

Ethiopia

- Total Population: 96,633,458ⁱ
- Sex Disaggregation: Male: 49.70% ; Female: 50.30%ⁱⁱ
- Age disaggregation: 0-14 yrs: 44.2%, 15-24 yrs:19.9%; 25-54 yrs:29.2%; 55-64 yrs:2.8%, 65+: 2.8%ⁱⁱ
- Average household size: 4.6 persons per Householdⁱⁱⁱ
- Female headed households: 26%^{iv}
- Literacy Rates: At age 15 and over 39% total at male: 49.1% and female: 28.9%^v
- Infant Mortality rate: 55.77 deaths/1,000 live births (male: 63.77 & female: 47.53)
- Maternal Mortality: 350 deaths/100,000 live births^{vii}
- Fertility Rate: 5.23 per woman^{viii}

Gender in Brief

Ethiopia is a diverse country in topography, climate, ethnic groups, language and cultures. The people of Ethiopia speak over 80 different languages, constituting 12 Semitic, 22 Cushitic, 18 Omotic, and 18 Nilo-Saharan languages. Rural households in the more fertile highlands are dependent on agriculture while the lowlands are pastoralist communities primarily dependent on livestock production. In most communities there is unequal decision-making and inequitable division of labor between men and women. Gender based violence (physical, sexual, physiological and economical) are prevalent although there is significant variance in magnitude across regions and cultures and between urban and rural areas. Historically, disparities between men and women in division of labor, share of power, resources and benefits have been justified and maintained by patriarchy social norms and structures. However, there are several positive advancements where women's voice and opinion are being respected.

Roles and Responsibilities

In most households, men and women share labor inequitably. Some tasks are allocated predominantly or explicitly to women, others to men only, and some tasks are performed by both.. The most obvious pattern in the gender division of labor is that women are mostly confined to routine domestic and caring tasks whereas men dominate in production of goods and services and/or wage labor where revenue can be earned. The average rural Ethiopian woman has a working day of 16 hours, much of it spent in hard physical labor. While both the men and the women are involved in agricultural and livestock production, the women have reproductive and caring tasks in addition.

Women actively participate in and do at least half of the labor required for agricultural production in Ethiopian households. It is common practice for women to assist their husbands in various agricultural activities such as soil and manure preparation, weeding and harvesting. Only plowing is considered a task exclusively for men. Despite this active participation the importance of women's role in agricultural production is under-valued and women face many structural and cultural barriers to access and control of resources such as land, financial credit, skills training, etc.

In pastoralist communities women are responsible for herding, tending to sick animals, watering, barn cleaning, milking and milk processing. Women's access to livestock is by virtue of their relationships to men (husbands, fathers and sons) who own the livestock¹; women participate in some resource decision-making but only in a consultative manner, men have the final decision. Women have control over small livestock (goat and sheep) and cow's milk. Women make decisions regarding how much milk will be consumed fresh, how much will be conserved as ghee (dehydrated butter) or fermented milk, and how much will be shared with other households².

¹ Gender and Pastoralism Vol 2, Livelihood and income generation in Ethiopia, Andrew Ridgwell & Fiona Flintan, 2007

² ibid

Fires are the most common source of household energy for food processing and cooking. The gathering of fuel, wood, twigs, leaves and animal dung is a time and labor consuming activity for girls and women in rural areas and the urban poor. Men are rarely involved in this activity but boys may help their mothers if there are no female children. The impact of smoke on women's health is profound and affects women more than men due to the long hours around the fire preparing meals. Even though fuel-saving stoves and kerosene stoves are available, they are not readily accessible because of cost or availability.

Limited access to potable water is another burden faced by rural households and urban poor. Women are primarily responsible for fetching water and while this an additional time and energy-consuming task it is also an opportunity for women to meet other women outside their household and to strengthen social networks while doing a household chore; women use the walk to and from the water source to share news and information with other women. In rare occasions, when women are sick or pregnant, a male member of the household might collect water if there are no females available.

Women are further taxed by low nutritional status compared to men. In households with limited food resources there are practices of food hierarchy in many communities, which leads to women at the bottom of the hierarchy not consuming a balanced diet. In addition religious practices of fasting extensively in both Muslim and Christian households and certain food taboos such as women are not allowed to eat protein during pregnancy as it might make the baby big and so a difficult childbirth, all impact the health status of women as mothers and producers. While access to health services is greatly improved and decentralised, in some remote communities women cannot access services if they are far and it requires financial resources to travel, that the husband must approve.

Decision-Making

Men and women do not have equal decision-making power related to household assets, in particular where income is concerned. Areas with unequal decision making power include: crops grown for household consumption vs. cash crops, selling and transferring of large and small livestock, market negotiations, sale or purchase of agricultural inputs, non-farm business activities, buying, selling or use of agricultural land, buying or selling of household property, use of income, savings, children's education, seeking medical treatment for children or adults in case of illness, family planning and birth spacing.

Women have limited freedom to safe and secure movement in many rural areas. Women, in most communities are able to access local markets, participate in local religious ceremonies or association activities. However, if they want to access the larger markets, travel to another town for a religious ceremony or access health services they must not only consult their husbands, they must seek their permission and approval. Men, rarely consult their wives before using household resources to travel distances. This reduced mobility impacts their access to services and the depth of their social networks. In addition, fear of violence like rape, abduction and harassment constrain women and girls from moving around places at night and in certain places.

Economic and Political Participation

Women are underrepresented in formal employment sectors and are highly concentrated in the routine and low paying jobs such as clerical or manual labor. The number of women participating in and benefiting from industry and commerce is insignificant due to lack of access to education, productive resources and opportunities (land, credit, advisory services, training and information). However, for those women that do gain access to formal employment, there is a policy of equal pay for equal work in Ethiopia that is respected in the formal sector. Women are very active in the informal sector either being employed by other people or self-employed such as petty trade or small businesses that require small capital, not demanding sophisticated financial management skills.

Ethiopian women's political representation has been limited for a long time and even historically some of the great women leaders that had impact such as Queen of Sheba, Empress Eleni or Empress Taytu only had access to power via their husbands or sons. Today, those women that do enter into politics face various barriers including, lack of exposure and experience, limited support networks, exclusion from informal decision-making process in male dominated associations and meetings, as well as limited information about female political candidates. Nonetheless, in the face of these difficulties the number of women parliamentarians is increasing; between 2007 and 2010 women holds 116 parliament seats out of 529 total seats³.

³ <http://www.indexmundi.com/ethiopia/gender-parity-in-national-parliament.html>

Protection

Deep-rooted patriarchal social norms, religious practices and biased attitudes are barriers for Ethiopian women and girls across the nation. Women and girls do not have full control over their own sexual and reproductive rights, over their own bodies, access health services and information. These socio-cultural barriers are manifested in harmful traditional practices such as female genital mutilation (FGM), between 60% and 80% of Ethiopian women have experienced some form of FGM[2], arranged marriage, or child marriage and Polygamy.

Sexual, physical, psychological and economical violence against women is prevalent in many parts of Ethiopia as a result of unequal power relations between men and women. The most common form of violence is domestic violence, often characterized by long-term patterns of abusive and controlling behavior. There are also numerous forms of GBV such as: sexual harassment, young women abduction especially in rural areas (8% of married women between the ages of 15 and 49 years have reported being abducted⁴), marital rape, threatening, scolding and harassing women and girls, men refusing to economically support the family, men denying the existence of children born out of wedlock, refusal to share family property with women after divorce, spending family resources on drink and other personal expenses, controlling women's fertility (not allowing women to use family planning methods), restricting women's movement and advancement in education and degrading and neglecting women and girls.

Enabling Environment

Ethiopia is signatory to many international conventions, and has reflected gender equality commitments in the Constitution and formulated the National Policy on Women in 1993 and a National Action Plan for Gender Equality (NAP-GE) in 2006. In addition, the country has revised many laws (the family and criminal laws), and established institutional/organizational machineries and structures at all levels to broaden the government's initiative towards promoting women's social, economic and political empowerment.

Recent studies conducted by CARE Ethiopia show that progressive change is occurring both at household and community levels with wide variations across communities. Structural gender issues, such as denial of asset inheritance and ownership rights of women and girls and varying degree of prevalence of harmful traditional practices (HTP) and other forms of gender based violence are some areas where improvements have been noted. Women's significant engagement in income generating activities is also increasing. Women's role as breadwinner in the household is a new phenomena, and it challenges long held views on the 'appropriate' role for women. The social norms which govern division of responsibilities between men and women are changing for better, with a gradual and increasing willingness and involvement of men in sharing household responsibilities with women. Most of the perceived changes related to HTPs and GBV are attributed mainly to the law enforcement by the local government structures as well as increased awareness and opportunities of social and economic empowerment for women.

CARE Ethiopia Highlights:

- A Gender equality guideline in place
- A full time gender equality officer in HR team
- Full time gender advisors for programs and projects
- Organizational commitment to 51% female to 49% male sex ratio set in three years
- Gender core group at organizational level and gender focal points at all sub offices

CARE Programmes with gender objectives:

- Pastoralist Women and Girls
- Food Security
- Water, Sanitation and Hygiene
- Sexual and Reproductive Health and Nutrition
- Emergency response

ⁱ CIA Fact book 2014

ⁱⁱ ibid

ⁱⁱⁱ Ibid

ⁱⁱⁱ DHS 2011

^{iv} Ibid

^v CIA Fact book 2007

^{vi} CIA Fact book 2014

^{vii} CIA Fact book 2010

^{viii} CIA Fact book 2014

Note: Ethiopian National Action plan for Gender Equality is the main source of this gender in brief.

⁴ http://www.aho.afro.who.int/profiles_information/index.php/Ethiopia:Analytical_summary_-_Gender_and_women%27s_health