

Exploring adolescents' experiences and priorities in Ethiopia under covid-19

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Introduction

The official number of covid-19 cases in Ethiopia is still low,² but there are considerable concerns that transmission of the virus could rapidly expand in the coming weeks and months and quickly overpower the country's under-resourced health system. The government of Ethiopia has taken a number of measures, including declaring a state of emergency for five months, implementing mass communication around social distancing and hygiene preventative measures, banning public gatherings, closing schools and universities, and announcing the delay of highly anticipated national elections previously scheduled for August 2020. Transportation links from urban to rural areas have also been heavily reduced to interrupt transmission pathways and several large regional cities implemented a temporary lockdown when covid-19 cases were found there. While national borders have officially been closed, significant numbers of international Ethiopian migrants continue to return, and in some cases are being deported, for example, from Saudi Arabia.



A decade of high economic growth notwithstanding, Ethiopia is still within the lowest decile globally in terms of per capita income, and the effects of these measures on people's livelihoods is already of significant concern. The geographical, cultural and linguistic diversity of the country compounds the challenges facing the government, not least because many Ethiopians are reportedly returning from neighbouring countries by crossing land borders and there are inadequate numbers of trained health professionals to support the quarantine efforts for returning migrants.

Global evidence suggests that older people are disproportionately vulnerable to the disease,³ but it is still anticipated that the virus and interventions to respond to it will have multidimensional effects on young people's well-being in the short and medium term. Evidence from past crises⁴ shows that in addition to the negative health effects, we should anticipate more limited access to basic education and social services, reduced household and adolescent-specific livelihoods due to the closure of small businesses and factories and limited access to social safety nets, heightened risk of age- and gender-based violence due to greater household stresses, and greater risk of mental distress given concerns about family and individual current and future well-being.

This policy brief is the first in a cross-country series designed to share emerging findings in real time from qualitative interviews with adolescents in the context of covid-19. The young people involved are part of the GAGE longitudinal research in East Africa, MENA and South Asia. In order to inform the pandemic response and contribute to efforts aimed at ensuring gender- and age-specific experiences are taken into account, alongside other social characteristics (including disability, refugee status, marital status), this brief draws on data from 119 phone conversations with vulnerable Ethiopian adolescents aged 15–19 undertaken in early April 2020.

Box 1: GAGE Ethiopia participatory research sample

The adolescents involved in the participatory research groups were purposefully selected to explore the realities of some of the most vulnerable young people in the country in line with the UN Sustainable Development Goal 'Leave No One Behind' agenda. The participants include young people 15–19 years old with visual disabilities, married girls, out-of-school and working boys, and young people from IDP communities. They come from six diverse communities in Ethiopia, including three remote rural settings in the highlands of South Gondar (Amhara), the lowlands of East Hararghe (Oromia) and the desert of pastoralist Afar, and three urban settings ranging from a district town to the bustling city administration of Dire Dawa.

What do young people know about covid-19?

Our findings underscore that there are significant urban-rural and gender divides in terms of adolescents' awareness of the pandemic. Young people in urban areas are generally aware of the pandemic, how it is transmitted, symptoms and key prevention measures, having heard about it on social media, especially through platforms such as Facebook, Telegram and Imo, through TV and radio and from returning university students. By contrast, their counterparts in remote rural areas tend to have much more limited and superficial knowledge. This is particularly the case for girls and arguably most acute for married girls who tend to face very high levels of surveillance by husbands and in-laws. A key difference is the availability of mobile and digital connectivity. While the majority of our respondents in urban areas have access to a TV and their own phones, in rural sites these numbers are much more limited. Moreover, as these communities lack electricity, young people with mobiles have to rely on trips to nearby towns to charge their phones and get connectivity. Some adolescents had heard of the pandemic on the radio, but noted that even if the household owned a radio they typically lacked decision-making power over what to listen to, and that the main source of information was via word of mouth and the recording that is played when making a call prior to connecting with the other person. These challenges are summarised by a 17-year-old out-of-school adolescent boy working as a barber who noted: *'There is only one TV in China town and due to the cost of fuel it doesn't work the majority of times, so we don't have the chance to get information about corona on TV Many of the people also don't have radio and even if they have due to the high cost of batteries it rarely functions So, our main source of information is our mobile phone through which messages regarding coronavirus are transmitted when we make a call as a ringing tone.'*⁵

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(An 18-year-old boy, Community L, East Hararghe)

Given the unevenness of information that young people are able to access we also found varying emotional responses. Some young people highlighted that they were very fearful of the disease and worry about its potential effects on them, their families and communities. As an 18-year-old boy from Community L in East Hararghe explained: *'We consider it as fierce as lions. I fear [the disease] as much as I would fear a lion. I am so concerned and stressed that the disease can spread to our community and affect the people.'*

Other adolescents expressed more fatalistic views. There was a widespread belief among rural respondents in particular that if they fell ill with the virus, because there is no treatment they should not seek medical care and should simply be resigned to death. Similarly, adolescents had no awareness about how they should treat covid-19 patients. Many young people were relying on prayer and a belief that God would protect them, especially as some believed the virus had broken out in 'pagan' China or was only attacking 'Christian' and 'rich' counties. As a married girl noted in Village A, Zone 5, Afar, *'This is a disease which is sent by Allah on those who disobey his order, so I don't worry about it. We live with the mercy of Allah. How can we avoid shaking hands as a greeting?'* Similarly, an adolescent boy from Community C, East Hararghe, noted that local religious leaders and adults believe that covid-19 *'mainly attacks Christians and other non-Muslim population'* and pay little heed to the guidance provided by local youth movements (*qeerroos*) about social distancing. *'Muslims pray to Allah and the disease will not affect them. With this idea in their mind, most of them do not practice social distance nor keep their personal hygiene (washing hands) ... They still carry out all the traditional social activities including sitting close to each other, not washing their hands, and sharing khat and chewing it together.'*

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(A married girl, Village A, Zone 5, Afar)

What behaviours have adolescents adopted in response to the pandemic?

Changes in behaviour were also very uneven among the young people in our sample, in large part because of the strong communal culture, especially in rural areas. Most respondents were aware that they should not use handshakes as a greeting, and should wash their hands with soap and water and keep physical distance from others, but practice varied widely. In metropolitan Dire Dawa, many stores and markets were closed at the time of the interviews, people were starting to practice social distancing, and young people in some neighbourhoods were distributing soap and water to support personal hygiene measures. Nevertheless, adolescents reported that many young people are still meeting together, especially to chew khat, which for many is part of their daily routine. In district towns and villages, adherence to the covid-19 prevention measures appears to be even more patchy. This is both due to urban/rural divides in terms of access to information but also because Dire Dawa is one of the locations where coronavirus cases have been detected and the government has been compelled to mobilise more and take stricter measures.

In Afar, young people were aware of bans on public gatherings including religious ceremonies and some had adapted to praying at home (although others noted that Friday prayers at the mosque were still being carried out), while in South Gondar, people were still attending religious events and funerals in large numbers. Indeed, adolescents who had returned



17-year-old boy from northern Ethiopia who was deported from Saudi Arabia in April following the crisis. © Nahom Tesfaye / UNICEF

from the regional capital, Bahir Dar, before the cessation of public transportation, highlighted that for many life was going on as normal. Even the ban on bars and restaurants was circumvented by adolescent boys and young men now meeting at more informal establishments selling local alcoholic beverages.

In East Hararghe, the major challenge that young people highlighted was in relation to water – adolescent girls and women are already travelling up to three hours one way in our research sites to fetch water, and thus collecting additional water for more frequent hand washing is not feasible. Moreover, while adolescent girls and boys were aware of social distancing guidance, they underscored that it was still very crowded at the water holes. Because of the reduction in transportation to urban areas, the ability to purchase disinfectant and hand gel is also challenging. IDP adolescents even reported that they were unable to afford soap to improve their hygiene because their already-low household incomes had fallen further as a result of the lockdown measures.

How have adolescents been affected by the government's response to the pandemic?

Since the declaration of the ban on public gatherings, including the closure of schools and universities, in mid-March, there have been multidimensional effects on young people's daily lives. A key impact on adolescents has been the disruption to their studies. While there have been some efforts at online schooling in large urban centres, this was not accessible to the adolescents in our sample. Adolescents in school highlighted that with national exams looming, the closure of schools is a particular source of stress and a priority to address.

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(An 18-year old adolescent, Community L, East Hararghe)

Others noted that education had become deprioritised given the pressing economic challenges their communities were now facing. As an 18-year-old adolescent from Community L in East Hararghe noted: *'There is no education now. Schools were closed 15 day before. Now my friends and I support the family in farming. We spend much of our time in watering the khat plants and we go home only in the evening. We have no time to study. We also do not know how long the schools would be closed. Now no one talks about education here. We talk only about our farms and the impact of coronavirus on our economy.'*

For young people dependent on daily labour, petty trading and small businesses, the closure of markets has seen a dramatic decrease in their livelihoods and is a source of great concern. As a 19-year-old student from Dire Dawa who supports himself in daily-wage labour explained: *'Many business centres in our city are closed, thus many people are sitting idle and facing livelihood challenges, especially those who are working as daily labourers. So, the government should look into the situation of these people and provide support in cash or through food.'* Several other adolescent boys in our sample make a living through bajaj [three-wheel taxi] driving and welcomed the recent measures to relax restrictions on local transportation by allowing one passenger per bajaj to facilitate social distancing. Migrant girls highlighted that rent payments were a particular concern now that work opportunities had dried up. As a 17-year-old migrant from a rural village now living in Bahir Dar explained: *'I do not know how I am going to pay rent. It has been more than two weeks since I stopped working and we do not know when it will open up. I do not know what to do.'*

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(A 17-year old migrant from a rural village now living in Bahir Dar)

In Ebenat district town, the adolescent boys with visual impairments involved in our study emphasised that the stipend they receive to attend school is inadequate to cover their basic costs and they depend on small street businesses. However, with transportation from the regional capital no longer operating, they are unable to purchase the products that they typically sell and are increasingly concerned about basic consumption and food shortages. As an 18-year-old boy who is blind and attending Grade 6 noted: *'Due to business lockdown amidst the corona pandemic, I stopped my business from which I used to generate at least 80 birr per day. So now, I am planning to return back to my family in a rural area, but since they are far from Ebenat and there is no public transport available, I can't go and highly worrying for the coming days if the lockdown continues.'* In Community D South Gondar, because of the transportation restrictions adolescents highlighted that local prices are already rapidly escalating. As an 18-year-old student boy noted: *'We are facing huge cost increases of food items ... sorghum, rice ... due to the restriction made on public transportation, we can even face more serious challenge if the lockdown continues this way.'* Adolescents from an IDP community in Community C, East Hararghe, noted that because social protection support had already stopped for IDP households, families were already facing food shortages prior to the onset of the disease and they were concerned that if market access continued to be blocked they would face serious hunger problems.

In some aspects, however, deeply ingrained social practices are persisting. Interestingly, in Dire Dawa and East Hararghe, while most markets were closed, *khat* markets were not (some young people thought this was because the

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(A 18-year old boy who is blind and attending Grade 6, Ebenat Town)

government feared public unrest if they closed them) and *khat*-chewing ceremonies with neighbours and friends persist. In Afar, adolescent boys involved in herding noted that as pastoralists they could not see how the lockdown could be applied to them and that they had to leave their huts daily to take care of their livestock. Moreover, even the recommendations around hand washing were not practical in light of the drought that meant people in their communities were facing a shortage of drinking water.

How do adolescents view the government's response?

Most adolescent respondents were supportive of the government restrictions to date, including the measures banning public gatherings and restricting transportation to rural areas in place since mid-March. Adolescents in rural sites felt that with transport linkages curtailed from urban areas they would be shielded from the disease.

However, there was an overwhelming sense that outside of urban centres and district towns, efforts by local governments to inform communities and raise awareness about locally relevant prevention measures had been very limited, and in a number of cases exacerbated by the fact that teachers and health workers had left the localities where they were working and returned to their home towns. In Afar, young people noted that the district health officials were making announcements through megaphones near the marketplace in the district town, but otherwise they had not been visible at the community level and people were relying on *dagu*,⁶ the traditional information-sharing system of the Afar people.

This lack of community presence by government officials was also echoed by respondents from rural East Hararghe and South Gondar. Adolescent girls in East Hararghe highlighted that while communities like theirs suffer from high poverty rates, there had been no government measures to distribute basic supplies like soap and water to support hand washing. Adolescent boys in Community I, East Hararghe, also noted that district- (*woreda*) and community- (*kebele*) level officials did not make any efforts, except blocking people's travel to towns, to raise the community's awareness about the pandemic, and that they felt forgotten by the government.

Even in urban areas, young people highlighted that government agencies needed to do more to raise public awareness and to employ a multi-pronged approach that goes beyond digital media and incorporates in-person outreach efforts. As a 17-year-old adolescent boy from Dire Dawa explained: *'For me the best solution is the government should carry out intensive health promotion through face-to-face sessions apart from the promotion through broadcast media, as many people in Dire Dawa, especially the youths, don't have the habit of listening to broadcast media instead they listen to*



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(A 17-year old boy, Dire Dawa)

music while sitting together for the khat-chewing ceremony. Other young people highlighted that the government should do more to involve them in the covid-19 preparedness efforts, and that they were already undertaking local initiatives. An 18-year-old boy in Community L in East Hararghe noted: *'Whenever we [young educated people] see people stand, walk and sit in group, we instruct them to keep six feet away from each other. We also pass all new information to the uneducated people after we listen to the radio or watch TV news.'*

Interestingly, while a number of the communities in which the adolescents in our sample live have been affected by unrest and insecurity over the last two years, there were few reports of the involvement of police and military personnel to enforce any of the covid-19 restrictions. Adolescent boys in Community G reported the presence of regional security forces that coincided with the initial restrictions on public gatherings in their community, but this was related to ongoing security challenges with a group of bandits and their local supporters in the Gondar region, rather than to the covid-19 response specifically.

What are key priorities for young people in this context?

While the realities of adolescents in our sample are diverse, several cross-cutting themes emerged when we asked about key priorities in the current covid-19 context.

1. There is an urgent need to **invest in widespread and more tailored public awareness campaigns about infection transmission mechanisms and prevention approaches, especially in rural areas**, to help communities better prepare. This messaging needs to be contextually relevant and, in particular, where there are water shortages, clear guidance must be given on how best to maximise scarce resources. Adolescent girls and married women, given their domestic and care roles, have a vital role to play, but need to be provided with messages in accessible formats, including face-to-face communication (for example, through the quasi-governmental Women's Development Army) in light of the significant gender digital divide that highlights the reduced access to digital resources of women and girls compared to men and boys. This should include building awareness about who is most vulnerable, including older persons and persons with underlying health conditions.
2. **Working with young people with secondary and tertiary education to support the communication of messages is a low-cost and effective way to reach communities with poor connectivity.** Many adolescent respondents expressed an interest in supporting their communities in this way, but emphasised that it needs clear coordination to convince especially elders, religious leaders and in some contexts community (kebele) officials who may have limited literacy of the importance of prevention measures. To address current concerns about an information vacuum at the community level, it is critical that district officials visit communities, while observing appropriate social distancing principles themselves, and follow up regularly by phone. In pastoralist areas like Afar, it is especially important that tailored strategies and messages are developed given communities regularly engage in seasonal migration with their livestock.
3. **Given the livelihood challenges already emerging as a result of the closure of markets and transportation, it is essential that safety net measures, including potentially both cash and food (given market disruptions), are rapidly scaled up to reach households as well as young people living alone.** Adolescent migrants, adolescents with disabilities, IDPs and young people from drought-affected and food-insecure areas are especially vulnerable and need to be prioritised. The country's flagship Productive Social Safety Net programme, which reaches 8 million of the extreme poor, provides an important infrastructure in rural and urban areas to build upon, including the public works component, which could be used to ensure the distribution of hygiene kits and public health information, for example.



4. **It is critical that young people are supported to resume their education as soon as possible.** If virtual schooling online, through TV or radio, is to continue for some time, it is crucial that young people at the community level are provided with guidance on how to access and use these resources, and where possible access to community mentors to whom they can turn with questions. In addition, clear communication about the steps that students should take regarding national exams is key.
5. **Given the high level of stress that many adolescents are already experiencing as a result of the economic and social challenges stemming from the pandemic response, it is important that community-based organisations, such as local women's and youth associations, local service providers and religious leaders, disseminate information to promote psychosocial resilience.** This could include awareness-raising among young people around sources of financial support, support in the case of violence or abuse, positive coping strategies, including avoiding over-reliance on substances such as alcohol and drugs, and volunteerism to support the most vulnerable community members.

Endnotes

- 1 Suggested citation: Jones, N., Gebeyehu, Y., Gezahegne, K., Iyasu, A., Tilahun, K., Workneh, F. and Yadete, W. (2020) 'Listening to young people's voices under covid-19. Exploring adolescents' experiences and priorities in Ethiopia under covid-19.' Policy brief. London: Gender and Adolescence: Global Evidence.
- 2 As of April 22 there were 116 confirmed cases, three deaths.
- 3 <https://www.vox.com/2020/3/23/21190033/coronavirus-covid-19-deaths-by-age>.
- 4 E.g. Espy, J., Harper, C. and Jones, N. (2010) 'Crisis, care and childhood: The impact of economic crisis on care work in poor households in the developing world' *Gender and Development* 18(2), 291-307; Harper, C., Jones, N. Pereznieta, P. and McKay, A. (2011) 'Promoting Children's Well-being: Policy Lessons from Past and Present Economic Crises' *Development Policy Review*. Special Issue: Impacts of Economic Crises on Child Well-being, 29(5): 621-641 <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-7679.2011.00550.x/abstract>; and Stavropoulou, M. and Jones, N. (2013) *Off the balance sheet: The impact of the economic crisis on girls and young women—A review of the evidence*. London: ODI.
- 5 This is a nationwide message Ethiopian Telecom plays automatically when a mobile phone user dials out and receives calls. The information contained in it is brief but accurate.
- 6 *Dagu* is a traditional communication system where members of the Afar society exchange information and news with one another when they meet both individually and in groups' (see Mohammed, J. (2016) 'Dagu: Its Nature, Attributes and Reporting Praxis' *Ethiopian Journal of Language, Culture and Communication*. 1(1): 24-50)