



“How could he help me?”: The gendered experiences of young parents in Ethiopia

This policy brief draws on qualitative research relating to young parents and their children in seven communities (urban and rural) who are part of the Young Lives longitudinal study of 3,000 young people in Ethiopia.

The analysis reveals the gendered roles that young mothers and fathers play in childcare and children’s health, the norms and structures that drive the unequal sharing of that care, and how young parents use health services.

Key research findings

- **Patriarchal norms are unquestioned** and accepted by young parents. Caring for children is universally regarded as the **mother’s role**, while **fathers are expected to provide financial support**. It is **exceptional to see young fathers** doing household tasks or caring for children.
- However, young mothers are **also expected to engage in income-generating activities**.
- Changing negative social norms and behaviours affecting young mothers **requires time and community participation** and also means **working with young fathers**.
- **Health extension workers play a highly supportive role**.
- While the Community-Based Health Insurance scheme is **appreciated**, **medicine is often not available locally**. Some parents resort to **private medical care** as a result.

Introduction

The policy context

The Government of Ethiopia has a range of policies and strategies which give equal rights to women and men, and which protect children’s health and well-being. The Federal Constitution, Women’s Policy and National Gender Mainstreaming Guidelines all support these efforts, particularly within the family. There has been some improvement (Kumar and Quisumbing 2015), but Ethiopia remains a long way from gender equality, within the home as well as outside it (MoWCY and UNICEF 2019).

The 2017 National Children’s Policy envisions the creation of a supportive environment for parents, especially mothers, in order to provide for children’s needs. In addition, the Health Sector Transformation Plan and the National Strategy for Newborn and Child Survival have incorporated global commitments into national planning to decrease child mortality and improve well-being, by focusing on prevention and community-based measures. In bigger cities and areas of high population, there are health centres serving 15,000–25,000 people, while in villages there are health posts serving 3,000–5,000 people. Two health extension workers (HEWs) and one health post or health centre are available in every community, to improve family planning, immunisation and antenatal care, and to help treat malaria, TB and HIV. Community satisfaction with health services has increased as a result. (Aseffa et al. 2019). The recent Community-Based Health Insurance scheme provides healthcare in exchange for a small annual contribution,¹ and free medical care for the poorest of the poor.

Young Lives

This policy brief is based on a study of 29 young families in seven communities (two urban, five rural) in Ethiopia. It draws on both qualitative and longitudinal survey data gathered by Young Lives. Of the 29 families in the qualitative study, 17 have one child, 10 have two, one has three, and another four. Of the 25 mothers interviewed, seven were under 18 when they had their first child. In 15 cases both parents were interviewed, in ten, mothers only. Four fathers were interviewed on their own.

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,² Peru and Vietnam) since 2001. It aims to provide high-quality data to understand childhood poverty and inequalities and inform policy and programme design. In Ethiopia, Young Lives follows 3,000 children from two cohorts (2,000 in the Younger Cohort, born in 2000/1, and other 1,000 in the Older Cohort, born in 1994/95). The study focuses on 20 communities drawn from five regions: Addis Ababa, Amhara, Oromia, Southern Nations, Nationalities and Peoples’ Region (SNNPR), and Tigray. Since 2007, there has also been a longitudinal qualitative study of 100 children and their caregivers from five

communities, as well as numerous qualitative sub-studies. To date, Young Lives Ethiopia has carried out five rounds of surveys and five qualitative waves. This brief is based on the fifth qualitative wave, carried out in 2019, as well as data gathered for a study of young marriage and parenthood (Crivello and Mann 2020).

The study communities

Box 1. The study sites

- **Bertukan** is a crowded area in the centre of the capital city, Addis Ababa.
- **Tach-Meret** is a rural food-insecure area in the Amhara region.
- **Leki** and **Lomi** are rural areas in the Oromia region.
- **Timatim** is a densely populated rural area in the SNNP region.
- **Zeytuni** is a drought-prone rural area highly dependent on government support in the Tigray region.
- **Gomen** is a small, poor town in Tigray.

The names of the communities and the participants have been anonymised to protect their identity.

Main findings

Patriarchal norms remain unquestioned

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 are accepted by women as well as men (Crivello et al. 2020). This seems to have shifted very little in the generation that are now becoming young parents, despite a belief that gender equality is increasing. Women are seen as responsible for almost all household work, including childcare, and their decision-making power inside and outside the home is highly constrained (Tafere et al. 2020). Challenging patriarchal norms and empowering women and girls is therefore key, but men and boys too need to be engaged as more equal partners in the home. This benefits women, men, children and society as a whole (van der Gaag et al. 2019).

Caring for children remains the mother’s role

“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.”

Sessen, young mother, Zeytuni

¹ 370 birr, which is about US\$10.

² In the states of Andhra Pradesh and Telangana.

Because of the patriarchal norms that prevail in the communities studied, all the young mothers in the sample have almost exclusive roles in direct childcare. There is a clear division of labour and expectation between young mothers and fathers – mothers are responsible for carrying out all household activities, including cooking food, washing clothes, fetching water and collecting firewood, as well as childcare – including breastfeeding, bathing, feeding and carrying the children. In addition, they often work in family fields or do informal paid work outside the home.

Box 2. Mina’s story

Mina is a young mother of four from Timatim. “When I return back home from the market, I have to prepare food for my children even during night time. It is me who does the whole domestic work even if I get tired. ... On top of this I also need to help my spouse with planting vegetables in the plot of land located close to the house.” Her husband is aware of this: “[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.”

Young fathers’ role is to provide for the family rather than to care for children

“Most often, I and other fathers stay away from home and generally, mothers have a long list of responsibilities in raising children.”

Husband of Wubanchi, Lomi

There seems to be an implicit agreement between the young mothers and fathers that the role of young fathers is mainly to provide income. When fathers are around the house, they are expected to play with their children once their working day is over but not to take on any other household tasks. 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. Likewise, Medi’s husband from Bertukan said: ‘[A] father’s responsibility is to fulfil the needs of the household; that is it.’ His wife agreed.

Supportive fathers

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

Mina, young mother of four, Timatim

There are a number of supportive young fathers in the study, who go against these norms to help their wives and care for their children. In Gomen, Shitaye’s husband prepares chicken stew, which is exceptional, because it takes a long time and is culturally considered to be a measure of an accomplished Ethiopian woman’s ability to cook.

Unsupportive fathers

However, many young fathers not only avoid doing childcare but fail to provide financial support – though most of this information has come from their wives. In Leki, Hibiste’s husband spends much of his money on drink and so does not support her or their two children. But change is possible: Buzunesh, from Leki, originally said that her husband had been drinking a lot but in later interviews she revealed that he had become a supportive husband and helped her in the house.

The wider family play a vital role in supporting young parents

“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.”

Amarda, young mother with two children, Timatim

The role of the extended family in supporting young parents cannot be overstated. Grandparents, especially grandmothers, are highly involved in caring for and supporting their grandchildren, as other studies suggest (Bray et al. 2016). Grandmothers teach young mothers how to care for their new babies, including breastfeeding, bathing and feeding. Some grandfathers advise young fathers on how to become good fathers. This support from grandparents is crucial after the first birth, and often continues well into childhood.

Parents’ siblings also play a role in caring for their nieces and nephews, as well as doing heavier domestic work, such as fetching water and collecting firewood, and cooking. In two families, the older siblings of young children also provided childcare, especially when their parents had to leave the house. Mina’s eldest son, aged 8, plays with his younger siblings.

Most respondents also say they get support from neighbours, although a few say that they cannot count on their neighbours for help with childcare, and feel that this kind of support is declining.

Parental roles in children’s health continue to be gendered

As with childcare, children’s health is also seen as a young mother’s concern rather than a father’s. Mothers say this is because they are the ones who spend most time with their children. They are the ones who take their children for vaccinations and to receive supplementary feeding when needed. There are only very rare instances when fathers accompany mothers and children. ‘Accompanying’ also implies that fathers play a secondary role rather than a primary one. However, young parents do consult one another in order to decide whether to take their children to a clinic or health centre. The fathers’ role is mainly seen as providing the financial means for mothers to take the children to a health facility when payment is needed. They are also involved in paying for the health insurance and buying medication, which may not be easily available.

Health extension workers provide important support to young parents

“Were it not for the support my child received from the health extension workers, he would have died.”

Zahara, young mother, Lomi

In all the communities, young parents say that health extension workers (HEWs) give them support by teaching them what to expect as new parents, including emphasising the importance of breastfeeding, telling them how to wean a baby, and explaining proper hygiene. HEWs also administer vaccinations and provide medicine for sick children. In most of the communities, they provide supplementary feeding for underweight and malnourished children. Zahara, from Lomi, said the HEW helped her child by blowing air into him (cardiopulmonary resuscitation) when the child lost consciousness, and saved his life. However, some young parents express reservations about the services provided by the HEWs. For instance, Samir, a young father from Timatim, complains that HEWs are not proactive in giving the necessary advice.

Most young parents said they were pleased with the availability of Community-Based Health Insurance, which enabled them to access healthcare free of charge after the initial contribution. Some of the poorest families were able to get health services without having to contribute.

Some young parents resort to private services

A few young parents were not happy with the services from local health centres or health posts and used private health services instead. This was sometimes due to cost – although treatment is free in public health facilities, essential medicines may have to be bought from private clinics – and sometimes because government health services were not seen to provide follow-up in the same way that private services did. When Amarda’s child contracted flu for the third time, his parents took him to a private clinic in Lomi, despite the cost, and he got better. Other parents feel the government hospital is too far away and use a private clinic instead.

Policy recommendations

1. Policies are in place – but better implementation mechanisms are needed

Gender equality, women’s rights and children’s well-being are all recognised in government policies, but implementation remains inadequate. For instance, as part of its family strengthening component, the National Children’s Policy includes training for parents so they can care for their children. However, apart from HEWs conducting awareness-raising on a limited range of parenting issues, this does not seem to have been implemented at local level in the communities, nor does it generally include men. Likewise, policies on women’s rights fail to be implemented because of strong patriarchal gender norms. **Parent training for both mothers and fathers** should be introduced at local level.

2. Change patriarchal norms

Since most of the burden on women stems from patriarchal cultural norms, there is a need to engage men and the wider community, as well as women, in efforts to promote more equal roles in the home. Programmes already exist in other countries on **changing social and gender norms so that fathers become more involved in childcare and household work** (van der Gaag et al. 2019). This approach could also be part of **training for HEWs, social workers and other health personnel**. Transformative work on gender norms needs to start when people are young, so an understanding of transformative gender norms could also be **incorporated into the curriculum for both boys and girls**. **Positive examples of young fathers** engaging in various aspects of childcare should be used to provide role models.

3. Expand good-quality, affordable day care

Affordable, good-quality day care benefits children and also gives parents, at present particularly mothers, space and time to engage in other productive activities. Childcare that they can rely on also allows women to engage in income-generating activities which in turn can improve their decision-making power and increase their agency, while safeguarding children’s well-being and safety.

4. Improve Community-Based Health Insurance – notably by providing essential medication

As a result of the expansion of the health extension system, commendable progress has been achieved in terms both of health outcomes in the country and of improvements in children’s health. However, the Community-Based Health Insurance scheme also needs to include **provision of essential medication at health centres and health posts**.



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