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Children and Youth

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# Women's Empowerment and Child Wellbeing in Ethiopia

## Research Brief



## Introduction

The current global developmental agenda – the Sustainable Developmental Goals (SDG) – came into force in 2016 and Ethiopia responded positively to the challenges of meeting the SDG targets by 2030. Achieving the targets for women’s empowerment over time has not been easy, partly due to the complexity involved in defining, measuring and addressing this dimension of wellbeing in the country. There is a need for a better understanding of women-related outcomes in Ethiopia to achieve the SDG 5 targets of *empowering all women and girls*.

This research brief presents the results of a trend analysis of women’s empowerment in Ethiopia over an 11-year period and analyses the relationships between women’s empowerment and child wellbeing in the domains of nutrition, health, health-related knowledge, education, and female genital mutilation (FGM).

This is also the first time that an official indexed measurement of women’s empowerment has been constructed within Ethiopia’s country context. The Women’s Empowerment Index (WEI) provides contextualized findings to measure progress in women’s empowerment in the country and to design and implement policies through actions to achieve further progress towards the SDG 5 targets by 2030. The methodology is detailed in the annex.

## Key Findings

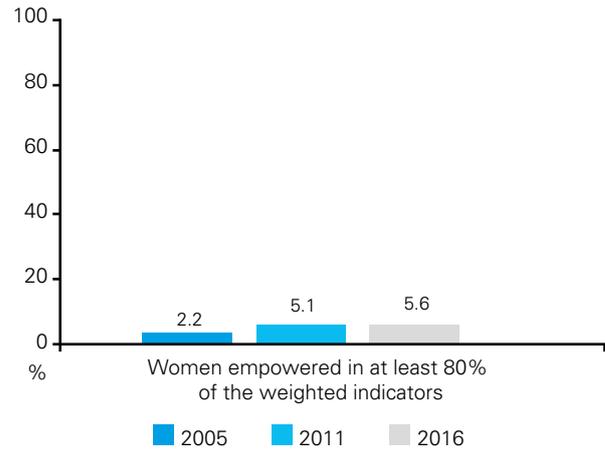
### Women in union

**In 2016, only 6 out of 100 Ethiopian women in union were empowered. Empowerment of women in union** in Ethiopia has seen progress over time, although it started from a very low base of 2 per cent in 2005, reaching close to 6 per cent in 2016.

**The rural-urban divide in women’s empowerment is wide.** Overall, 27 per cent of urban *women in union* were empowered in 2016 compared to 2 per cent of rural *women in union*.

**Regional disparities in empowerment are also wide.** In 2016, the incidence of empowerment of *women in union* was relatively high in Addis Ababa (34 per cent) followed by Harari (13 per cent) in comparison with the other regions. The

**Figure 1 Trends in empowerment, women in union (%)**



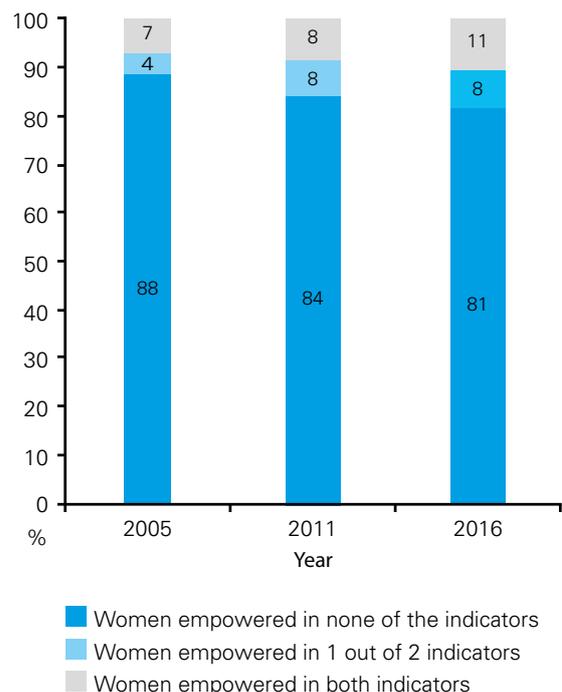
Source: Authors’ calculations using EDHS data

lowest rates of women’s empowerment among *women in union* in the country were noted in Somali, Benishangul-Gumuz, and SNNPR<sup>1</sup>: 1 per cent, 3 per cent, and 4 per cent, respectively.

### There are persistent inequities in empowerment of women in union across wealth quintiles.

The progress in empowerment of *women in union* over the years occurs almost exclusively among women in the richest wealth quintile. At the same time, there is almost no empowerment and limited progress among women in the poorest wealth quintiles.

**Figure 2 Trends in empowerment in the Education domain, women in union (%)**



Source: Authors’ calculations using EDHS data

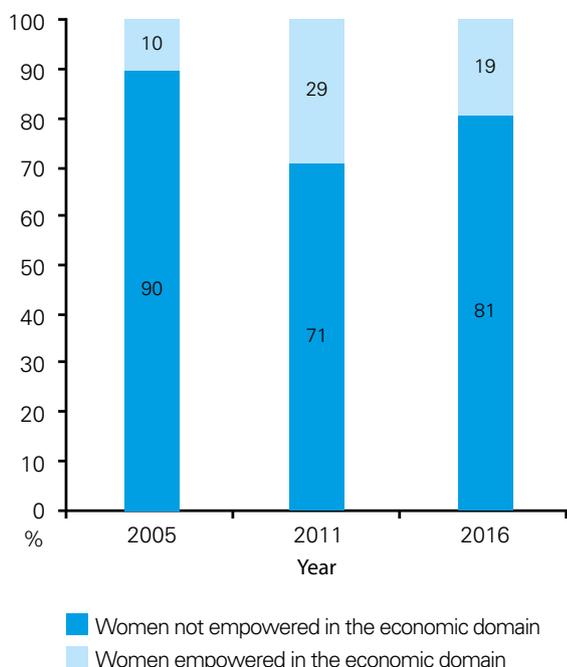
1 Southern Nations, Nationalities, and Peoples’s Region.

Nationwide, more than 8 in 10 *women in union* are not empowered in education. More than 80 per cent of Ethiopian *women in union* have not been empowered in education over the years. Illiteracy and completion rates in primary education among rural *women in union* are strikingly low: 9 out of 10 rural *women in union* showed no progress in these indicators over time. In contrast, only 4 out of 10 urban *women in union* were similarly not empowered in relation to either of the two indicators.

Despite progress over the years, only 2 out of 10 *women in union* are in regular paid employment in Ethiopia. That proportion increased from 10 per cent in 2005 to 20 per cent in 2016. *Women in union* living in rural areas are three times more disadvantaged in the economic domain compared to those living in urban areas.

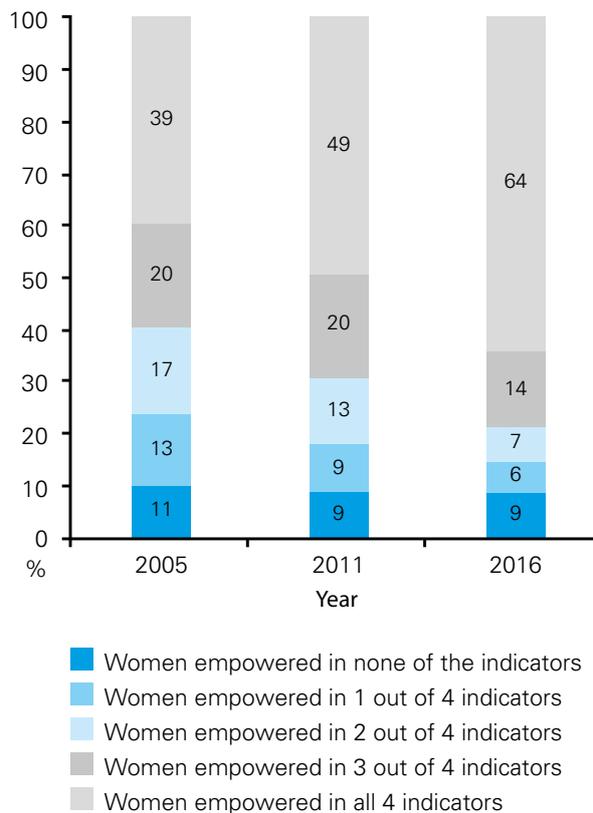
There has been considerable progress in the participation of *women in union* in the household decision-making over the years, and the gap between rural and urban areas has narrowed. The proportion of *women in union* empowered in all the indicators in the Familial/

**Figure 3 Trends in empowerment in the Economic domain, women in union (%)**



Source: Authors' calculations using EDHS data.

**Figure 4 Trends in empowerment in the Familial/Interpersonal domain, women in union (%)**



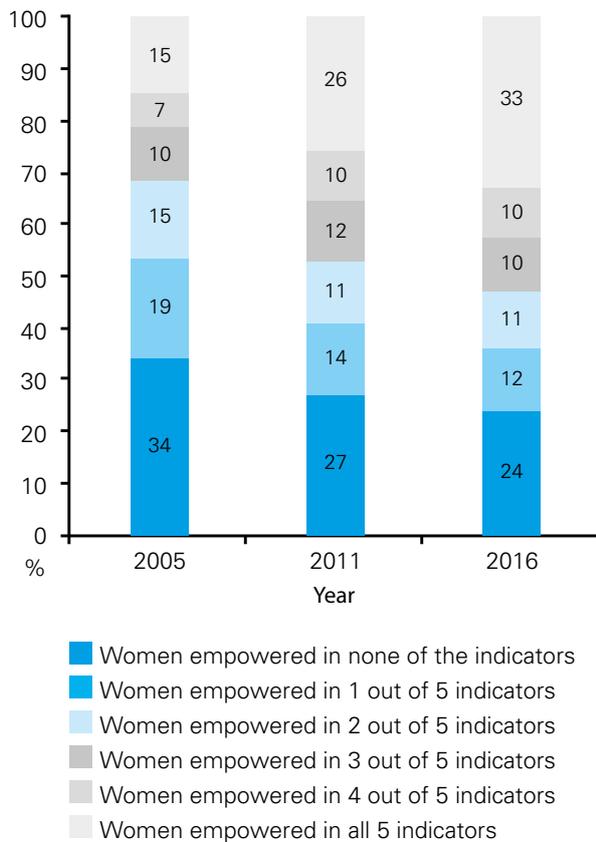
Source: Authors' calculations using EDHS data.

interpersonal domain increased significantly, from 39 per cent in 2005 to 64 per cent in 2016. The gap in empowerment between rural and urban *women* has narrowed over time. In 2016, 62 per cent of rural *women* and 73 per cent of urban *women* were empowered in the family/interpersonal area.

The proportion of *women in union* who believe that wife-beating is not justified in any situation has more than doubled over the years, but the rural-urban gap remains large. Overall, the proportion of *women in union* empowered in all the indicators in this area more than doubled from 15 per cent in 2005 to 33 per cent in 2016. Despite progress, the rural and urban divide has also more than doubled over the years. In 2016, for instance, 60 per cent and 28 per cent of urban and rural *women in union*, respectively, believed that wife-beating is not justified in any of the situations mentioned.



**Figure 5 Trends in empowerment in the Attitudes towards wife-beating domain, women in union (%)**



Source: Authors' calculations using EDHS data.

**The domains of women's empowerment are often interlinked.** Multivariate analyses of the associations between domains of women's empowerment show that *women in union* empowered in the education domain were more likely to be empowered in the economic, Familial/interpersonal, and attitudes towards wife-beating domains. Similarly, *women in union* empowered in the Familial/interpersonal domain were more likely to be empowered in attitudes towards wife-beating.

**Women not in union**

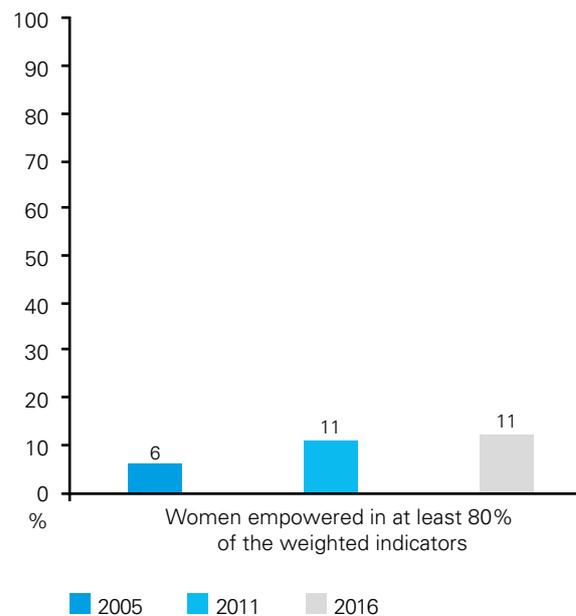
**The overall empowerment of women not in union has shown greater progress over the years with one in ten Ethiopian women being empowered in 2016.** Nationwide, empowerment rates increased from 6 per cent in 2005 to 11 per cent in 2016.

**The rural-urban gap in WEI remains large.** In 2016, five times more urban women were empowered compared to rural women.

**There are large regional discrepancies in the overall empowerment of women.** At regional level, the best performers of empowerment for *women not in union* were Addis Ababa (43 per cent), Harari (31 per cent) and Dire Dawa (24 per cent). At the same time, Somali and SNNPR had the lowest incidence of women's overall empowerment in 2016, 5 and 7 per cent, respectively.

**Empowerment is noticeable only for women in the richest wealth quintile. Minor improvements were observed for women in poorer wealth quintiles.** In the poorest wealth quintile, the incidence of women's empowerment increased from 0.7 per cent in 2005 to 2.2 per cent in 2016. In the richest wealth quintile women's empowerment doubled from 15 per cent in 2005 to more than 30 per cent in 2016.

**Figure 6 Trends in empowerment of women not in union (%)**



Source: Authors' calculations using EDHS data

**Progress in empowerment in the education domain for women not in union has been modest. There is a persistent large urban-rural gap.** The incidence of empowerment in the education domain for *women not in union* increased modestly over the years, from 27 per cent in 2005 to 30 per cent in 2016. Almost three times more urban women *not in union* were empowered in the domain compared to rural women.

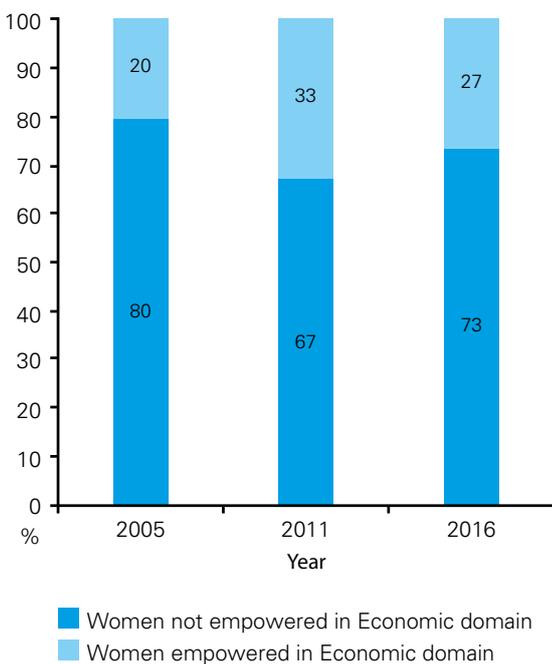
**Figure 7: Trends in empowerment in the Education domain, women not in union (%)**



Source: Authors' calculations using EDHS data.

**There were fluctuations in economic empowerment**, which increased from 21 per cent in 2005 to 33 per cent in 2011, but then declined to 27 per cent in 2016. For every two urban women empowered economically, there is only one empowered rural woman.

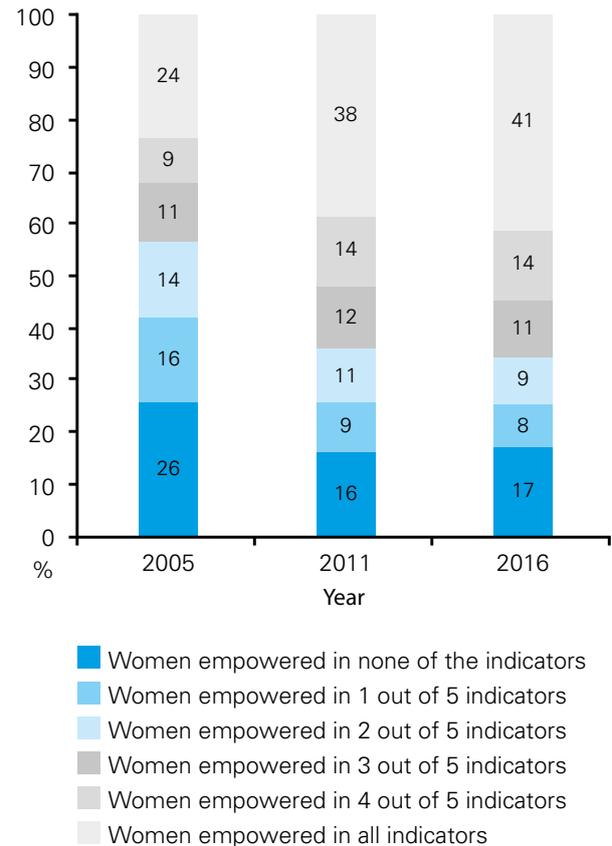
**Figure 8: Trends in empowerment in the Economic domain by area of residence, women not in union (%)**



Source: Authors' calculations using EDHS data.

The proportion of **women not in union** who believe that wife-beating is not acceptable has nearly doubled over the years. The empowerment rate for attitudes towards wife-beating rose from 24 per cent in 2005 to 41 per cent in 2016. The proportion of urban women fully empowered in this domain is twice that of rural women.

**Figure 9: Trends in empowerment in the Attitude towards wife-beating domain, women not in union (%)**



Source: Authors' calculations using EDHS data.

**Empowerment in education and attitudes towards wife-beating are interlinked for women not in union.** Multivariate analyses show that women who are empowered in the education domain are also more likely to be empowered in attitudes towards wife-beating. There are no significant associations between other domains of empowerment for women not in union.



## Women's empowerment<sup>2</sup> and child wellbeing

**Women's empowerment is positively associated with children's wellbeing, most notably with nutrition, health-related knowledge of the household, and education outcomes.** Findings show no statistically significant association between women's empowerment and children's health<sup>3</sup> and FGM.

The results of logistic regression analyses show that children whose mothers are empowered are less likely to be deprived in *nutrition*. Absence of knowledge, however, such as that of ORS, puts children at higher risk of deprivation. The skills and knowledge that mothers and other household members have are therefore likely to benefit children in terms of feeding practices and utilization of nutritional supplements provided by healthcare facilities such as vitamin A. Moreover, children from the richest wealth quintile are overall less likely to be deprived in nutrition compared to children in the poorest quintile. In terms of regional distribution, children from Tigray, Benishangul-Gumuz, SNNPR, Gambela and Dire Dawa are less likely to be deprived in nutrition than children living in Addis Ababa.

Furthermore, women's empowerment is associated with higher *health-related knowledge* among household members. Children from the three richest wealth quintiles and whose father's education level is secondary or higher are more likely to have at least one household member with proper health-related knowledge. The financial resources and educational background of adults are thus assumed to be reliable channels for building a solid base of health-related knowledge that benefits children across households in Ethiopia. At regional level, children living in Tigray, Afar, and Somali are less likely overall to be deprived in terms of health-related knowledge than children living in Addis Ababa.

Children whose mothers are empowered are significantly less likely to be deprived in *education*. The age of the child is also an important factor determining deprivation in education: younger children (aged 8, 9 and 10 years) have less likelihood of being deprived as compared with their older peers (13 years and above).

Furthermore, children living in households with more than three children (above the median) are more likely to be deprived in schooling. There is a regional polarization effect in the education of children in Ethiopia: those living outside Addis Ababa are more likely to be deprived. Across regions, children living in Oromia, Somali, SNNPR and Harari are more likely to be deprived in education than children living in the capital. Finally, the higher the wealth quintile, the lower the likelihood that children will be deprived in education.

## Recommendations

Overall, women's empowerment has seen some improvements in Ethiopia between 2000 and 2016, but a myriad of issues persist. Based on the study, three sets of recommendations are proposed in order to design policy and programme interventions to enhance women's empowerment, and ultimately children's wellbeing, and to improve the quality of measurement and monitoring for future evaluations.

**Policy and programme interventions.** The findings across different indicators and domains of empowerment consistently show that there are population clusters that lag behind in fulfilment of their basic needs and rights.

- Women living in rural areas are less likely to be empowered across all domains compared to women in urban areas. Programmes aimed at empowering girls and women should therefore prioritize rural areas.
- There are persistent regional disparities in women's empowerment in Ethiopia. Women's empowerment in *Education* is exceptionally low in Somali, SNNPR, Afar, Oromia, and Benishangul-Gumuz. Economic empowerment is lowest in Afar, Amhara, Benishangul-Gumuz, Oromia, and Somali. The proportion of women empowered in the *Familial domain* was lowest in Afar. Afar, Oromia, and Tigray have the lowest rates of empowerment in terms of *attitudes towards wife-beating*. Particular attention should be paid to the above-mentioned regions when tackling empowerment

<sup>2</sup> Health-related knowledge is used as a proxy to measure the health of children aged 5-17 years because of the unavailability of data to measure health for children in those age groups in the DHS 2016. It is measured using the knowledge of at least one household member about ORS and HIV/AIDS.

<sup>3</sup> Children's health is measured by full immunization by age, skilled birth attendance, adequate antenatal care and mother's knowledge of ORS for treating diarrhoea.

in the various domains, especially in regions like Afar and Oromia where women are disadvantaged in several domains at the same time.

- Women's empowerment is positively associated with improving children's wellbeing across outcomes such as nutrition, health-related knowledge and education. Investing in women is therefore an effective complementary strategy for improving children's wellbeing.
- Household wealth, residence in urban areas, fewer children in the household, and father's attainment of higher education are some of the factors that are positively associated with children's wellbeing in different areas. Expansion of social protection measures targeting the above-mentioned households is recommended as one of the short- and medium-term interventions. Interventions seeking to improve educational outcomes are a crucial intervention with multiple long-term effects. Although it may be difficult to change the level of education of current mothers and fathers, by educating today's children, the next generation will benefit from more educated parents.

### **Improving the measurement of indicators and data collection for future monitoring and evaluation.**

Assessing trends in women's empowerment, and association of the latter with children's wellbeing revealed a myriad of challenges with data availability, quality and consistency. Amendments and improvements to data collection tools are therefore necessary for future evaluation and monitoring.

- The multidimensional aspects of women's empowerment and children's wellbeing are well known but there is limited empirical data to measure them comprehensively. To ensure better

monitoring, measures to support data collection are essential. In so doing, it is necessary to enrich existing measurements and add additional ones to enable collection of data on important issues of women's empowerment, such as protection (physical and emotional)<sup>4</sup>, mobility<sup>5</sup>, violence<sup>6</sup>, and social and family norms<sup>7</sup> that define and affect empowerment. In addition, data need to account for the complexity of children's outcomes such as early child development, psychological health, perceptions and attitudes to better account for the multidimensional wellbeing of children. To the extent possible, child self-reports on outcomes and women's perceptions of empowerment would greatly contribute to better contextualizing and measuring wellbeing among the two groups. Furthermore, contextualized indicators are needed to capture differences in needs and risks of women and children residing in different regions and in urban and rural locations.

- The EDHS data can only be disaggregated at regional level (9 regional states and 2 chartered cities). It is recommended that disaggregation should include subregions in order to understand disparities within them.
- The EDHS focuses most on the nutritional status of children under 5 and individuals aged 15 years and above, implying that no information is collected for children aged 5-14 years. It is recommended to collect anthropometric data for children aged 5-14 years and data on food frequency and diversity for children older than 23 months. The indicator of food security – albeit measured at household level – is an important nutritional indicator, also shedding light on external shocks and availability of food. This information will allow linking women's empowerment with nutritional status for older children aged 5 and above.

4 Additional data on protection could include, for example, factors relating to the environment in which the woman lives (how safe it is to go outside during the day and night), whether she harassed by outsiders, the extent to which she knows about her rights, etc.

5 Additional data on mobility could include factors that restrict some of her movements, the reasons for her inability to go to places where she wants to go, etc

6 Data on domestic violence should be collected for women in the whole sample rather than a sub-sample as is done in the current survey.

7 There are inherent social and family norms that determine the status of a woman in a society. It is important to understand the norms that make the woman feel inferior in the household or in the community. Data on social norms and values are better captured via qualitative data.



- The EDHS captures a limited number of health indicators for population groups older than 5 years. For monitoring purposes, it is important to gain an insight into accessibility to both preventive and curative care, availability, affordability, and quality of healthcare services at all levels, for all age groups. Given this data limitation, knowledge about health could only be used as a proxy to measure the health status of children aged over 5 years.
- Information about child protection (including teenage pregnancy, child marriage, age at first sexual intercourse, and child labour) is asked only for children aged 15-17 years. These vulnerabilities also occur among children of a younger age, which are not captured by current data. This hinders our understanding of the scale and occurrence of these vulnerabilities among the entire child population. Also, given that data on the above-mentioned indicators are collected for a small segment of the child population, there were not enough observations and variance to conduct a regression analysis linking women's empowerment to child protection. Therefore, it is recommended that data on child protection should also be collected for children of a younger age (data on teenage pregnancy, child marriage and age at first sexual intercourse should be collected from the age of 12 years, and data on child labour from the age of 5 years).
- Data on GBV is collected only for a sub-sample of women in the EDHS and there are many missing observations in this sub-sample. Consequently, GBV could not be used in constructing the WEI. It is recommended to sample the entire population of women in the EDHS for this module. Furthermore, given that data on GBV are often sensitive to collect, conducting a standalone survey with interviewers trained by specialists is recommended. Extending the collection of this data to children younger than 15 years is also recommended giving due consideration to ethical standards.
- The EDHS data are cross-sectional and not ideal for capturing changes that occur over time. In other words, EDHS cross-sectional samples offer insights into generic changes in the patterns of empowerment over time and not into the persistence of these dimensions among individuals. This limits the design and applicability of programmes that may target the most vulnerable women in the country. There is a need for panel data in which individuals are followed over time so that the dynamic changes in empowerment indicators can be observed and monitored.

### Areas for further research

The quantitative focus of this study was useful to gain an insight into the scale of the incidence of women's empowerment in Ethiopia. Further research is necessary to carry out in-depth analytical work to better understand the underlying causes behind these findings. Additional qualitative data would contribute much to delving further into the how and why of the following findings:

- Reasons which hinder women's empowerment in educational, economic Familial/interpersonal domains and in justification of wife-beating, domains especially in the latter domain where research is limited;
- Low incidence of women's empowerment in Somali, Benishangul-Gumuz and SNNPR;
- Association between household wealth and women's empowerment;
- Unravelling the gender norms and cultures rooted in Ethiopian society which define the woman's status and her level of empowerment;
- Understanding the channels through which children's wellbeing is affected by women's empowerment.

## Annex: Methodology used to create the Women Empowerment Index (WEI)

The conceptualization of women's empowerment in Ethiopia followed a three-step process. First, the international conventions on women's rights<sup>8</sup> were reviewed to define and select parameters and indicators for the measure. Second, the indicators and parameters were contextualized using the legislation and policy documents and strategies of Ethiopia<sup>9</sup>. Finally, a consultation process was carried out with national stakeholders and development partners to discuss and approve selected indicators and parameters.

Following this process, 12 indicators were selected to measure women's empowerment, clustered into four domains<sup>10</sup> of empowerment using Exploratory Factor Analysis (EFA) and orthogonal rotation<sup>11</sup>: 1) *Education* (literacy and educational attainment), 2) *Economic* (employment status), 3) *Familial/Interpersonal* (participation in decision of how to spend husband's/partner's earnings, participation in decisions on seeking healthcare for oneself, participation in decisions on large household purchases, and participation in decisions to visit family/relatives), and 4) *Attitudes towards wife-beating* (justification of wife-beating in the following situations: i) when the woman goes out without telling her husband, ii) when the woman neglects the children, iii) when the woman argues with her husband, iv) when the woman refuses to have sex with her husband, and v) when the woman burns the food).

Availability of these indicators over the three Ethiopian Demographic and Health Survey (EDHS) editions (2005, 2011, and 2016) and data quality were used as selection criteria to retain the indicators in the EFA. Each of the indicators was coded as binary, with 1 denoting empowerment in the indicator and 0 denoting absence of empowerment.

When constructing the WEI, the four domains were assigned equal weights, as were the indicators within each of the domains. A woman is considered empowered if she is empowered in 80% of all the weighted indicators comprising the domains.<sup>12</sup>

Given that empowerment indicators differ between *women in union* and *women not in union* in the EDHS, two separate WEI measures were constructed for the two groups – one *for women in union* (married or living with partner) and one *for women not in union* (single/widowed/divorced), to more accurately measure their empowerment. For *women not in union*, the WEI was constructed using only the domains of education, economic [activity], and attitudes toward wife-beating. The unit of observation is the woman and the sample is 15,683 women (62.6% - *women in union* and 37.4% - *women not in union*).

The relationship between women's empowerment and children's wellbeing outcomes was assessed using logistic regression analysis that also controlled for children's, their parents', and household characteristics.

The findings are presented in two separate sections. First, descriptive results reveal the trend analyses of women's empowerment across domains and for the index for 2005, 2011 and 2016. Subsequently, multivariate analyses present findings on the associations between the domains of women's empowerment. The last section presents findings of logistic regression analyses assessing the relationship between women's empowerment and children's wellbeing outcomes, namely nutrition, education, health, health-related knowledge, and FGM.

8 The following international conventions were reviewed: Universal Declaration of Human Rights (1948), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979), Convention on the Political Rights of Women (1953), and Declaration on the Elimination of Violence Against Women (DEVAW) (1993).

9 National Policy on Ethiopian Women (1993); Constitution of the Federal Democratic Republic of Ethiopia (1995); Family Law (2000); Criminal Law (2005); National Gender Equality Strategy and Action Plan for Gender Equality (2006-2010); EU+ Joint Strategy on Nutrition for Ethiopia (2016-2020); National Identity Card Registration Proclamation No. 760/2012; Ethiopian Women Development and Change Package, National Strategy and Action Plan on Harmful Traditional Practices (2013), Sexual and Reproductive Health Strategy (2016-2015), the National Adolescent and Youth Health Strategy (2016-2020), the Health Sector Transformation Plan (2015/16-2019/20), the Education Sector Development Plan 2016-2020, and the National Human Rights Action Plan (2013).

10 The econometric model dropped the economic domain, but it was considered as crucial for women's empowerment in Ethiopia by the related stakeholders, hence was retained in constructing the WEI.

11 Confirmatory Factor Analysis (CFA) was used to examine the appropriateness and generalisability of the measurement portion of the Structural Equation Model (SEM).

12 The cut off of 80% has been agreed by a technical group comprising national stakeholders and development partners.



## Acknowledgements

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The brief has been reviewed by Ellen Alem, Vincenzo Vinci and Ana Gabriela Guerrero Serdan from UNICEF Ethiopia Social Policy Section and Seleshi Tadesse, Director of the Women's Mobilization and Participation Directorate at MOWCY. For further details, please contact [ealem@unicef.org](mailto:ealem@unicef.org).

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And never give up.



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