In 2002 Young Lives collected data on 1,999 children who were aged 6 to 18 months and 1,000 children aged 7.5 to 8.5 years for the first survey round. By Round 3 at the end of 2009, 72 of the Younger Cohort and 6 of the Older Cohort children had died, and the overall attrition rate was 2.17 per cent over the 8-year period. The sample households are found in both rural (60 per cent) and urban (40 per cent) areas in 20 sentinel sites distributed over the five major regions of Ethiopia (Amhara, Oromia, SNNPR, Tigray, and the capital city, Addis Ababa), where more than 96 per cent of Ethiopian children live. The Young Lives team has also carried out three rounds of qualitative research, in 2007, 2008 and 2010, which are used to explain some of the findings in this report.

The Young Lives sites were selected to include poorer communities and include a number of food deficit woredas (districts). As a result the Young Lives households are poorer on the whole than average Ethiopian households. In 2006, 72 per cent of the sample households were living under the absolute poverty line (consuming less than 2,200 kilocalories per adult per day and not having enough to spend on essential non-food items) while the national average in 2005 was 39 per cent. Between Round 2 and Round 3 the poverty headcount index for Young Lives households declined by 4 percentage points (from 72 to 68 per cent). Consumption per capita was 142 birr in 2006 and increased by 6 per cent over the three-year period, reaching 150 birr in 2009, indicating an annual average increase of 2 per cent, much less than the national annual GDP growth, which was above 8 per cent. As with the national level estimates, poverty is more concentrated in rural areas than in urban areas.

Levels of wealth, consumption and poverty

There is substantial improvement in child welfare outcomes such as stunting, wasting, enrolment in primary education and subjective well-being. We have also observed an improvement in the economic condition of households, using a wealth index constructed from the ownership of assets and access to services as a measure of economic status. In general the growth in the wealth index is remarkable, and the main reasons for the increase in rural areas are improved housing, access to services and government programmes provided exclusively to rural areas, which is consistent with the country’s policy of Agricultural-Development-Led Industrialisation (ADLI). Over the three rounds, data indicate that the wealth index increases as the level of maternal education increases, while the growth in the wealth index is inversely related to maternal education, indicating that the gap in wealth between educated and uneducated mothers is narrowing. Female-headed households appear to be wealthier than male-headed households, which is consistent with surveys conducted by the Central Statistical Agency of Ethiopia.

The proportion of households that moved up, moved down, or stayed within the same consumption quintile between Rounds 2 and 3 was roughly similar. There is considerable rural–urban difference in the movement of households across the poverty line, with higher mobility observed for rural areas than for urban areas. When we consider the overall dynamics of poverty based on the wealth index, we see that slightly more than half (55 per cent) of the households remained poor, while 42 per cent of households moved out of poverty, whereas the proportion that moved into poverty is extremely small (3 per cent). The qualitative data indicate that in rural areas the main reason for this improvement is diversification of their income sources. For urban areas, involvement in business activities and new jobs, as well as remittances from family members living outside the households, were the major reasons for improved economic status. The main reasons for movement down to lower income quintiles are drought and illness of household members, especially children. The qualitative data also suggest that combinations of shocks and adverse events contributed to increasing household poverty.

Access to services

We found considerable rural–urban differences in access to safe drinking water, sanitation facilities and
electricity. Access to safe water increased from 11 per cent in 2002 to 17 per cent in 2009. The same pattern has been observed in both rural and urban areas. In 2009 according to our measure (those who are using public water distribution points and piped water into the dwelling), 39 per cent of the urban areas and 2.3 per cent of the rural areas have access to safe water. Although the figures are small, the growth in access to safe water from 2002 to 2009 is substantial. Results from our community-level survey reinforce this finding as the number of communities with access to potable water has increased between Rounds 2 and 3 from 16 to 23. In rural areas the proportion of households with access to safe water increased from 1.2 per cent to 2.3 per cent while in urban areas it increased from 27 per cent to 39 per cent. The non-poor households have significantly higher access to safe water than poor households.

In 2009, about 58 per cent of the households had access to sanitation facilities (a pit latrine or flush toilet), up from 22 per cent in 2002. The improvement is much higher for rural areas than for urban areas. In rural areas the access increased from 14 to 67 per cent while it increased from 34 to 45 per cent for urban areas.

Access to electricity also showed an improvement between 2002 and 2009 from 35 per cent to 50 per cent. Results from the community questionnaire reveal that six localities have gained access to electricity services between the two rounds.

Health and nutrition

Stunting and wasting are important dimensions of child poverty because of the recognised link to other outcomes such as cognitive development. In 2002 (Round 1), 35 per cent of the Younger Cohort children (then aged 1) were stunted. When these same children were age 5, the cohort had an average stunting level of 31 per cent, which had declined to 21 per cent by the age of 8. The recovery of those children affected by severe stunting is also substantial. At the age of 1, 16 per cent were severely stunted, at age 5 only 8 per cent, and by the age of 8 only 5 per cent of the children were severely stunted, indicating a fast recovery. Even if we observe catch-up in the height of children, it does not necessarily follow that there will be improvements in other outcomes, so ensuring good early nutrition remains critical for children’s later development. Promoting adult education and increasing the household wealth and income of poor households are key areas where government could focus to address the malnutrition of children.

When we compare the stunting and severe stunting of the Older Cohort children who were aged 8 in 2002 with that of the Young Cohort aged 8 in 2009, we see a remarkable improvement in their nutritional status, possibly because of the support programmes provided, including food aid, the public work programme, the Agricultural Extension Programme and Health Extension Services. While stunting of 8-year-old children in 2002 was 31.4 per cent, it was 20.9 per cent in 2009, indicating that stunting had declined across cohorts and showing improvement in nutritional status. Severe stunting was also lower in 2009 for the Younger Cohort (5 per cent) compared to that of 8-year-old children in 2002 (12 per cent). The rural–urban differential in stunting and severe stunting is high with rural areas having higher levels of stunting at all ages (age of 1, 5 and 8) and for both cohorts (2002 and 2009 at age 8).

Education and schooling

The Young Lives sample children also showed considerable progress in terms of enrolment in school. In 2009, 77 per cent of 8-year-olds were enrolled, with urban rates (89 per cent) higher than rural rates (69 per cent), while in 2002, the only 66 per cent of the 8-year-olds were enrolled. Parental education was observed to have a positive role in child enrolment. Once again non-poor households (81 per cent) fare better than poor households (75 per cent). The gender bias in enrolment is slightly in favour of girls. There has been a slight increase (2 percentage points) in the literacy rate of 8-year-olds, between the Older Cohort in Round 1 and the Younger Cohort in Round 3, owing to an increase in urban areas (by 7 percentage points), while the rural literacy rate declined by one percentage point. One of the main reasons for increased enrolment in urban areas is not only awareness of parents about the importance of education, but also an increase in the number of primary schools in our study sites. However, increased primary school enrolment did not seem to improve literacy. In 2002 (Round 1), there was only one primary school per rural site; by Round 3 this had increased substantially, reaching up to between five and seven first-cycle (Grades 1 to 4) primary schools per site.

Even though enrolment rates indicate a marked improvement in educational coverage in all of the survey areas, about 8 per cent of Older Cohort children have dropped out between the ages of 12 and 15. The rural drop-out rate (12 per cent) is higher than in urban areas (4 per cent). The gender bias is still in favour of girls with fewer girls (7 per cent) than boys (9 per cent) dropping out, probably because boys are required to work more in unpaid activities than girls. Children from poor households (9 per cent) and those with mothers with no education (11 per cent) also had higher drop-out rates. Because of drop-out, only 18 per cent of the Older Cohort had completed primary school at the age of 15. While drop-out is lower for girls, primary school completion is higher for boys, and higher for urban than rural children. The qualitative sub-study suggests that children usually drop out of school because of their parents’ poverty or illness. More boys drop out, while girls are likely to combine both work (usually domestic activities) and school.
No change in rural literacy rates was observed. Literacy rates in SNNPR were lower in 2009 than in 2006. One of the possible reasons could be the enormous expansion of enrolment without an associated increase in qualified teachers and other resources.

**Children’s work and time use**

More than 90 per cent of the 8-year-olds and 98 per cent of the 15-year-olds were involved in some kind of work, paid or unpaid, in 2009. Caring for other children and household chores take up the highest share of children’s time, followed by unpaid work within the family such as farming and cattle herding. Children’s participation in childcare is higher in rural areas, by girls, and in poor households than in urban areas, by boys or in non-poor households, respectively. Children’s participation in childcare declines with higher levels of maternal education, partly because educated mothers are wealthier. Children in rural areas, boys and poor children have higher participation rates in unpaid family activities than children in urban areas, girls and non-poor children, respectively. No disparities among different socio-economic groups are observed in the participation of children in household chores. Three per cent of the 8-year-olds participated in paid activities, although this is lower than the rate observed in 2002 (Round 1 Older Cohort at the same age) which was 8 per cent, indicating declining child work for pay over time. Participation of 15-year-olds in paid activities is 8.6 per cent, which is slightly higher than their participation in paid work at the ages of 8 and 12 (8 and 6 per cent respectively), perhaps indicating that as the children grow older, they drop out from school and become more involved in labour to generate additional income for their households. Participation of children in all kinds work is higher for the poor than for the non-poor households, indicating that participation in child work is associated with poverty.

The time both cohorts of children spend on different work activities is greater in rural than urban areas, while the time spent on schooling and studying is greater in urban areas. Qualitative research indicates that the 15-year-olds are substantially involved in working for pay. In the rural areas work for cash in the wage labour market includes working at private stone-crusher plants, helping with irrigation on private farms, picking haricot beans, weeding, fishing, selling stones, and similar activities. In urban communities, the work children do includes washing cars, selling injera (local pancake-like bread) or sugar cane, working in shops, and helping their parents to generate income. From a gender perspective, the results indicate that boys tend to be involved more in unpaid family business activities as well as paid activities, while girls participate more in childcare and other domestic chores, in accordance with the customary division of labour. Parental education (as indicated by the mother’s education level) has a positive correlation with children’s time use: the more educated the mother, the less time the children spend on domestic chores and the more time they spend in school or studying at home. Similarly, children from non-poor households spend more time in school or studying and less time in domestic chores or unpaid family business activities.

**Subjective well-being**

In keeping with its multidimensional approach to poverty, Young Lives assesses children’s subjective well-being or ill-being. Results from a self-administered questionnaire given to the Older Cohort indicate that about two-thirds of the sampled adolescents feel that their parents (or caregivers) treat them fairly, while 62 per cent (65 per cent of the boys and 59 per cent of the girls) feel that they are free to speak about their feelings with their parents (guardians). However, over 28 per cent of the young people expressed a feeling of often being unhappy, downhearted or tearful, while 14 per cent say they worry a lot. The survey reveals that a smaller proportion of girls seem worried and unhappy and a larger proportion of girls consider that they are fairly treated when they do something wrong than do boys, although a larger proportion of boys feel able to speak about their feelings with their parents. Moreover, qualitative data suggest that children in the same cohort (then aged 13) had varying perceptions of ill/well-being. In general they see their well-being as encompassing having material, social, personal, and family resources. Rural children give more emphasis to having material resources such as land and livestock while urban children stress the importance of services, such as school. Ill-being or living a bad life comes as a result of not having or not accessing the resources that help to live a good life. For example, not having enough land or livestock for a rural child and not being able to attend school for an urban child are considered suggestive of living a bad life.

**Social protection and government programmes**

The Young Lives surveys have documented the participation of sample households in the biggest social assistance programme in Ethiopia, popularly known as the PSNP (Productive Safety Net Programme). The PSNP, started in 2005, consists of a public work (PW) component and a direct support (DS) component. The public work component pays daily wages for unskilled labour (either in cash or in kind) to chronically food-insecure people. The direct support component provides free food aid to poor people who are not able to work, such as disabled or elderly people, pregnant women and women who are breastfeeding.

About 41 per cent of the rural sample households and 7 per cent of the urban households participate in the PW, while 13.5 per cent of rural and 4.6 per cent
of urban sample households participate in the DS component. Although the public work programme is basically designed for rural areas, we see that some urban households have also participated, especially in SNNPR and Tigray, although rural people benefit more than their urban counterparts. There has been a fall in the participation rate of sample households in both PW and DS, which is substantial for DS in urban areas, mainly due to graduation. Of the beneficiary rural households who withdrew from PW, more than half of them (65 per cent) withdrew because they had graduated.

Unlike the participation rate, the mean nominal income that beneficiary households receive from the PSNP has increased substantially, but this increase is not much higher than the inflation rate of 178 per cent between the Round 2 and Round 3 surveys. Over a period of 12 months in 2008-09, the nominal average mean income that rural sample households generated from public work and direct support programmes were recorded to be 2,208 birr and 599 birr, respectively. For urban areas the figures are 1,241 birr and 926 birr.

Overall, the PSNP seems to be having some success in benefiting the more vulnerable groups in our sample. The rate of participation in both PW and DS is higher for poor and female-headed households than for non-poor and male-headed households, while the income earned from PW by households with less educated mothers is higher than that earned by households with more educated mothers. However, male-headed households and non-poor households earn more income from PW than female-headed and poor households in rural areas, while urban households gain much more from DS than rural ones. The difference between the vulnerable and less vulnerable groups is not only limited to participation rates and the amount of income obtained from PSNP, but also in the percentage of increased income from PSNP between Round 2 and Round 3. The increase in income obtained from PSNP is higher for uneducated mothers than for the educated suggesting that the PSNP is becoming more effective in benefiting more vulnerable groups such as uneducated people. However, there is limited evidence to link the results to some child poverty outcomes, including education.

Conclusion

This initial analysis gives an indication of how the Young Lives data can be used to explore changes in child poverty, and is highly relevant for debates around the Growth and Transformation Programme and how national objectives around economic growth can be used to drive improvements in child well-being. Despite rapid recent increases in enrolment rates, for example, the evidence demonstrates that challenges remain in delivering quality education to improve children’s learning.

The combination of household evidence on the experience of Young Lives children both in and out of school demonstrates that children’s development is influenced by interventions such as schooling and household factors such as income constraints and shocks. Therefore it is important that measures such as the PSNP can help relieve some of the pressures on families which may undermine children’s development.

About Young Lives

Young Lives is a long-term international research project investigating the changing nature of childhood poverty in four developing countries – Ethiopia, India (in Andhra Pradesh), Peru and Vietnam – over 15 years, the timeframe set by the UN to assess progress towards the UN Millennium Development Goals. Through interviews, group work and case studies with the children, their parents, teachers and community representatives, we are collecting a wealth of information, not only about their material and social circumstances, but also their perspectives on their lives and aspirations for the future, set against the environmental and social realities of their communities.

We are following two groups of children in each country: 2,000 children who were born in 2001-02 and 1,000 children born in 1994-95. These groups provide insights into every phase of childhood. The younger children are being tracked from infancy to their mid-teens and the older children through into adulthood, when some will become parents themselves. When this is matched with information gathered about their parents, we will be able to reveal much about the intergenerational transfer of poverty, how families on the margins move in and out of poverty, and the policies that can make a real difference to their lives.

The Young Lives survey team in Ethiopia is based at the Ethiopian Development Research Institute and works alongside a team of qualitative researchers. Policy and communications staff are based within Save the Children UK. The team is led by Dr Alula Pankhurst.

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