in Tigray there was mention of parents being involved in traditional practices that are considered harmful (EGELDAM 2008). These were cutting the uvula, meant to avoid children's throats swelling, but which can cause infection as it is done locally by traditional healers with unsterilised equipment; and giving butter to babies, which can cause digestive problems for new-borns. Sessen from Zeytuni, for instance, had her daughter's uvula removed. She also mentioned that the HEWs asked them to seek traditional health remedies before coming to them. Likewise, Shitaye in Gomen had her daughter's uvula removed and also gave butter to her when she was very young. Her daughter had an eye problem and people suggested that she should apply breast milk, which she did not do as she was afraid. Such harmful traditional practices (HTPs) in childrearing were not mentioned in the other communities.

5.2.2 The role of health extension workers (HEWs)

In all the communities, the young parents mentioned that HEWs were supporting them with childcare by teaching them about what new parents needed to do, which was found to be helpful, especially with their first children. This included the need for mothers to exclusively

breastfeed up to the age of six months and give children additional food after that time, and how to ensure proper hygiene for babies and children. For instance, Mina from Timatim said that in addition to benefiting from the HEWs' advice, she was able to provide better care for her children after they had included her in the Health Development Army through the one-to-five team.[6]

In all of the communities, HEWs were involved in administering vaccinations, and treating and giving medication to sick children, and in most communities they were providing supplementary feeding for underweight and malnourished children. Zahara in Lomi said the HEW helped her child by blowing air into him (meaning she applied cardiopulmonary resuscitation) one time when the child lost consciousness. She suggested that "were it not for the support my child received from the HEWs, he would have died". Mina in Timatim appreciated the fact that the HEWs had given her daughter half of another child's supplementary feeding as she was mildly malnourished. Similarly, Amarda from the same community was thankful to the HEWs for holding a meeting once every three months to teach mothers about health issues.

However, some young parents expressed reservations about the services provided by the HEWs. For instance, Samir from Timatim complained that though young parents received training about health issues from the HEWs, it was only after they had asked, and the HEWs were not proactive in giving the necessary advice. Most of the young parents were pleased that the availability of CBHI enabled them to get health services for free, after the initial contribution of 370 birr (about US$10), and some of the poorest families were able to get health services without having to contribute.

However, there were some young parents who were not happy with the services of the government health facilities, notably the health centres or health posts. This was partly to do with the lack of free medication to accompany the free medical treatment, and at times it was based on the feeling that the government health services did not provide an effective or lasting solution compared to privately owned clinics. Hence some parents preferred to take their children to private health providers despite the higher costs.

There were also others who had to travel to distant hospitals because they were unable to get the services they needed in the nearby health facilities. Mina's first son, for instance, had a swelling on his feet and the HEWs were unable to help him. He was then taken to a private clinic in a nearby town. Although he did not recover fully, he felt better after visiting the clinic. His parents had to pay 500 birr for the service, which was a large expense for them. Likewise, Amarda's child, from the same community, had flu three times and was taken to a private clinic, after which he got better.

6 This is a network whereby one woman out of every six households is chosen for her status as a 'model woman' who has adopted a healthy lifestyle, and encourages the others in the network to do likewise. The group work as unpaid volunteers and are supposed to take some of the burden of outreach from HEWs.

6. Conclusion

This study set out to understand how young mothers and fathers were handling childcare responsibilities, and how they accessed the health services available to them.

The findings show that young mothers continued to shoulder the bulk of responsibilities for childcare on top of all the other domestic work and sometimes paid or income-generating work. Young mothers who had good social support from in-laws, their husbands, relatives and neighbours were able to handle the situation better. However, those who did not have such a supportive environment seemed to suffer while trying to manage childcare and other household responsibilities, at times also needing to engage in income-generating activities outside the house (Bekana 2020). Owing to the prevailing patriarchal norms, young mothers accepted this situation as 'normal', and some were surprised when asked if their husbands were involved in childcare and household support. Some young mothers responded that they would not expect their husbands to be involved in household activities, including childcare, and some would not approve of such acts because they were not considered 'masculine'. This shows how patriarchal norms are entrenched and internalised in the lives of both young women and men.

Most young fathers in the study were found to be involved in working outside the home and hence generating and providing income for the family, although some were struggling to find work. When they were in the house, some would play with their babies and children, or feed and bathe them. There were also cases of young men who, when they became fathers, felt obliged to work and earn more, in order to be able to care properly for their children and their family. A few young fathers also took on the responsibility of trying to save for and buy assets for their children. Cases of fathers who cooked and cared for their wives and children were exceptional. At the other end of the spectrum were fathers who did not take the initiative to help in any way in the house and who, for example, got angry at a crying child when the mother was busy with domestic work. There were also cases of young fathers who bought alcohol with the money they earned, rather than supporting their family, as was expected of them.

The role of the extended family was found to be crucial in helping young mothers to cope with the pressures of childcare and demanding household responsibilities. The role of mothers and mothers-in-law was especially important, notably in teaching young mothers about how to care for infants, particularly for the first-born children; their support in caring for the young mothers and the babies, and in handling household chores was found to be enormously helpful for the young mothers and their children. Sisters-in law and to some extent elder siblings also had some involvement in childcare. Generally, support from neighbours was also appreciated by young mothers, although in some cases neighbours were said to be distant and uncaring, suggesting a decline in social support and reciprocity.

In most of the communities, HEWs saw to it that mothers gave birth at a health facility and provided them with postnatal care and vaccinations for themselves and their children, all of which was deemed to have improved infant and maternal health. Their role in advising and teaching parents, mostly young mothers, about healthcare for their babies as they grew up was also instrumental. HEWs were following up on the health and condition of babies after birth, and in most of the communities they were providing supplementary feeding for children who were malnourished and underweight, which was appreciated by the young parents.

In terms of health service provision, families in most of the communities had recently become beneficiaries of CBHI after paying the relatively small initial annual payment. The poorest families were also direct beneficiaries of the health insurance without the need to contribute anything. Most families were found to be satisfied with the service they received from the health facilities, which were expanding access in their locality. However, there were some complaints about the lack of appropriate medication that forced young parents to go to private health service providers, which were expensive but provided a better service, or to hospitals which were in most cases far away, forcing families to incur transport and other related costs.

Proximity is one critical factor in determining the use of health services. Other factors include the friendliness of HEWs and the availability of medication after treatment. Some families preferred to go to private service providers if they had money at hand, owing to the lack of free and good medication at the health centres and health posts.

Although in most communities HTPs in childrearing, such as cutting of uvula and giving butter to new-born babies, was not mentioned, these were mentioned in two communities, both in Tigray. One woman suggested that they were told by the HEWs to seek treatment with traditional health service providers before going to the health facility, which suggests some reliance on traditional health service provision.

7. Policy issues

Most aspects of children's well-being have been covered in the relevant policy documents; however, implementation mechanisms and processes are often lacking. The National Children's Policy, for instance, emphasises the importance of providing training for parents in how to care for their children as part of its family-strengthening component. However, apart from HEWs conducting awareness-raising on some limited parenting issues, this policy guideline does not seem to have been implemented at the local level in the communities, and there is a need to devise ways of reaching families and supporting them with childcare.

The Constitution and the Women's Policy are clear that women have equal rights to men, and also that there is a need to lighten their workload, especially of rural women. However, childcare responsibilities are shouldered largely by women. There is therefore a need to raise awareness to change norms. Given the extra burden on working women, more emphasis is required on providing affordable day care systems that can give mothers space and time to engage in productive activities. This is especially important in the face of some evidence of declining social and family community ties. Better support for women to engage in income-generating activities can improve their decision-making and agency by enabling them to become more actively involved in the labour force, while safeguarding children's well-being and safety.

Since most of the burden on women stems from patriarchal cultural norms, which exert a formidable influence on existing policy (Crivello, Boyden and Pankhurst 2019), there is a need to engage not just women but also men about the importance of promoting more equal roles in all aspects of household responsibilities, including childcare, for the betterment of the family and society at large. This could be done through a conscious and sustained attempt to transform social and gender norms, and by implementing economic policies that will promote

better livelihoods and security for vulnerable households (van der Gaag et al. 2019). Positive examples of young men engaging in various aspects of childcare should be used to provide role models.

Commendable progress has been achieved in terms of health outcomes in the country, especially children’s health, following the expansion of the health extension system. One such move that is admired by the members of the communities is the CBHI. However, the concern of some of the young parents – that the free medical treatment is not followed by the provision of essential medication – needs further attention.

Although the Ministry of Women and Children Affairs produced a National Strategy and Action Plan on Harmful Traditional Practices against Women and Children in 2013, the focus was mainly on child marriage, abduction and female genital mutilation (MoWCYA 2013). The Constitution and the Criminal Code also prohibit HTPs. However, even when they are not frequently raised, unlike early marriage and female genital mutilation, HTPs related to childcare and rearing such as uvula cutting using unsterilised equipment and giving new-born babies butter are still happening in some communities. Therefore, there is a need to work on all forms of HTPs, including those used in childrearing practices.

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“Caring for a baby is a mother’s responsibility”: Parenting and Health Service Experiences of Young Mothers and Fathers in Young Lives Communities in Ethiopia

This working paper draws on data from Young Lives and focuses on 29 young families. The paper addresses two main issues: the roles of the young mothers and fathers in parenting, and the health services available to them.

The findings suggest that parenting is almost exclusively the role of young mothers, in addition to other domestic work, helping husbands with agricultural work, and, for some, engaging in income-generating work outside the home. Because of patriarchal norms, this division of labour is accepted by almost all. The role of fathers seems to be limited mainly to income provision, and they were not expected to be actively involved in childrearing, apart from playing with their children in their spare time. There were some exceptionally supportive fathers who helped their wives even with what is culturally considered to be women’s domestic work. However, there were also others who were unsupportive or who spent the money they made on alcohol and were not providing for their family as expected. The role of the extended family was found to be of paramount importance, especially for first-time mothers. This was especially true of grandmothers and sisters-in-law, and to some extent grandfathers. Neighbours also played a key role, but their involvement was found to be diminishing in some cases.

Access to health services has improved as a result of the expansion of the health extension service and its staff, for which the young people in the study were mostly grateful. Community-based health insurance, involving small annual contributions that enable access to services, was also appreciated by most. However, young people expressed concern that the insurance did not cover all essential medication, requiring them to pay additional costs they could not afford.

Young Lives

An International Study of Childhood Poverty

About Young Lives

Young Lives is an international study of childhood poverty and transitions to adulthood, following the lives of 12,000 children in four countries (Ethiopia, India, Peru and Vietnam). Young Lives is a collaborative research programme led by a team in the Department of International Development at the University of Oxford in association with research and policy partners in the four study countries.

Through researching different aspects of children’s lives across time, we seek to improve policies and programmes for children and young people.

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