



Transitions to Adulthood in Ethiopia

Preliminary Findings: Summary and Policy Issues

Yisak Tafere and Nardos Chuta



Policy Studies Institute



The authors

Yisak Tafere is the Lead Qualitative Researcher for Young Lives in Ethiopia at the Policy Studies Institute (PSI), Addis Ababa. He has a PhD from the Norwegian University of Science and Technology (NTNU) in Trondheim, Norway, and an MA in Social Anthropology from Addis Ababa University.

Nardos Chuta is a Qualitative Researcher with Young Lives, based in Addis Ababa. She has an MA from Addis Ababa University. Her research focuses on children's work, child labour and migration, conceptualisations of childhood, young people's risk and poverty, children's agency, and the life course and trajectories of children and young people in Ethiopia.

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Introduction

This is a summary of the report on the fifth wave of Young Lives qualitative research across ten communities in five regions of Ethiopia.¹ The research sought to document the current circumstances and recent life changes of the two cohorts of children included in Young Lives; the Younger Cohort (now aged 18) making the transition from childhood into adulthood, and the

Older Cohort (aged 25) already experiencing early adulthood life. The data collection involved a total of 241 individual interviews with young people, their caregivers/or spouses, key informant interviews with 59 local service providers and 40 focus group discussions with a total of 200 young people and community representatives.

The study analysed young people's interrelated transitions to adulthood with respect to schooling, work/employment, marriage and having children. It also explored the resources and services available in the study communities that influence these transitions. While the analysis is mainly based on the qualitative data, these qualitative findings are contextualised within the main Young Lives Round 5 survey carried out in 2016.

In line with the data, the study revisits the dominant theoretical discourses that describe transitions from childhood to adulthood, with a view to understanding how well these discourses align with the realities of Ethiopian youth. Second, some conclusions are drawn on the markers of the transitions, including schooling, employment, marriage and having children. Third, the services available for young people in the communities and the challenges they encounter are reviewed. Preliminary policy implications are suggested for each issue, which will be explored in greater detail in eight forthcoming papers in 2020.

Major findings

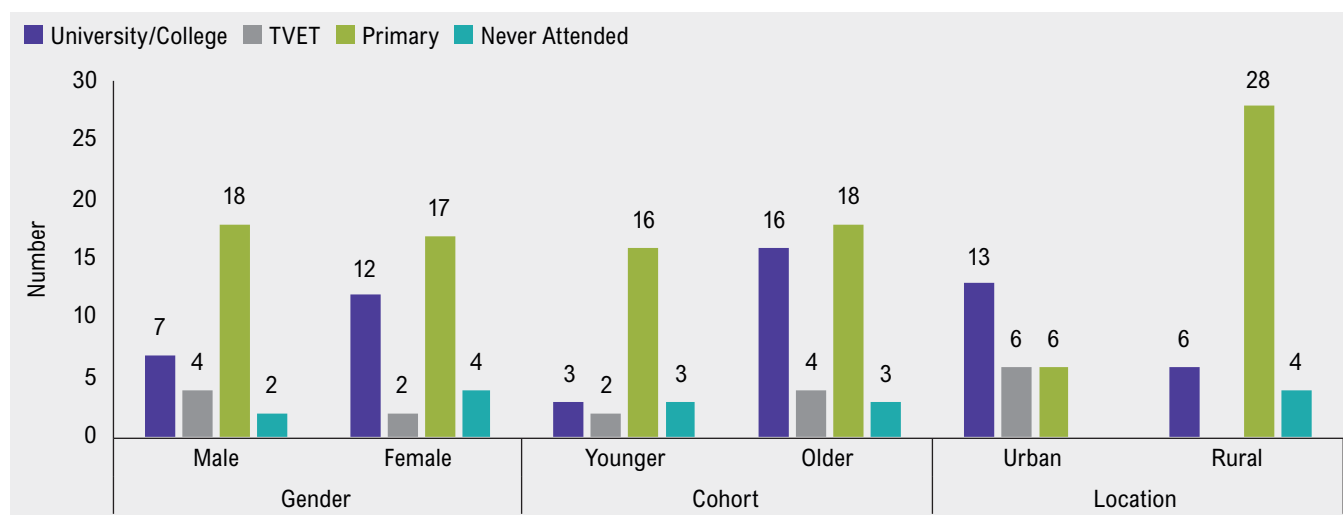
Education/schooling

The data indicate that the majority of the young people were unable to progress beyond a certain level of schooling. While the majority were in school, they were attending either primary school (28.5%) or secondary school (45%) while only about 15.5% reached university level (Figure 1). Disparities based on cohort, gender and location were visible (see Box 1 for the main survey results).

Cohort: More Younger Cohort young people were attending primary and secondary education, while somewhat more Older Cohort young people were at university or college.

Gender: More girls were at university, but there was little gender disparity in attendances at other educational levels.

¹ See Tafere, Y., and N. Chuta (forthcoming) 'Young Lives Fifth Wave Qualitative Study: Transitions to Adulthood in Ethiopia', Oxford: Young Lives.

Figure 1. Educational Status of Young People

Box 1. Comparison between the education levels of 22 year olds and their caregivers Young Lives Round 5 survey, 2016

By age 22, a third of the Older Cohort young people were still pursuing their education; with 41 per cent of these at university (53.4 per cent urban, 46.6 per cent rural). Almost half of the students from rural communities were still in Grade 10 or below, while the rest were at different levels of schooling including technical and vocational educational training (TVET). Among those who left school, the majority (52.5 per cent) of the young people had dropped out of school before finishing secondary education.

Yordi is one of the urban girls who had been successful in pursuing her studies. During the fieldwork she was in her final year (Year 5) at a university in Southern Nations Nationalities and Peoples Region. She narrates how she was able to achieve her childhood aspirations:

I chose civil engineering because I was good in mathematics ... I remember saying "I want to be an engineer" when teachers were asking us at Grade 4 but I don't know the reason for that. I have a good grade with a cumulative score of 3.01. I would like to continue to do a second degree, but I am not sure about what will happen in the future ... I am looking for a scholarship in order to do a Master's degree. I may get a scholarship if God wills. I am trying to search for a scholarship in Norway and India. I have already applied but it requires a temporary degree. (Yordi, 24 years old, Leku, 2019)

Location: Almost half of the students from rural communities were still in Grade 10 or below.

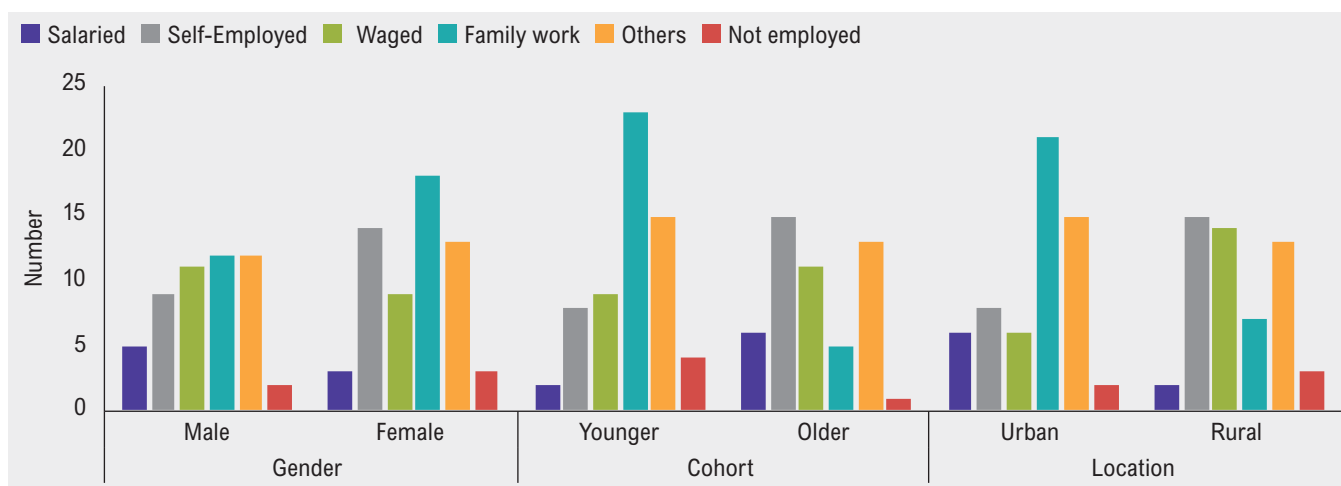
Generally, the irregularity of *educational trajectories* was evident in this study. Based on their ages, all Young Cohort children if performing well should have completed at least secondary education and successful Older Cohort young people should have completed university. Our findings therefore suggest that the conventional understanding of 'finishing school' as one marker of transition from childhood into adulthood cannot be a clear indicator.

Employment/work

The main Young Lives study shows that 78 per cent (68 per cent urban versus 89 per cent rural) of the youth aged 22 were engaged in some type of work. About 58 per cent of the rural young people worked in agricultural activities, with the majority (81 per cent) engaged in family-based self-employment rather than paid work. Urban youth are mainly engaged in small income-generating activities and paid work.

The qualitative study data also indicate that young people are engaged in different activities, mainly in family work, with a limited number in casual labour and self-employment (Figure 2). Only six of the Older Cohort and two of the Younger Cohort were employed with a regular salary, as accountants, construction workers, engineers, or professional footballers.

One challenge relates to the *transition to the labour market*. Youth unemployment is widespread in the study communities, but because of poor

Figure 2. Employment Type Status of Young People

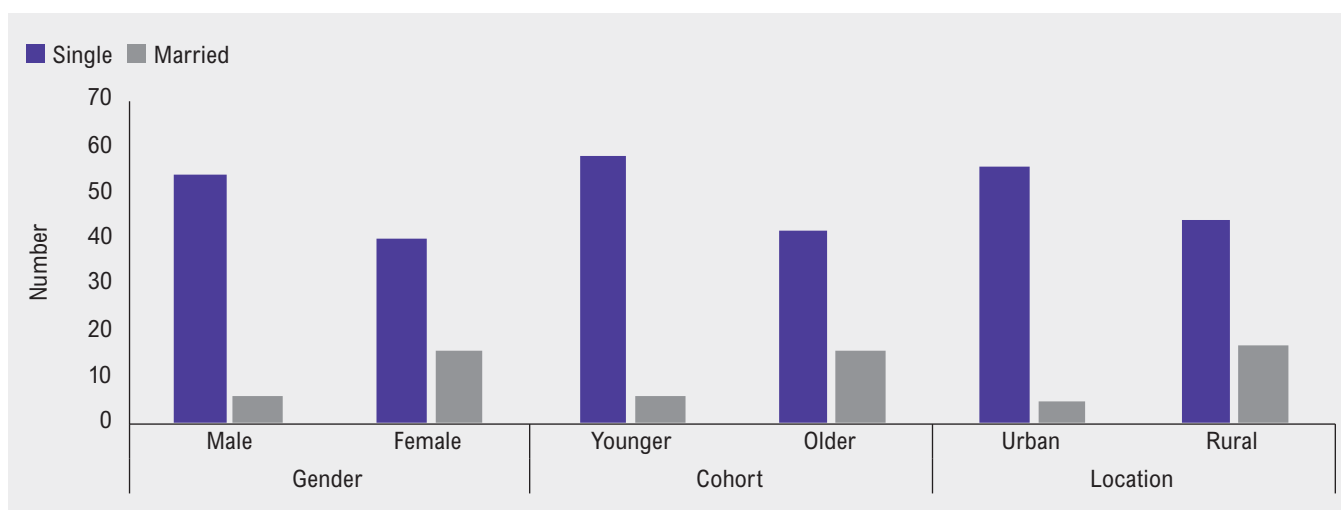
recording, it is difficult to fully establish its magnitude. Different factors contribute to the low level of youth employment. Primarily, in all communities, job opportunities were too limited to absorb the large number of young people leaving school, technical and vocational education and training (TVET) colleges and universities. Moreover, the governmental agencies responsible for helping young people get employment are poorly organised. Although the national Youth Fund is supposed to provide revolving credit for unemployed youth, it was reported to be too bureaucratic to respond effectively to increased demand from young people.

Marriage and having children

Marriage, which can be through formal weddings, cohabitation or abduction, is another route to adulthood. Twenty-two of the 122 young people in the qualitative study were married (Figure 3).

The 2016 survey data of the Older Cohort show that almost a fifth of the young women were either formally married (18.9 per cent) or cohabitating (5.7 per cent) by age 19. By age 22, the rate of marriage for young women had increased to 32 per cent, but in contrast only 7 per cent of young men were married. By age 19, about 12.6 per cent of the young women had children. The gender disparity in fertility is clear: by age 22, 26 per cent of young women had a child compared to only 2 per cent of young men.

In the context of unsuccessful schooling and constraining cultural practices, many girls are pushed into early marriage and childbirth. On the contrary, young men delay marriage, mainly because it takes them a long time to ensure their economic independence. The study found that male youth have more economic responsibility for setting up new households than young women.

Figure 3. Marital Status of Young People

Parents also play a large role in helping their grown-up children move into an independent life. During marriage, some parents provide farmland, livestock, land to build a house on, money to start a business, and share other resources. In other contexts (e.g. sites in Oromia), providing land only to sons puts daughters in a vulnerable and disadvantaged situation from the onset of marriage. Gender equality in accessing resources, particularly land in rural areas, is therefore an area that warrants policy attention.

Health services

The study explored the health services available and delivered in the study communities, and found that community health insurance is being introduced, institutional delivery in childbirth is growing quickly, but childcare services remain weak.

Community based health insurance (CBHI)

Community based health insurance is comprehensive and aims to address people's health care needs. However, the effectiveness of its application varies across communities. In some communities the poor are excluded because they fail to pay the fees (e.g. sites in Oromia). In other areas, the regional health bureaus (e.g. sites in Tigray) subsidised the poor with the fees to ensure all have access to the service. In other cases (e.g. sites in Southern Nations, Nationalities, and Peoples' Region (SNNPR)), priority is given to those who pay in cash compared to those who show their insurance membership cards.

Institutional delivery

Another major intervention is the introduction and expansion of *institutional delivery*. In most communities, delivery in institutions with the attendance of professional midwives is becoming compulsory. *Mothers' waiting rooms* were observed in health centres and provide food after childbirth.

There have been visible changes in the provision of pregnancy follow ups, ambulances to transport expecting mothers, and giving birth in health centres. Earlier Young Lives research noted very limited services, and in rural areas, a strong family preference for homebirths for first-time mothers. For example, in 2008, the mother of one Younger

Cohort child from the Tigray site died during delivery because there was no such service in the community. Now, in the same community, every mother gives birth at the health centre.

Institutional delivery is an obligation and, in some contexts, home delivery may expose households to legal sanction. For example, the head of the health centre in Tigray reported that mothers and those who helped with home deliveries could be fined between ETB 150-500 by the social court.

The health centres have mothers' waiting rooms where women stay until they are ready to deliver. For example, in one of the Amhara study communities, a new mothers' waiting room has recently been constructed by the *Wereda* Health Office. UNICEF has provided delivery equipment such as a blood pressure machine and solar power, and UNICEF staff also frequently visit the centre.

Childcare

Childcare services in health centres have been extended to house-to-house visits where stunted children are monitored and provided with supplementary food. However, some gaps were noted where there is still a need for reinforced interventions. Health centres often have very limited resources and so are unable to provide appropriate support for children from poor families in need. Officials and parents reported that some children face malnutrition. Although some NGOs and donors, such as UNICEF, were found to be providing some assistance, there were reported cases where the management of the resources involved irregularities. This suggests that services which start during pregnancy and have improved during the delivery, are rather weak when it comes to childcare. Access to such services, mainly in rural areas and for the poorest families, is important to ensure uninterrupted support through the developmental cycle of children's growth.

Conclusion

This study explored the transition from childhood into adulthood using the social markers developed by social theorists.² The models established five major pathways young people should pass through in the process of becoming adults: finishing school,

2 See Settersten, R.A., T.M. Ottusch and B. Schneider (2015) 'Becoming Adult: Meanings of Markers to Adulthood', in R. Scott and S. Kosslyn (eds) *Emerging Trends in the Social and Behavioral Sciences*, New York: John Wiley & Sons; Valentine, G. (2003) 'Boundary Crossings: Transitions from Childhood to Adulthood', *Children's Geographies* 1.1: 37-52.

finding a job, leaving home, getting married, and having children. While these markers were useful in providing a framework for the analysis, young people in our study did not pass through such linear trajectories. In reality, the order of transition was irregular, overlapping, and happening concurrently. Childhood and adulthood defined by chronological age have little application in the context of this study. For example, some children were found to have married and even had their own children, while other young people were still in primary school at the age of 24. The young people in the study are at an 'adult age' but most are in 'child life'. Two conclusions can be drawn. First, the transition from childhood into adulthood is not a universal phenomenon. Instead, it involves diverse trajectories shaped by different contexts and actions of young people. Second, under such circumstances there is not a single leap from childhood into adulthood. Our data, therefore, suggest that the transition requires an extended period involving 'emerging adulthood'³ and mediated by 'youth life'.

In general, the study suggests that the transition from childhood to adulthood has not followed the ideal, generally accepted routes set out by social theorists. The pathways have generally been influenced by unfavourable contexts, but on the other hand, the success stories of some youth were influenced by their individual agency and support from their families.

Policy implications

Responding to diverse and irregular youth transitions

Despite being part of the same birth cohorts, young people in the study are at different stages of transition to adulthood, ranging from being a primary school student to a graduate with a professional job. Many are single while others are already married, have had their own children and some have even already experienced divorce and remarriage. As a result, it is difficult to straightforwardly categorise these young people as simply children, youth or adults. This means that future policy or programme designs need to consider the irregular and overlapping pathways of young people.

As such, services including those related to education, skills training, employment, marriage and childcare, should differ according to the young person's status.

Quality, equity of education and skills training

Despite starting at the same age, young people are spread over different educational levels, with most either having left school or attending at grades lower than their age would suggest. This counters the very high aspirations that children and their parents have of education.

To attend school at grades appropriate to their ages and pursue their schooling regularly, children and their families need to be supported. In particular, the most vulnerable groups, including girls, children living in rural areas, and those from poor families should be supported to ensure equity in education. Social protection interventions could be one option to help such children gain equal access and ensure appropriate school progression.

Moreover, post-secondary school training in skills needs more attention to ensure that it is relevant, of adequate quality, and helps students gain employment. This study observed some attempts to link TVET with employment. However, this requires strong institutional collaboration between TVET and employment agencies to make the transition from school to the labour market a smooth one.

Comprehensive approach to youth employment

The transition from school to the labour market is weak, primarily because of the poor quality of education and skill training. This has been widely reported by previous studies, and our research clearly shows its continued impact and suggests the need for improvements.

Although the government is unable to provide jobs for all graduates and others leaving school, there is a need to support young people's transitions from school to the labour market. The federal and regional governments need to strengthen the recently established job creation agencies and coordinate their activities with potential employers. The Youth Fund should be properly managed and made available to youth in a timely manner along with

³ See Arnett, J.J. (2000) 'Emerging Adulthood: A Theory of Development from the Late Teens Through the Twenties', *American Psychologist*, 55.5: 469-480.

support such as working space, credit, training, and technical assistance. Finally, in some communities, there are considerable community resources that can be used for youth cooperatives. The relevant government institutions should work with local communities to secure such resources for the youth.

Community based health insurance

The study found that CBHI is one the best services in the communities, with potential benefits for members despite differing levels of implementation across the communities. However, some poor families who were unable to pay the insurance fee were excluded, and priority was usually given to those who pay directly rather than through health insurance. This may discourage health-seeking behaviour in beneficiaries and could undermine the programme. The study therefore suggests that these policy and programming issues need to be considered to ensure effective and equitable *universal community health insurance* that includes poor families. Such an intervention would ensure equity in health care, and also address young people who have different health issues.

Reproductive health and institutional delivery

The study found that married mothers extensively use contraceptives, follow up their pregnancy and benefit from delivery services.⁴ The introduction and expansion of *institutional delivery* is an important development in the communities. However, issues that require policy and programming attention were also identified. First, unmarried young girls generally do not access contraceptives for fear of intimidation by community members, with even the health officers in some areas arguing that contraception may encourage girls to engage in sexual relationships at a young age or before marriage. In some cases, girls had to travel to towns to buy contraceptives from private clinics. There appears to be a trade-off between providing contraceptives for young girls to avoid unwanted pregnancy and risking encouraging them to have sexual relationships. This requires appropriate policy guidance.

Second, while giving birth at health centres is safe, the institutional arrangements need to address a

number of issues. In some areas, ambulances are not easily available and expectant mothers may be obliged to use unsuitable means of transportation, such as three-wheeler taxis in SNNPR. In many cases, the mothers' waiting rooms are not comfortable, and the food served after delivery relies on contributions from the community and health staff. These need to be addressed to ensure institutional delivery is sustainable, and requires budgeted support to ensure the provision of transportation, waiting rooms, food and medicine.

Childcare needs more attention

Childcare services start from the point of delivery. The fact that mothers give birth at health centres makes follow up by health officials straightforward. Health workers provide advice to mothers on childcare, including daily caring, feeding, sanitation, vaccination and clinic visits. The service also includes house-to-house visits, where stunted children are monitored and provided with supplementary food, although this places a large burden on health workers due to the long distances that they have to walk. However, some gaps were noted where there is still a need for reinforced intervention. Health centres have very limited resources to provide appropriate support for children from poor families. Health workers and parents reported that some children still face malnutrition. Although some NGOs and donors such as UNICEF were providing assistance, beneficiaries suggested that the amount and management of these resources needed to be improved. Thus, resource mobilisation and coordination with local health providers needs further attention.

Although early childcare and education⁵ is being introduced in Ethiopia, such services were not available for the children of the young people in the study, particularly in rural communities. This makes it difficult for children of poor families, and suggests that the services which began during pregnancy are interrupted at this stage. Access to such services, in rural areas and for the poorest families, is important to ensure continuous support throughout children's development cycles. It is important to strengthen the existing child-focused programmes on early child care and education run by the Federal Ministry of Health and Ministry of Education.

4 See Tafere, Y., N. Chuta, A. Pankhurst and G. Crivello (2020) 'Young Marriage, Parenthood and Divorce in Ethiopia', Oxford: Young Lives.

5 In 2008, the Ministry of Education adopted a policy framework for early childhood care and education (ECCE), which entered into force in 2013 for children aged 4-7 years.



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The Young Lives images are of children living in circumstances and communities similar to the children within our study sample.

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Young Lives, Oxford Department of International Development (ODID)
3 Mansfield Road, Oxford OX1 3TB, UK

www.younglives.org.uk

Tel: +44 (0)1865 281751 • Email: younglives@younglives.org.uk