

Adolescent Attitudes about Male and Female Equality in Jimma Zone

This Policy Brief describes the extent to which boys and girls believe in gender equality in family roles, and identifies factors that promote egalitarian gender roles.

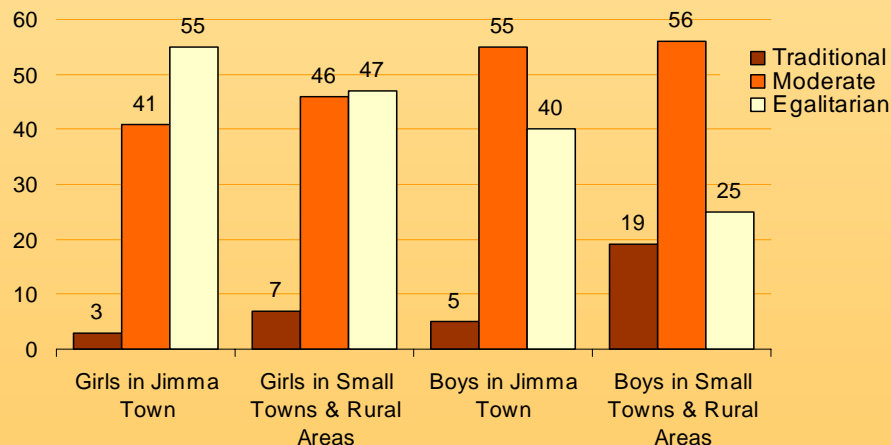
Based on data from Round 1 (September 2005-March 2006) of the Jimma Longitudinal Family Survey of Youth

In Ethiopia, women are traditionally expected to take primary responsibility for domestic chores and childrearing, and often they are expected to contribute income and food to their families as well. Men are traditionally viewed as being the primary financial providers for the family and are elevated to the major decision-making positions in their families. Public health programs have championed greater gender equality in families in order to promote better health care access and use by women and children, increase contraceptive use to lengthen birth intervals, and reduce the number of children born. Greater gender equality is also regarded as important for the prevention of communicable diseases including HIV/AIDS and the reduction of infant and maternal mortality. Understanding the factors that promote more positive attitudes toward gender equality in family roles is thus important for designing effective health programs.

To what extent do adolescents in Jimma Zone favor gender equality within the family? How do attitudes about gender equality differ between girls and boys? Are attitudes favoring gender role equality more common in Jimma Town than in small towns and rural areas? What are the family and individual factors that promote attitudes favoring gender equality?

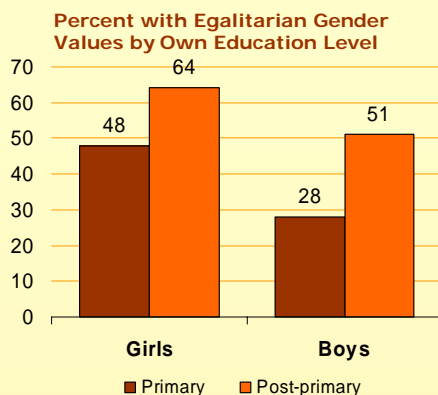
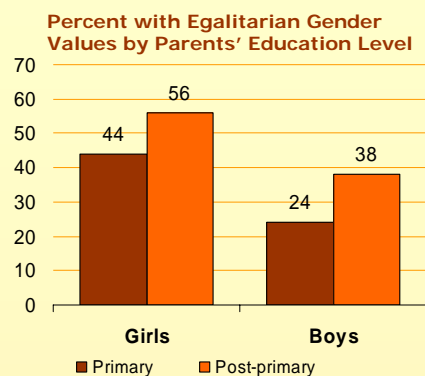
The Jimma Longitudinal Family Survey of Youth asked adolescents about whether they agree or disagree with five statements related to gender roles within the family: (1) a woman should listen to her husband; (2) normally a man should not have to do housework; (3) a husband should have a final say in family decisions; (4) a wife can control all of a family's monthly income; and (5) a father should take care of a sick member of his family. We constructed an index that measures attitudes in favor of gender equality by counting the number of *egalitarian* responses to these five questions. Adolescents who scored zero and one on this index are classified as traditional, scores of two and three indicated adolescents who are moderate in their attitudes towards gender equality, and those with scores of four and five were classified as egalitarian.

Differences in Attitudes about Gender Roles, by Sex and Place of Residence

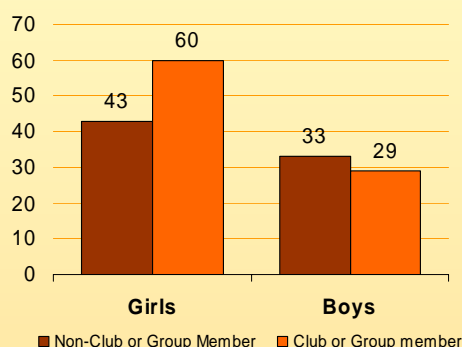


Boys in rural areas and small towns are the most traditional of the adolescents, with 19% holding traditional sex role attitudes about family life. But even among boys in these areas, 25% hold egalitarian values. Girls in rural areas and small towns are less than half as likely as boys to support traditional values (7%), and are almost twice as likely to support egalitarian values (47%).

Percent Adolescents Holding Egalitarian Gender Values, by Parental and Personal Characteristics



Percent with Egalitarian Gender Values by Youth Club or Group Membership Status



Girls from families with better educated parents have more egalitarian attitudes. Girls with post-primary education are also more likely to support gender equity in household activities. For girls being a member of a club or youth organization is associated with egalitarian attitudes. The most important factors in promoting egalitarian attitudes among girls are post-secondary education and being a member of clubs or youth organizations.

Boys in general follow the same patterns as the girls. However, boys' education and religion have much larger effects on attitudes in favor of equality in gender roles in families. Among boys membership in a club or youth organization has a minimal effect on the adoption of egalitarian attitudes. This may be because boys typically belong to all-male groups in which gender equality and empowerment are not actively promoted.

Policy Recommendations

An important step for public health policies in Jimma Zone is to increase attitudes favoring gender equality in family life. Very few adolescents hold traditional gender attitudes that might hold back advancements in health. Efforts should be directed towards improving male involvement in and attitudes towards gender-related issues and empowerment, and educating males about the benefits that men and families enjoy when women have more equality. Programs that only aim to improve the egalitarian attitudes of girls will fail to create egalitarian marriages, unless males show improved attitudes towards gender equality. It is critical that these egalitarian attitudes be translated into practice as these youths marry and start families. These changes will require a concerted effort involving all community organizations.

The Jimma Longitudinal Family Survey of Youth

The Jimma Longitudinal Family Survey of Youth (JLFSY) began in 2005. It is representative of Jimma Town, the small towns of Yebu, Serbo, and Sheki, and nearby rural areas. The stratified sample includes 3700 households and 2100 boys and girls ages 13 to 17, yielding about 700 adolescents each for Jimma Town, the small towns, and the rural areas. Household data were collected from the household head or the spouse of the head. Adolescents were directly interviewed. Questionnaire data were collected by trained interviewers in the Amharic and Oromifa languages.



Jimma Zone in Ethiopia

The JLFSY is an interdisciplinary effort by specialists in epidemiology, community health, biostatistics, demography, sociology, and economics. The study examines critical challenges that youth face such as health, education and training, employment and earnings, forming families, and becoming productive citizens. A special focus of the study is on key sources of support for youth as they meet these challenges including parent and kin investments, household resources, parent and kin guidance, local community infrastructure, and informal support networks.

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This research is being conducted by faculty and students affiliated with the **Partnership in Improving Reproductive Health**.



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