

Empowered or exploited? Analyzing the attitudes of unpaid community health workers in
Amhara, Ethiopia

by
Emily Baranski

A THESIS

submitted to

Oregon State University

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Kenneth Maes

The Women's Development Army (WDA), an all-female workforce of unpaid Community Health Workers (CHW), is Ethiopia's answer to improving rural health. Through the WDA, Ethiopia's government says it is empowering women to spark change in their community by disseminating healthy behaviors and by advocating on their own behalf to health officials. At the same time, they serve at the bottom of a hierarchical health system and are potentially exploited by the government for their unpaid labor. Analysis of 2015 survey data collected from leaders in the WDA in Amhara state, Ethiopia, shows that most women are grateful for the program as it improves their quality of life, but that most feel that their missions are directed by the government and that WDA leaders should be paid for their work. CHW empowerment and exploitation are essential topics of research to sustain and improve health outcomes around the world.

Key Words: community health workers, public health, global health, gender equality

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I understand that my project will become part of the permanent collection of Oregon State University, Honors College. My signature below authorizes release of my project to any reader upon request.

Emily Baranski, Author

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INTRODUCTION

Globally, Community Health Worker (CHW) programs deliver necessary primary health care services via familiar faces. CHWs serve in the communities they are from, which creates a vital link between communities and upper levels of government. Largely utilized to supplement shortages of trained health workers and to meet the health-related Sustainable Development Goals created in 2015, CHWs promote healthy behaviors, carry out government health initiatives, and help their neighbors manage illness (Frymus et al. 2015; Lehmann and Sanders 2007).

The definition of a CHW varies depending on where one serves and is often very broad.

The CHW Section of the American Public Health Association defines a CHW as follows:

A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

(<https://www.apha.org/apha-communities/member-sections/community-health-workers>)

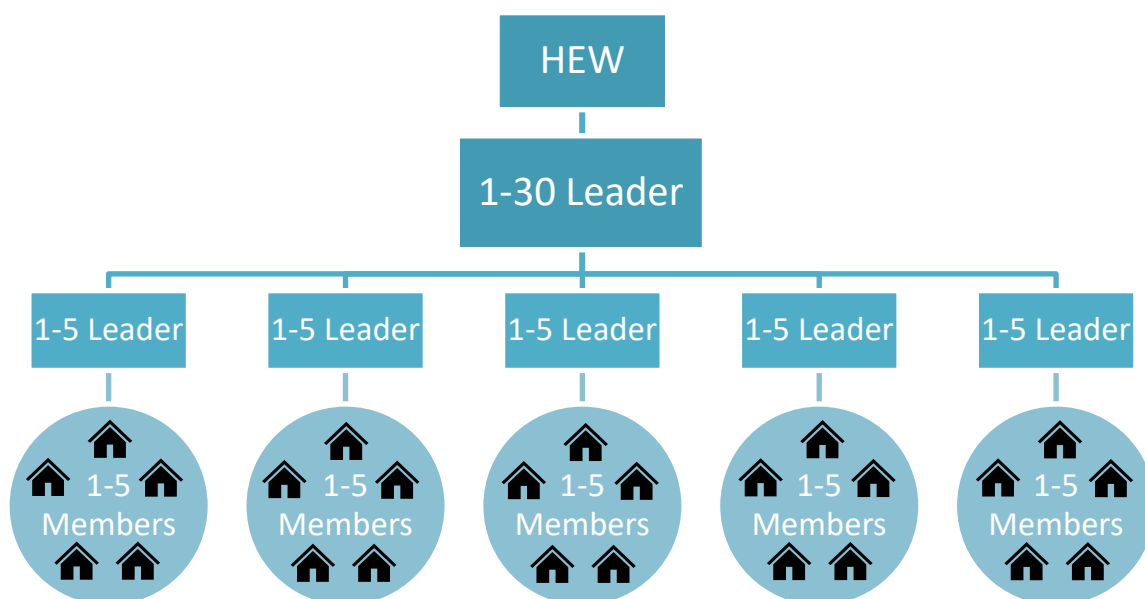
Currently there are several research gaps regarding how contextual factors affect CHWs personally and professionally (Frymus et al. 2015). These include questions of how CHWs are selected, how the level of formality of the program affects their work, what support and training is available for CHWs, and what payment models best support their work, to name a few factors (Frymus et al. 2015). Given that CHWs are expected to serve both their communities and governments, conflicts of interest may arise, complicating their roles and experiences (Schaaf et

al. 2018). Additionally, CHWs are held accountable by their community members, which creates an added level of pressure and power. This accountability takes the form of improving access to and the quality of health services, environmental and social conditions, and knowledge of the health system (Schaaf et al. 2018). CHWs are also expected to bridge a gap between the state and its citizens. It is unclear if and how this goal is succeeding, considering that CHWs are often “doing work that higher level functionaries do not wish to do” (Schaaf et al. 2018). Finally, governments often claim they are empowering CHWs by encouraging them to learn and be socially and politically active. This unique mix of responsibilities and loyalties necessitates additional research to amplify CHW voices regarding their experiences.

In this thesis, questions about how CHWs in the Ethiopian Women’s Development Army (WDA) are being empowered and exploited are explored through quantitative survey data collected in 2015, contextualized within a larger qualitative dataset collected from 2011-2015. Selected for their ability to lead, be reliable, and display obedience, CHWs in Ethiopia’s rural, all-female Women’s Development Army are regarded by the government as “model women” and are expected to travel house-to-house, mobilizing their communities to adopt government-deemed healthy behaviors (Maes et al. 2015a). The WDA is to incorporate nearly 90% of adult women in rural Ethiopia, and targets reductions in maternal and child mortality while encouraging adoption of “healthy lifestyles” (Maes et al. 2018). In the program, one woman out of every five households in a *kebele* (local administrative unit) is selected as a “1-to-5” (1-5) leader, responsible for leading five women. Approximately five 1-5 leaders are then led by a “1-to-30” (1-30) leader, responsible for leading 30 women. 1-30 leaders serve under salaried Health Extension Workers (HEWs) and are responsible for organizing and educating 1-5 leaders and

member households (see Figure 1). Both 1-30 and 1-5 leaders are unpaid and are to receive no incentives from donors or partners (Maes et al. 2018).

Figure 1: Basic structure of Ethiopia’s Women’s Development Army



The Ethiopian government claims the program is empowering rural women to be leaders in their communities and states they should not be paid because they are working for themselves and their own communities, not for the government. Government officials also claim payment would create a “dependency attitude” in a context of unreliable resources. This rhetoric ignores the large onus a lack of payment places on already financially insecure women (Maes et al. 2018). In low-income nations, payment schemes may seem unrealistic given that donor funding can be unstable. However, prior to the creation of the WDA in 2011, evidence supported CHW remuneration as vital to program sustainability (Lehmann and Sanders 2007). The WHO also

recognizes the use of sustained incentives as necessary to create satisfaction and retention of CHWs (WHO 2018).

Additionally, a previous study showed that WDA leaders are more likely to be divorced or separated than other women in their communities and lead more socio-economically precarious lives as well (Maes et al. 2018). Unmarried 1-30 leaders also experience higher rates of psychological distress compared to married 1-30 leaders (Maes et al. 2019). These women may become 1-30 leaders hoping to achieve socioeconomic benefits knowing other government volunteer programs commonly provide incentives for participation. Previous qualitative research also suggested that some WDA leaders are dissatisfied with their lack of payment and uncomfortable with the top-down nature of the WDA (Maes et al. 2015b).

This thesis builds upon this work with quantitative survey data from a larger sample of women. Using these data, I will examine how the WDA is both empowering and exploiting women by specifically examining how WDA leaders feel about the top-down structure of the program and their lack of payment. Given the differences in socioeconomic status and wellbeing between the married and unmarried 1-30 leaders in this dataset, I also examine if attitudes differ according to marital status.

LITERATURE REVIEW

To contextualize my analysis, in this section I review literature in three areas: the WDA and Ethiopia's Health Extension Program, Ethiopia's political structure as it relates to rural agricultural and social service programs, and Ethiopian and global discourses on gender roles and women's empowerment.

Health Extension Program

By understanding the history of Ethiopia's Health Extension Program, under which the Women's Development Army (WDA) operates, the stage is set to examine how the country's views on gender roles and other government-led volunteer programs influence the WDA and Ethiopian CHWs. Maes et al. (2015a) examine the structure of Ethiopia's Health Extension Program (HEP) using a historical view of the country's politics and economics. Interviews with national, district, and kebele (community) level health officials contextualize government and donor narratives of the volunteer community health worker program. The Ethiopian government and the global health community touts the HEP as innovative for using "locally appropriate and acceptable strategies" in preventive, promotive, and curative health care (Maes et al. 2015a: 4). The Ethiopian Ministry of Health claimed they are committed to paying for the HEP, including the construction of thousands of needed health posts and hiring more than 34,000 salaried female health extension workers beginning in 2003 (Maes et al. 2015a).

Ethiopia's large rural population necessitates additional health outreach, beyond which the HEWs could accomplish, which led to the creation of the Women's Development Army in 2011. The WDA is described by the government as a system of community leadership where model households are responsible for disseminating health information and behaviors to others in their community. The government uses the "army" language to instill military-like discipline and nationalism in their citizens. While officials claim the program is saving lives, creating model citizens, and empowering women, it is also using a top-down governing structure that communities often see as micro-managing and possibly coercive (Maes et al. 2015a).

By examining the political and economic history of the nation, it is clear that government control has pervaded Ethiopian lives in the social and labor sectors for decades. Beginning with

the ousting of Emperor Haile Selassie in 1974, a militaristic and Marxist government regime known as “the Derg” sought to unify the thinking and behaviors of their citizens to solidify their position as a regional power in economic development (Maes et al. 2015a). The regime was marked by the relocation of millions following severe droughts and the killing and imprisoning of political opponents. In 1991, the Tigrayan Peoples Liberation Front led a coalition now known as the Ethiopian Peoples Revolutionary Democratic Front (EPRDF) in toppling the Derg, with goals of establishing a more rational bureaucratic form of governance and industrializing to attract international investors. The country’s success in receiving foreign aid came largely from their military allyship with the U.S. and U.K. following the 9/11 terrorist attacks (Maes et al. 2015a).

Following a near political defeat in the country’s 2005 elections, the EPRDF killed and jailed protesters leading to backlash from the international human rights community and threats by international donors of defunding the central government (Maes et al. 2015a). The government avoided total defunding by creating an international health partnership compact in 2007, succeeding in large part due to their military assistance in defeating the Union of Islamic Courts from gaining government control in neighboring Somalia. After securing international aid, Ethiopia restricted freedoms of non-governmental organizations (NGOs) and civil society to further extend their political control (Feyissa 2011).

As the government attempted to attract more international donors by proclaiming their desire to become self-sufficient and decrease a rent-seeking or dependency attitude, they recruited women to volunteer as CHWs to contribute to their goals of reducing maternal and child mortality, claiming the experience would result in empowerment (Maes et al. 2015b). Health officials that Maes and colleagues (2015b) interviewed stated that women in the WDA

were not solely working for the government but instead working for themselves and their communities. This framing leaves out the historic use of volunteer labor as a coercive mechanism used to show a lack of opposition to the government, to gain favors and political connections, or to avoid fines and negative consequences. While the Ethiopian health officials espouse a narrative of the WDA helping women move about and speak freely in their communities like men, their top-down approach uses these women as extension workers for health and economic gains without allowing them to fully advocate for themselves or those they serve—actions that make CHWs so effective elsewhere (Sabo et al. 2013).

The HEP also includes Health Extension Workers (HEWs)—tenth grade educated, trained and salaried community health workers—who serve as essential providers of community health in rural Ethiopia. There were over 38,000 HEWs serving in 2015, with two HEWs serving nearly 5,000 community members at a kebele’s health post (Kok et al. 2015). Their positions as community members and health delivery specialists allow them to build trust in kebeles, helping them provide effective care. However, as determined by Kok and colleagues in focus group discussions and interviews with HEWs, a lack of supervision and communication from government leadership negatively impacts their work (Kok et al. 2015). When HEWs lack training and materials, goals of providing “safe” child delivery services are not successful. For example, when HEWs lack confidence in their ability to provide delivery services due to a lack of training or resources, a traditional birth attendant (TBA) may be called upon. Currently TBA involvement during birth violates government policies, which creates tension in communities who are used to TBA assistance. The divide created by community needs and government expectations create difficult situations for HEWs who must serve both entities.

When HEWs lack knowledge and resources, this may also contribute to the experiences of the unpaid 1-30 leaders who work under them. If HEWs were to receive more frequent and consistent training and supervision, they could both perform better and be better leaders for the WDA. Finally, Kok et al. found that WDA leaders were essential for referrals and advocacy of health behaviors, but the voluntary nature of the program limits its potential when leaders have mounting responsibilities outside the WDA (Kok et al. 2015). This thesis provides additional perspectives by looking at the attitudes of WDA leaders who are supervised by HEWs to implement health behavior changes directly with their fellow community members. Their experiences serve to underscore the need for resources and better communication to improve community and global health.

Gender Roles and Women's Empowerment in Ethiopia

In Ethiopia, men greatly influence women's lives by expecting them to tend to their homes and not be involved in social or political arenas (Maes et al. 2015b). Women are socialized to be obedient and subservient to men, a norm that is both challenged and replicated in the WDA. Leaders in the WDA are encouraged to go out of their homes to push for behavior changes in their communities and be autonomous from their husbands. However, WDA leaders are tasked with implementing health and hygiene education that is traditionally deemed women's work (Maes et al. 2015b). This section analyzes how past and present events related to gender roles and women's empowerment influence the WDA.

For women to have fully realized rights and freedoms in any society, feminist leadership—leadership that challenges the patriarchal political environment—needs to transpire across job sectors. Even with women in political leadership increasing greatly in Ethiopia since 1995 with women in the House of Representatives rising from 2.74 percent to 21 percent by

2005 (Biseswar 2008), the roles women sit in are largely focused on gender issues while the women themselves have minimal academic background in gender studies. In addition, the women appointed by the government have little room to challenge mainstream political ideas on gender issues (Biseswar 2008). Through historical study of Ethiopian and feminist literature and by drawing on lived experiences, Biseswar concludes that Ethiopian women are used as tools to support the government's interests without being given a real platform for improving their position in society. She states that because women's freedom is relative to men's, the government's efforts to control men through top-down approaches will result in the same control of women. In the case of the WDA, the government argues they are providing opportunities for women's empowerment but fail to provide compensation. This increases the labor burden for women who are largely of low socioeconomic status, making it harder to perform their roles at home and in the WDA. However, given the common top-down control over their citizens, women feel a sense of obligation to participate in the WDA, as not doing so would tarnish their image as an obedient citizen.

Additionally, women are enrolled in the WDA to focus on issues of maternal and child health which are commonly seen in Ethiopia as "women issues" rather than health issues that affect all people. These are often the only issues the government allows women to be involved in, Biseswar (2008) states. While their involvement is essential, the government should seek to integrate women into all job sectors. Progress is being made with the appointment of Sahle-Work Zewde, Ethiopia's first female president, in October 2018 (Wamsley 2018). However, the longer the government continues to deprive WDA leaders of payment, the farther it strays from realizing an equal and empowered society. Other past efforts by the government to silence outspoken feminists, such as members of the Ethiopian Women Lawyers' Association, have also

instilled fear of speaking out against the government. Unfortunately, this presents issues in the WDA as well, as many women are afraid to advocate for program improvements or are unaware of how to do so (Maes et al. 2015a). According to Biseswar (2008), without more educated Ethiopian feminists advocating for women's empowerment, Ethiopian women will not achieve equality.

Through an analysis of the Family Code and the land registration process in Ethiopia, Kumar and Quisumbing (2015) show evidence of social change in favor of gender equality particularly in the agricultural and financial sectors. Using interviews and the Ethiopian Rural Household Survey (ERHS) from 1997 and 2009, they found that two government reforms have had significant impacts on women's rights after a marriage ends (Kumar and Quisumbing 2015). The Family Code created in 2000 removes gender discrimination from asset allocation before, during, and after a marriage. In 2003, land registration reforms were also passed to ensure a female member served on each district's land administration committee and that certificates of land holdings were given to both husbands and wives. Previously, land ownership certificates were given to heads of household regardless of gender, leaving married women unable to claim land should her marriage end. The new certification process and Family Code led to a 40 percent increase in the perception that women and men would receive equal amounts of land following a divorce as shown in responses to the ERHS (Kumar and Quisumbing 2015). The authors suggest these policies will lead to greater success for children of divorced parents in school and more women entering the work force, as their fear of loss after a divorce reduces (Kumar and Quisumbing 2015). As knowledge of the land registration process increases through the inclusion of more women in local land administration committees, more women will have the

ability to ensure their agricultural and financial success without their marriage status being a determining factor.

For women in the WDA, this federal recognition of independence among women should be seen as a positive. With more power being given to women in the agricultural and financial sectors, they have more ability to participate in their communities without spousal interference or fear of social perceptions. As the perception of female heads of household begins to change, more women may feel encouraged to join the WDA and other social networks.

In a 2016 paper by Østebø and Haukanes, global ideas of gender equality championed in Norway were examined as they crossed international borders via program funding to be implemented at a grassroots level in Ethiopia (Østebø and Haukanes 2016). Using Norwegian policy research as well as interviews of Ethiopian district and kebele government representatives and development workers in two rural districts of Oromia state, the authors determine how using gender equality as an economic tool permeates policies in both nations. The focus on global and domestic gender equality policies has been largely present since the 1980s with themes of political and economic empowerment, sexual and reproductive health, women's rights, and reducing violence against women. Attention to economic growth and participation of women in the labor force has led to a diversion from women's empowerment for its intrinsic worth to utilizing women as "an untapped resource" (Østebø and Haukanes 2016). Transitioning from caregiving and domestic responsibilities to include labor market participation has been proposed as a model for gender equality in Norway, Ethiopia, and undoubtedly countries across the world. Without giving full consideration to the effects of supporting this ideal, governments risk burdening women with more duties as the reluctance of men to participate in household tasks persists.

To explain the effects of an increasing work burden for women without assistance from men, one mother interviewed in Oromia stated that her children would “be like orphans” with no one to take care of them if she were expected to do the same amount of agricultural work as her husband (Østebø and Haukanes 2016: 47). This is at odds with the campaign for economic growth from government officials who state, “To be equal means to do the same work,” (Østebø and Haukanes 2016: 46). When gender equality is narrowly re-defined as “doing equal work,” its value and purpose are not fully realized (Østebø and Haukanes 2016: 46). When the concept is seen as achieving cooperation and agreement between women and men, this definition again falls short. Østebø and Haukanes (2016) argue that gender equality proponents must continue to advocate for an all-encompassing plan that not only mirrors the global focus on economic development aided by women but incorporates domestic goals and attitudes. They also call for increased attention to men’s participation in the household and cultural factors inhibiting it. In the case of the WDA, the Ethiopian government claims that the program empowers women by giving them more responsibility. While women may be more encouraged to participate in the social sphere, the beliefs held by men in their lives and communities still play a role in determining to what extent they do this. Additionally, by having more responsibility in their communities the government again proposes this will empower women. Unfortunately, as stated above, the extra work load may not be feasible for some women.

Political Influence on Agricultural and Social Service Program Outcomes

Top-down governance is used throughout agricultural and other social service programs in Ethiopia. For decades the government has used a militaristic style to ensure obedience and government loyalty by imposing negative sanctions on those who do not follow orders or

positive incentives for those who do (Adem 2012). Examples of such governance presented in this section affect the WDA by limiting leaders' abilities to control their work. Additionally, there is a sense of obligation to participate in the WDA to either avoid negative consequences or gain positive outcomes from the government.

In 1995, the Ethiopian government initiated an Agricultural Extension Program to solve agricultural production issues while pushing an agenda of government loyalty (Adem 2012). By signing up to implement "Green Revolution" practices like use of fertilizers and pesticides provided by Western donors such as the International Monetary Fund and the World Bank, a farmer became a supporter of the program and thus the ruling party (Adem 2012). The Ethiopian Peoples' Revolutionary Democratic Front (EPRDF) used a top-down model of control, typical of past government regimes, to limit the ability of farmers to voice opinions about the extension program. Ethiopian anthropologist Teferi Abate Adem interviewed 371 farmers in the Amhara region between 1996 and '98 to understand the impact of politics on the program's success (Adem 2012).

In Aba Selama, a community in Amhara Region, high rates of food insecurity due to drought led to high rates of adoption of the Green Revolution package of technologies and practices. Additionally, in 1997 land was redistributed amongst community members, which led to animosity between older and younger generations. As the young and unmarried received land from this government initiative, their loyalty to the party was strengthened. By allowing young people to obtain agricultural degrees from junior colleges in exchange for their political support and labor in the extension program, the government enforced its authority. With more young people gaining power through political connections, it became clear that the program was built on government loyalty rather than best practices for agriculture.

The Women's Development Army uses similar practices of turning to the young and unconnected members of society to be leaders in their communities. Without familial influence or political prominence, young divorced, separated, or widowed women are easy targets for program recruitment (Maes et al. 2019). The government promises to give them purpose and responsibility with work that comes without pay and with little ability for upward mobility or control in their work (Maes et al. 2015b). While the agricultural extension program solely recruited men due to cultural traditions holding men responsible for farming, women are often farmers themselves. They may own their own land while also being expected to tend to housework and childrearing. This in addition to their WDA roles makes their lives busy and often stress-inducing (Maes et al. 2019). Exploring the effects of this government program for women provides the opportunity to understand state relationships with a vital part of the population.

In Amhara, Ethiopians have often experienced devastating droughts due to high altitudes and unpredictable rains. As anthropologist Peter Little (2014) explains, many Ethiopians look to government food assistance programs to provide for them during famines. As Ethiopia aims to increase their self-sufficiency and attract large business investors, the government warns against instilling a "dependency attitude" whereby citizens tend to rely on the government to provide basic needs and incentives (Little 2014). This idea of a dependency concerns governments, donors, and NGOs in other parts of the world where economic development is targeted. In Ethiopia, the government seeks to limit this attitude through the Productive Safety Net Program (PSNP) established in 2005. The PSNP requires those needing assistance to contribute to public works projects to earn food rations, barring a health condition preventing them from doing so (Little 2014).

Under the PSNP, a top-down approach provides food assistance through kebele administrations, which select who should receive aid (Little 2014). The program is intended to give aid to those with the greatest need, but often those with political connections win out. In addition, the government sought to relocate people from high altitude South Wollo to lowland western Ethiopia hoping for greater farming prospects. Under the PSNP, the young and landless were targeted for relocation as they were the least connected in their community and were thought to be less resistant to the idea of migrating (Little 2014).

A parallel can be drawn between the PSNP and WDA as those without spouses or strong social ties in their communities are targeted to do government work on a volunteer basis. Women who volunteer in the WDA are likely seeking to improve their economic position and status in the community through increased political connections, much like the participants in the PSNP. It is clear through both Ethiopian agricultural and health campaigns that “volunteering” comes with strings attached and is rarely done on a solely voluntary basis. The government’s emphasis on economic development is also leading to concerns of exploitation in rural communities where volunteering may extend periods of poverty and/or insecurity among already vulnerable community members.

Based on interviews with mid-level actors in social protection, agriculture, and health fields as well as the members of the communities they serve, Warren and Frongillo (2017) explain how achieving nutritional gains in food insecure regions of Ethiopia is inhibited by both environmental and political factors. Through the Ministry of Health’s National Nutrition Program and Health Extension Program as well as the PSNP and Agricultural Growth Program through the Ministry of Agriculture, Ethiopia’s social protection programs are working to address the nutritional challenges that millions of their citizens endure. Government officials

responsible for the daily decision-making and management of these programs are referred to as mid-level actors, as they link high-level program goals to low-level workers and kebeles (Warren and Frongillo 2017).

Interviews were conducted between 2015 and 2016 in a kebele in the Wolayita zone of the Southern Nations, Nationalities, and Peoples Region (SNNPR) of Ethiopia, where frequent drought and soil erosion created challenging farming conditions (Warren and Frongillo 2017). Agriculture and health officials' responses showed frustration regarding the top-down nature of their programs whereby they were the last to receive information. This kept mid-level actors from receiving information quickly and also kept them out of the program planning process. Without giving any input on the feasibility of a program change, they are told to complete tasks for which they often do not have the resources or training. For example, the rough terrain in the surveyed area paired with the lack of vehicles makes home visits by health extension workers and land surveying by agricultural officers difficult. Despite ineffective collaboration at upper levels of government, zonal officials acknowledged successful communication between frontline workers and kebeles where latrine usage and vaccination rates have increased (Warren and Frongillo 2017).

Ethiopia's history of top-down governance can be found today in many of their social programs. The constraints put on those implementing the programs negatively impact the success of these programs. In some instances, households that resisted the unfamiliar or infeasible higher-level recommendations for nutrition and farming were seen as uncooperative or having a dependency attitude. When ideologies from higher up do not align with those of the citizens they're aimed at helping, mid-level actors bear responsibility. As seen in the WDA and

community perspectives from the SNNPR interviews, having the proper resources is necessary for achieving gains in health, nutrition, and agricultural outcomes.

Previous Research with this Dataset

Maes et al. (2018) used survey data from Ethiopian WDA leaders in Amhara state to examine their psychosocial wellbeing (Maes et al. 2018). 1-30 leaders in the WDA were shown to be less likely to be married and more likely to be divorced or separated. Leaders were also more likely to have food and water insecurity, be in debt, and have slightly lower levels of social support than other women. They also experienced significantly more stressful life events, psychological distress symptoms, and instances of being subjects of local gossip. Thus, while the government states it recruits “model women” for its 1-30 leader positions, these women often experience the same or worse socioeconomic and psychological issues when compared to other women. Those who are recruited may participate hoping the program will bring some social or economic benefit when in reality the women have not largely experienced this. Because many of these leaders are also divorced, separated, or otherwise unmarried, their lack of social support shown through the survey responses also increases their desire for remuneration and incentives. As the WHO continues to promote paid health worker positions to achieve sustainable health gains, the Ethiopian government will need to balance this goal with their intent to decrease dependency attitudes and increase healthy lifestyle behaviors.

Volunteerism in Western, high-income contexts is correlated with less concern for one's socioeconomic status (SES) and psychosocial benefits (Maes et al. 2019). In rural Ethiopia where funding for essential services is hard to come by, volunteerism occurs as more of an unpaid job providing some with additional burdens rather than benefits. Between 2013 and 2016, 422 Ethiopian unpaid community health workers (CHWs) in Amhara state were surveyed to

determine their psychological distress symptoms, stressful life events, subjective SES, confidence in future SES gains, social support, food and water insecurity, and work burden. Of these women, unmarried 1-30 leaders, women responsible for the education and promotion of government campaigns, are most likely to present higher levels of distress with 46% of them presenting 8 or more symptoms (Maes et al. 2019). 1-30 leaders are often able to perform the role because they are unmarried and therefore free from a husband's control over their activities. However, their unmarried status makes them subjects of community gossip, hindering them from achieving opportunities and authority among their married counterparts. They were also found to have significantly higher psychological distress symptoms and food insecurity and lower subjective SES and social support than married leaders. Increased psychosocial distress especially for the most vulnerable women in the WDA makes remunerating CHWs and understanding their attitudes about the program imperative, to lessen their burdens and ensure their efforts are fully realized.

Given the lack of incentives for WDA leaders, it is important to understand how government goals of empowerment may or may not be realized. Unmarried leaders face high rates of psychological distress which may also influence how they view the program's lack of payment and high level of government control (Maes et al. 2019). Investigating CHW attitudes is imperative to improving their living and work conditions as well as the services they provide.

METHODS

Quantitative data for this project were obtained from a cross-sectional survey conducted in 2015 (see Maes et al. 2018, 2019). The research was approved by the IRBs of Middlebury College, Oregon State University, and Addis Ababa University's Faculty of Medicine. The Ethiopian

Federal Ministry of Health and the Amhara Regional Health Bureau also gave political approval for the project.

Data were collected in four kebeles in West Gojjam, Amhara state, as part of a mixed methods ethnographic study carried out from 2011-16. The survey addressed various aspects of women's daily lives including material assets, workload, challenging life events, food and water insecurity, psychological distress, social status, and attitudes about the WDA. Survey questions regarding women's perceptions on WDA goals, leader responsibilities, and benefits were the focus of the analysis for this thesis.

A random sample of 422 women participated in the survey including 1-5 members, 1-5 leaders, and 1-30 leaders. This study focuses on the responses of 1-30 leaders within the sample ($n=73$) because they are responsible for the bulk of the community organizing and direct communication with HEWs and government officials, and because government officials refer to 1-30 leaders in particular as "volunteer" CHWs. In each kebele, fifteen to twenty-five respondents were chosen from an HEW's list of 1-30 leaders using a random number generator. For the section of the survey on attitudes about the WDA, each survey participant was asked a series of questions about WDA goals, workload, payment, and benefits (see figure 2).

The survey was designed to minimize social desirability bias in women's responses about the WDA, a program designed by a highly authoritarian government (Østebø et al. 2018). Instead of asking women directly for their opinions, Amharic-speaking interviewers asked them to say whether they agreed or disagreed with critical comments that "other women told us," intended to relieve some of the potential pressure in voicing critical perspectives. Participants were reminded that their responses would be kept confidential. More sensitive or loaded questions were also

asked after less sensitive questions. Their responses were coded as 0 for “Correct,” 1 for “Incorrect,” and 77 for “Don’t know” (figure 2).

Figure 2: English version interviewer script, survey questions, and answer categories covering attitudes about the WDA.

We have heard some women say different things about the Women’s Development Army (1-5 networks). Please tell me what you think about the following statements. Your responses will be confidential. So please tell me what you really think.

		Incorrect	Correct	Don’t know
C8.	Some women say: “There are no specific, clear goals for women to accomplish in the WDA (1-5 networks).” Are they correct or incorrect?	1	0	77
C9.	Some women say: “WDA (1-5) goals and missions descend from above (from higher level government officials).” Are they correct or incorrect?	1	0	77
C10.	Some women say: “We are not able to shape/control WDA (1-5) <u>goals and activities</u> to meet our own interests.” Are they correct or incorrect?	1	0	77
C11.	Some women say: “The WDA (1-5) is creating too much work for women for little benefit.” Are they correct or incorrect?	1	0	77
C12.	Some women say: “WDA (1-5) leaders should be paid for their work.” Are they correct or incorrect?	1	0	77
C13.	Some women say: “The WDA (1-5 network) is not improving our quality of life.” Are they correct or incorrect?	1	0	77

I performed multivariate data analyses in R and SPSS, and created graphs in R for a visual comparison of results. I first examined response frequencies among the entire sample of 1-30 leaders (n=73). I then examined response frequencies stratified by marital status, due to the previously mentioned selection bias of unmarried women for 1-30 leader positions and the reported differences in psychosocial vulnerability between married and unmarried 1-30 leaders. I

used Pearson Chi-square tests and Fisher's exact tests to generate p-values for comparisons between married and unmarried 1-30 leaders.

RESULTS

Table 1 displays the survey responses of all 1-30 leaders. First, it is clear that nearly all 1-30 leaders have an opinion on each of the questions: only 1.4% of respondents answered "don't know" to four out of six questions. Only 20.5% of 1-30 leaders agreed that there are no specific or clear goals for women to accomplish. Almost all 1-30 leaders (96%) agreed that these goals and missions descend from higher level government officials. Only 19% agreed that they were unable to shape and control WDA goals and activities to meet their own interests. Overall, 1-30 leaders thus tend to think that there are clear goals in the WDA, that goals descend from above rather than ascend from their own communities, and that they are able to shape these goals and activities.

Only 19% of 1-30 leaders agreed with the claim that the WDA is creating too much work for little benefit. 74% agreed that they should be paid for this work. Finally, only 19% of 1-30 leaders agreed that the WDA is not improving their quality of life. Thus overall, 1-30 leaders tend to think that the work they are doing is beneficial and improving their quality of life, but they want to be paid for this work.

Table 1: 1-30 leader ($n=73$) attitudes about the WDA, 2015

Survey Questions	All 1-30 Leaders ($n=73$)		
	Correct (%)	Incorrect (%)	Don't Know (%)
“There are no specific, clear goals for women to accomplish in the WDA.”	20.5	79.5	0
“WDA goals and missions descend from above (from higher level government officials).”	95.9	4.1	0
“We are not able to shape/control WDA goals and activities to meet our own interests.”	19.2	79.5	1.4
“The WDA is creating too much work for women for little benefit.”	19.2	79.5	1.4
“WDA leaders should be paid for their work.”	74	24.7	1.4
“The WDA is not improving our quality of life.”	19.2	79.5	1.4

Table 2 stratifies 1-30 leaders' responses by marital status and shows associated p -values comparing the two samples. Out of the 73 randomly selected 1-30 leaders who participated in the survey, 45 (62%) were married and 28 (38%) were unmarried (i.e. divorced, separated, or widowed). For Chi-Square and Fisher's Exact tests, “Don't know” responses were removed from the dataset, which reduced the sample of married 1-30 leaders from 45 to 44. Overall, married and unmarried 1-30 leaders responded in a similar manner, with no significant

differences reported. The largest difference was found in response to whether or not WDA leaders should be paid: 76% of married 1-30 leaders agreed that they should, compared to 71% of unmarried 1-30 leaders. However, this is not a substantial difference, and it was not statistically significant. Figures 3 through 8 use stratified bar graphs to visually display the results presented in Table 2.

Table 2: 1-30 leader attitudes about the WDA by marital status, 2015

Survey Questions	Married 1-30 Leaders (<i>n</i> =44)		Unmarried 1-30 Leaders (<i>n</i> =28)		<i>P</i> -values ^a
	Correct (%)	Incorrect (%)	Correct (%)	Incorrect (%)	
“There are no specific, clear goals for women to accomplish in the WDA.”	22	78	18	82	0.786
“WDA goals and missions descend from above (from higher level government officials).”	96	4	96	4	1.000
“We are not able to shape/control WDA goals and activities to meet our own interests.”	20	78	18	82	0.786
“The WDA is creating too much work for women for little benefit.”	18	80	21	79	0.734
“WDA leaders should be paid for their work.”	76	22	71	29	0.577
“The WDA is not improving our quality of life.”	20	78	18	82	0.786

- a. *P*-values are derived from Chi-square analyses except for the item about missions descending from above, which necessitated a Fisher’s Exact Test.

Figure 3: 1-30 leader attitudes about WDA goals' clarity by marital status, 2015

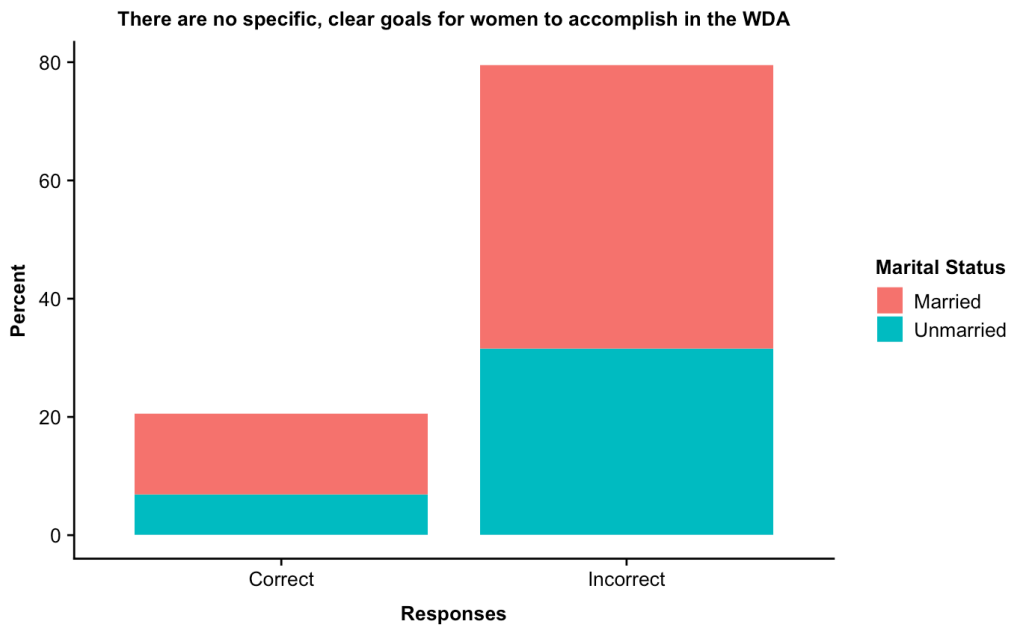


Figure 4: 1-30 leader attitudes about WDA goals' origin by marital status, 2015

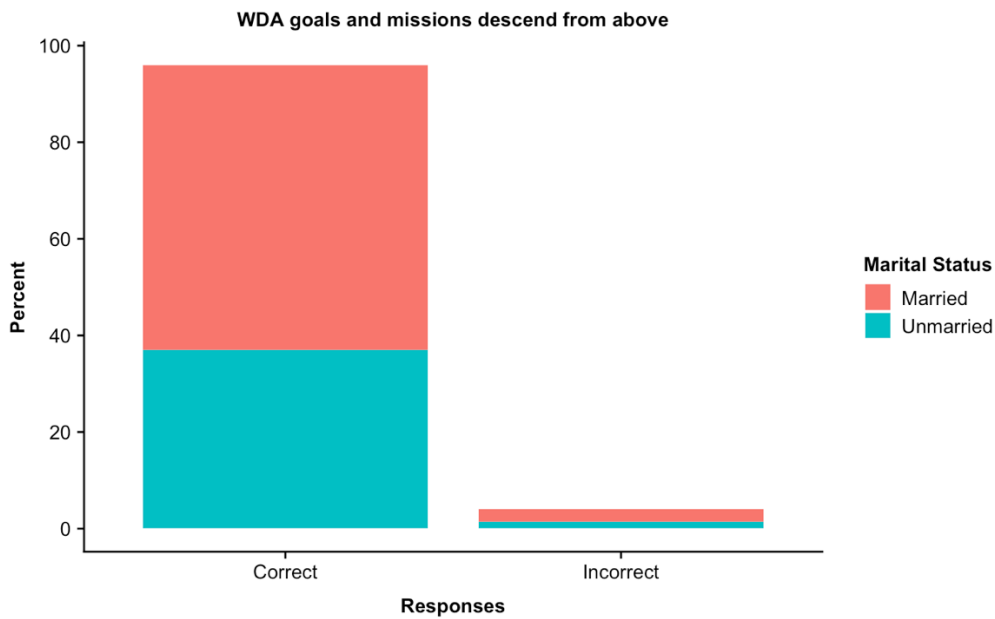


Figure 5: 1-30 leader attitudes about ability to shape WDA goals by marital status, 2015

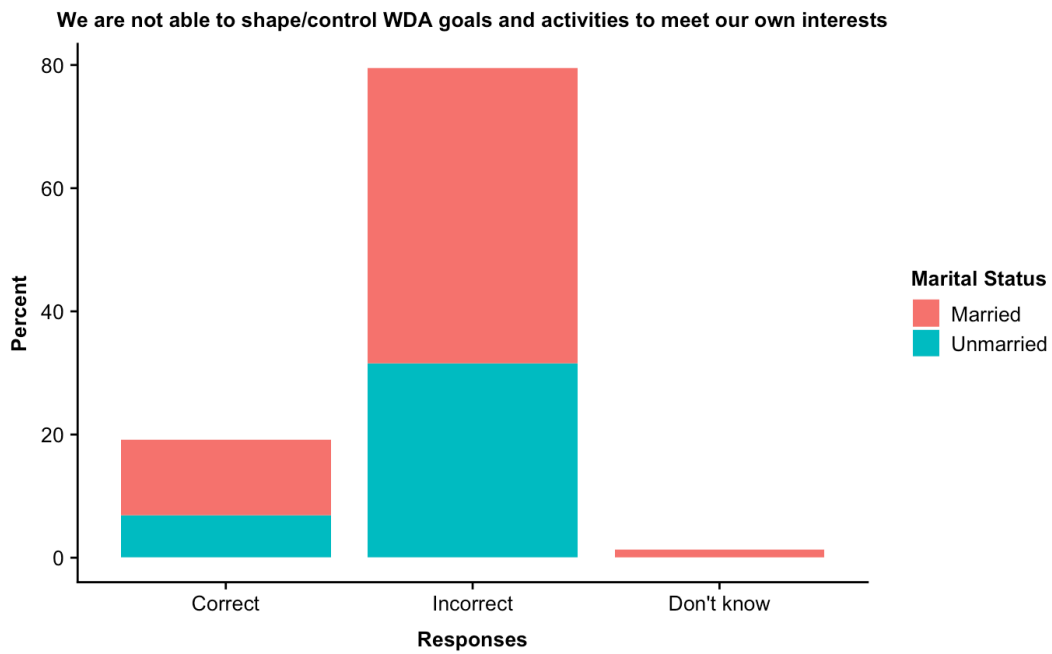


Figure 6: 1-30 leader attitudes about WDA workload and benefit by marital status, 2015

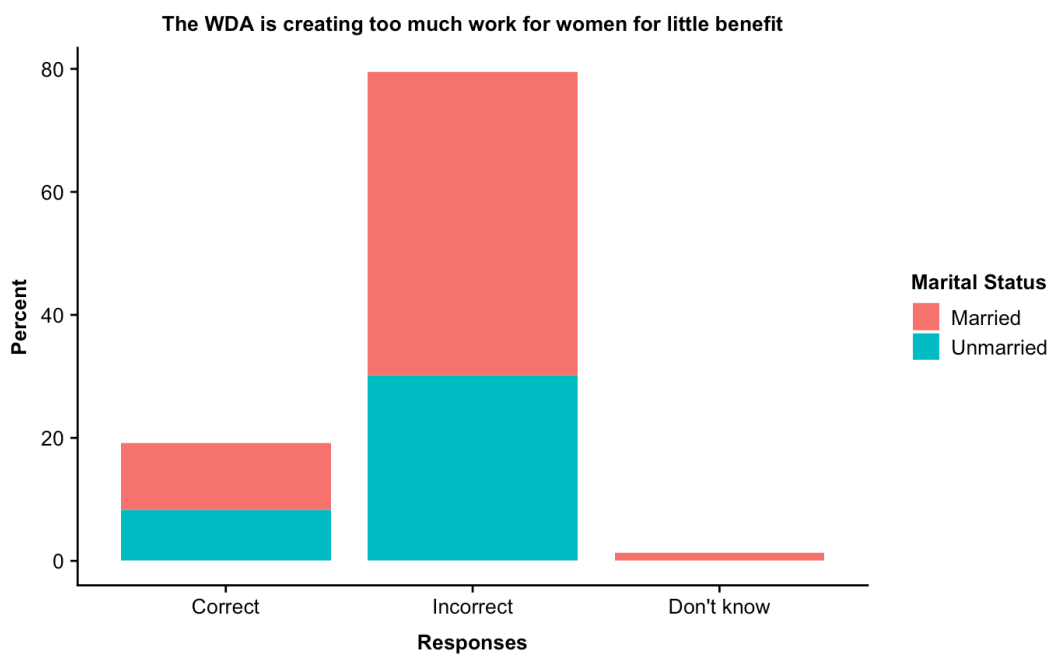


Figure 7: 1-30 leader attitudes about being paid for WDA work by marital status, 2015

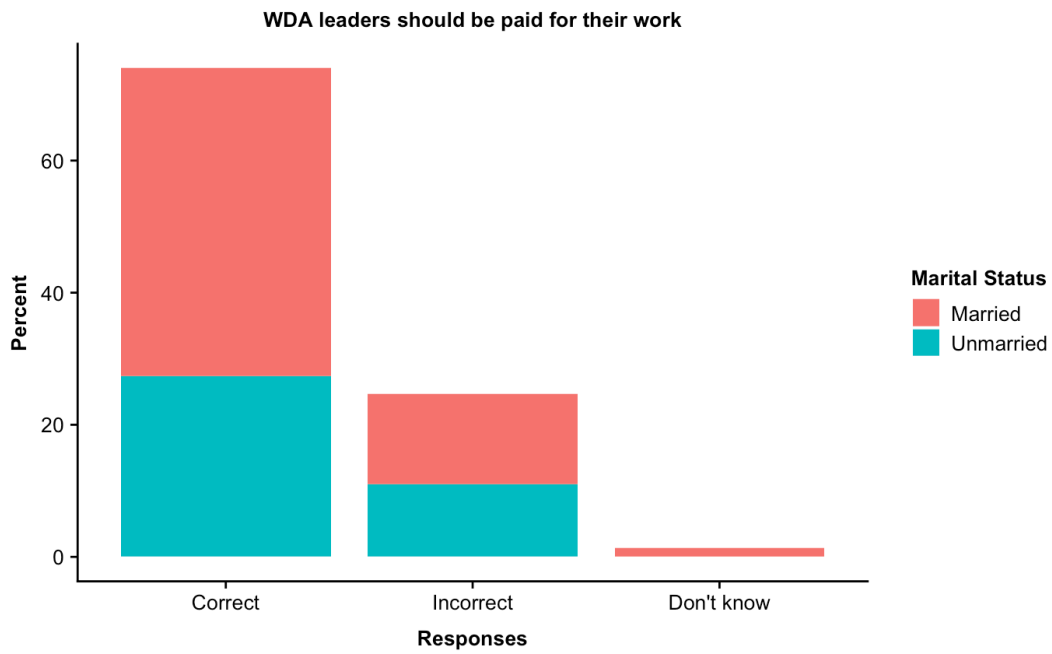
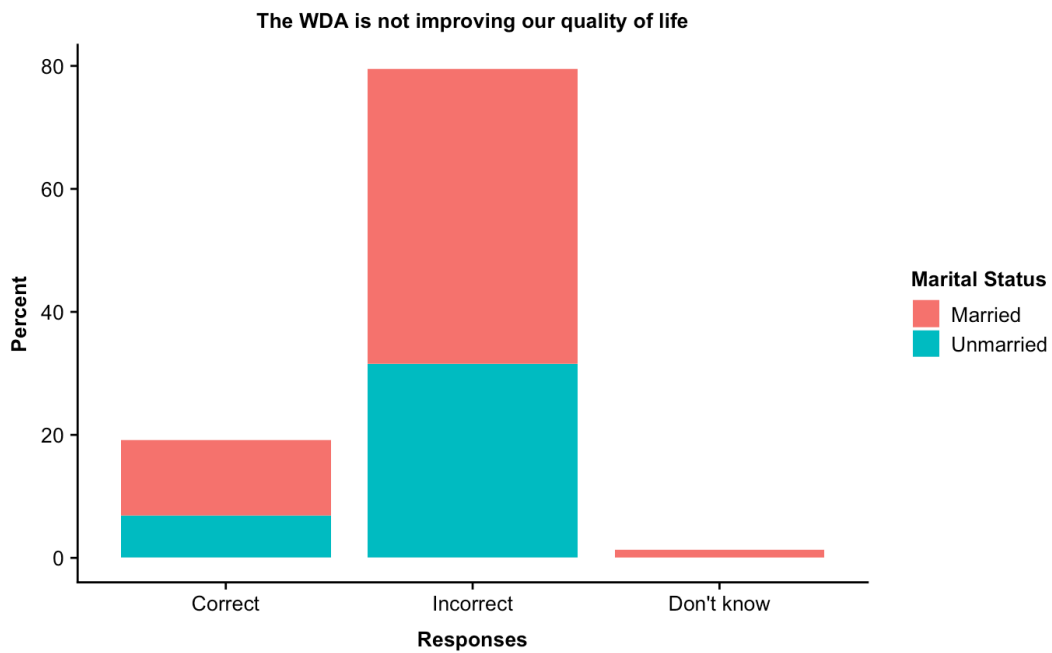


Figure 8: 1-30 leader attitudes about the WDA’s impact on quality of life by marital status, 2015



DISCUSSION

The lack of research on CHW attitudes in Ethiopia and globally prompted this study of the WDA. Ideally, CHWs are fairly remunerated and empowered to be social leaders who advocate for their communities' needs. But without more research surveying CHWs directly, it is unknown if and how this occurs. Communities and the Ethiopian government may benefit from WDA leader services, but with questionable benefits for the leaders themselves. This analysis shows that while leaders are gaining important benefits from their work in the WDA, they are still serving at the bottom of a hierarchical program and believe they should be paid.

Complementing previous quantitative and qualitative findings, this analysis shows that most 1-30 leaders in our study site feel that the WDA is both providing important benefits for them and other women in rural communities, while operating as a top-down program in which women remain volunteers at the bottom of the system. Most 1-30 leaders are generally supportive of the program, but they want to be paid for their work. At the same time, it should be recognized that approximately 20% of 1-30 leaders (a sizeable minority) feel that goals in the WDA are unclear, that they are not able to shape those goals to address their interests, that the WDA is creating too much work for too little benefit, and that it is not improving their quality of life.

Previous analysis of this survey dataset showed that unmarried (divorced, separated, and widowed) 1-30 leaders experience significantly more economic hardship and psychological distress, and less social support, compared to married 1-30 leaders and to women who are not 1-30 leaders (Maes et al 2019). Despite these differences, the analysis conducted here shows that married and unmarried 1-30 leaders have very similar attitudes about the WDA's goals, workload, lack of payment, and benefits. One implication of these finding is that, while

unmarried 1-30 leaders in the WDA should be targeted for psychosocial support, basic payment would satisfy the desires of 1-30 leaders regardless of marital status. Similarly, efforts to enhance the positive impact of the WDA on women's quality of life would address shortcomings identified by a substantial proportion of 1-30 leaders regardless of their marital status.

That 1-30 leaders largely agree that WDA goals are clear is encouraging, given that recent research in another part of Ethiopia has shown that HEWs identify a lack of supervision and communication from government leaders as negatively impacting their work (Kok et al. 2015). Despite these challenges at the HEW level, 1-30 leaders are able to understand their goals and presumably are therefore better equipped to carry them out successfully.

While WDA goals are specific and clear, women largely agree that they descend from above. This is in line with the Ethiopian government's history of organizing their initiatives in a top-down manner. The choice to structure their CHW program as an "army" and to choose 1-30 leaders based on their obedience and ability to follow orders also reflect this authoritarian political culture. The data also show that most 1-30 leaders believe they are able to shape and control the WDA's goals and activities to meet their own and their communities' interests. This finding adds important nuance to the characterization of the WDA as highly authoritarian and top-down, and underlines the possibility that, over time and with concerted efforts, women will increasingly advocate for their communities' interests and shape the WDA to serve their needs. While at the bottom of a top-down program, WDA leaders may be poised to exercise greater leadership at the community level. Enhancing the development of such leadership and freedom would represent meaningful progress towards realizing the government's claim that they are empowering women through the WDA.

While many public health policy makers and researchers have debated the importance and sustainability of paying CHWs for their work rather than relying on volunteerism, there is building consensus that CHWs should be paid (WHO 2018). It is important to reflect on our finding that the vast majority (74%) of 1-30 leaders agreed that they should be paid for their work. This is despite the fact that Ethiopian government officials have consistently argued against paying 1-30 leaders in the WDA and have even claimed that women do not want payment for this work (Maes et al 2015b). 1-30 leaders' husbands may play a role in their wives' desires for payment, given that qualitative evidence suggests they are pressuring their wives to generate income and to avoid the 1-30 leader role since it is unpaid. Previous qualitative data has also shown that the lack of payment in the program has made it difficult to fill 1-30 leader positions (Maes et al. 2015b, 2019). The findings reported here underscore the importance of incentivizing WDA work both to show women that they are valued and to sustain the benefits the program provides. It is further likely that if 1-30 leaders in the WDA were paid, more would be likely to agree that the program is improving their quality of life. Future research could confirm this.

Finally, these findings agree with other CHW research across the globe, which often finds that CHWs are unhappy with their level of payment, yet at the same time derive important benefits from their positions (Closser et al. 2017). To realize Ethiopia's claims to empower women while improving health and saving lives through the WDA, CHWs must be given additional resources. Incentives and reliable remuneration for 1-30 leaders are necessary to ensure a thriving CHW program.

LIMITATIONS AND FUTURE RESEARCH

These data were collected in 2015 in one of nine states in a large and diverse country. 1-30 leaders in other parts of Ethiopia likely have different experiences and perspectives based on a variety of cultural, religious, economic, geographic, and other factors. Additional research is needed to understand how attitudes vary across the nation. The sample of WDA leaders in this study is also relatively small. In particular, with under 30 unmarried 1-30 leaders participating, comparisons between married and unmarried 1-30 leaders lacked statistical power. This likely contributes to the lack of statistical significance between married and unmarried leaders' responses.

Another limitation of this research involves social desirability bias. Despite efforts to reduce social desirability bias, it can never fully be avoided, especially when asking women to critique policies and programs promoted by an authoritarian government. Ethiopia's government has recently signaled that it wants to become more democratic and less authoritarian, with the appointment of a new Prime Minister from a historically oppressed ethnic group and many other political changes (Verjee and Knopf 2019). Future research is necessary to identify how the WDA program and women's attitudes have evolved since data collection. Extending primary health care is likely to remain a priority in Ethiopia, so it will be important to see how the WDA and Ethiopian women's social and political roles change over the next several years.

CONCLUSION

Amplifying CHW voices is critical in a country where they are such a large and important part of the health delivery infrastructure. Understanding leaders' attitudes toward the WDA in Ethiopia is one step towards improving the program and women's lives. This thesis supports recommendations from the World Health Organization and other stakeholders, encouraging both

wealthy and impoverished countries to provide fair and just payment for Community Health Workers while giving voice and attention to their experiences.

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