



# Teje's story

A profile from  
Young Lives in Ethiopia

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7th grade but they learn it from 1st grade."*

Teje's mother

# Teje's story

Teje is 9 years old. She has three sisters and a brother, the youngest of whom is 4. Her family has suffered a lot recently because her father is ill and unable to work. Teje has big ambitions, and her mother too has dreams for her daughter. But it is too early to say whether they will work out ...

Teje lives in a city, in a compound with many trees. Her house has one room divided into two by a curtain. The family sleep in one half and live in the other. There is big table in the living room which is used for studying. There is a television and a radio. Young Lives asks Teje about her home:

“Do you have a toilet, electricity and water?”

*We share the toilet with the neighbours but we have our own electricity and tap.”*

Asked if there is anything new in the house, Teje pauses and then says, ““I have hair cream.”

Teje's mother, who is 34, says: “We live here because we have no other choice; renting a better house would cost us more than 200 birr [about 11 dollars]. I get paid very little and my husband retired last year so all we have is his pension.”

Illness has blighted Teje's family's life. She herself says she has been sick four times with typhoid since the last Young Lives visit. Her brother was in hospital for a month with asthma. But the main problem has been her father's health. His illness means he can no longer work, and so the family now has to rely mainly on her mother's income. This has pushed them from being a middle class family to a poor one.

*“Our children were well fed and educated back then. My husband retired early so I have to go to work at 4am and work until late at night to support our family.*

Has your husband's health improved?

*No. he has high blood pressure caused by diabetes and now he has nerve problems so he can't work any more; he needs a stick to walk with. He used to be a mechanic but now he can't even work as a guard.”*

On top of this, prices for essentials have gone up, so the family's situation continues to deteriorate:

*“There is inflation. There isn't much cooking oil available. Coffee and corn are very expensive.*

What do you do to cope with this?

*Sometimes the children have to miss breakfast or lunch.*

Teje didn't feature in the first book of Young Lives children's stories, although we have been following her, like the other children, since 2002.

Did that happen before?

*No, they would at least eat bread for breakfast. I used to buy 30 or 40 kilos of teff [a type of flour] but now I can only afford to buy 25 kilos and it doesn't even last a month.*

Has the crisis affected your daughter?

*Yes, she worries like an adult."*

Teje says she was shocked when her father first became ill. She was only 5. The other things that have been difficult for her have been her grandmother's illness and the death of her uncle.

Teje goes to the local school, where she is in Grade 3. She says she is a much better student than she was last time Young Lives visited. "Back then, I was not very good but now I am a clever student." The Young Lives team notes that she is very logical. "She spoke out loud and had a nice smile. She raised interesting issues, and discussed things like an adult."

Her mother thinks Teje is getting a better education than she did herself. She left school early to marry and regrets this.

"How would you compare the quality of your education with hers?

*She has a better quality of education than I did. For example, we didn't get to learn English until 7th grade but they learn it from 1st grade.*

How would you compare your knowledge at her age with hers?

*She knows a lot more than I did. She draws good pictures and wants to learn.*

Do you believe education is important for her?

*Education is necessary for everyone; they don't even employ guards without an education these days."*

But what Teje really wants is to go to a private school, which her parents cannot afford.

"What kind of school do you want to attend?

*I want to learn in a private school.*

Does your mother want to send you to private school?

*Yes, she does.*

Do you know why she can't send you there?

*Yes, it is because we have economic problems."*

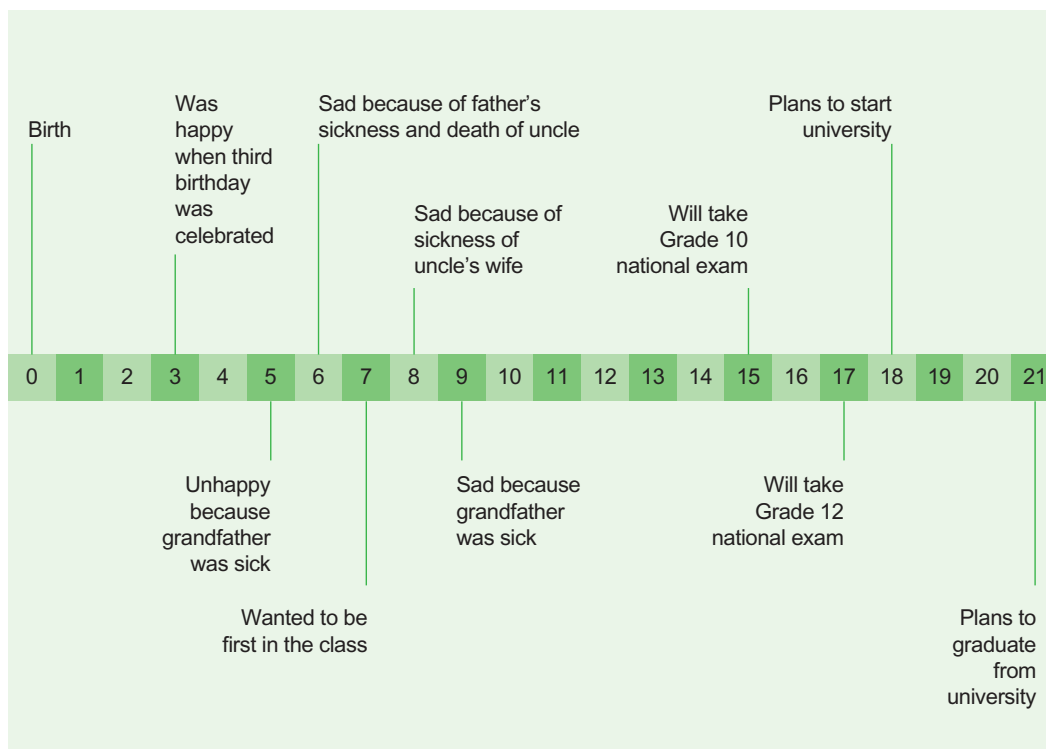
Despite this, both Teje and her mother have high ambitions for her. Her mother wants Teje to have a degree and a masters and to be a doctor. Teje says she wants to learn how to fly a plane and be a pilot. They both want her to go to America. Teje's mother is asked:

"Do you think children are always able to have what they dream of?

*It might not work out for her if she doesn't make every effort to be where she wants to be. We don't know what she will think when she grows up so it is difficult to predict her future. I wanted to be a doctor as well when I was a child but I got married and had children. I think it's a matter of luck."*

## Teje's timeline

The timeline Teje drew shows the high amount of sickness in her family.



## Poverty and ill health

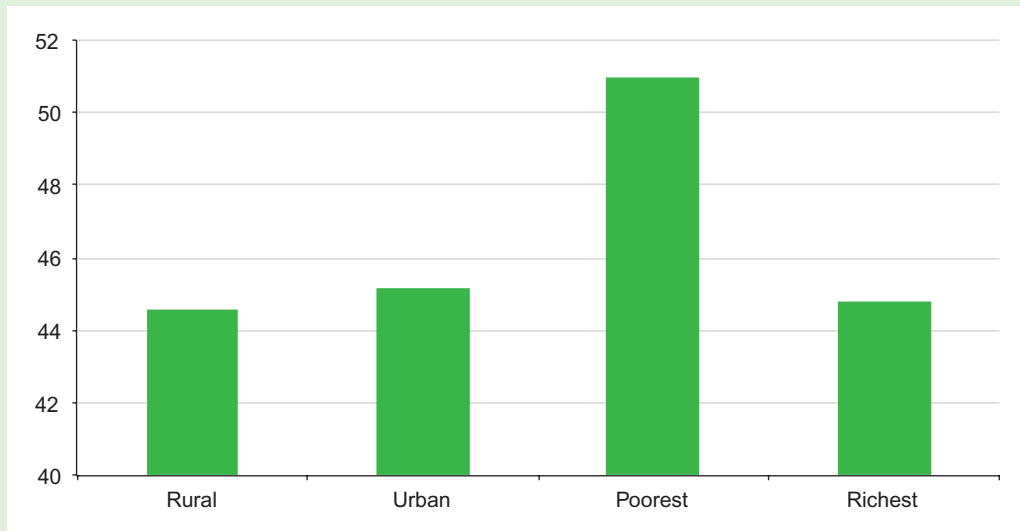
Ethiopian families seem to be ill more often than families in the other Young Lives countries. Between 2006 and 2009, reported illness among Young Lives families was 44 per cent in Ethiopia, 31 per cent in Andhra Pradesh, India, 29 per cent in Vietnam and 21 per cent in Peru. As we see from the table below, urban families like Teje's in Ethiopia reported marginally more illness than rural families and as might be expected, poorer families were sicker than richer ones.<sup>1</sup>

We have found that illness is both a cause and consequence of poverty, caused by poor living environments and exacerbated by the indirect and direct costs of being ill. The entire household, including children, is involved in managing ill-health, which is a considerable source of anxiety for poor families.

<sup>1</sup> Poor families in the lowest fifth of Young Lives households by income and richer families in the top fifth.

## Poverty and ill health *continued*

### Families reporting illness between 2006 and 2009, by location and poverty level (%)



In addition, we see that ill-health tends to co-occur with other types of adverse events (often called 'shocks') such as food price increases, crop failure or droughts, which also disproportionately affect poor households. In Ethiopia, 53 per cent of households reporting an environmental shock also reported experiencing a family illness or death, and 54 per cent of households reporting an economic shock also reported experiencing a family illness or death.

Like Teje's family, people use a range of strategies to deal with illness and crises. They may simply eat less, they may sell animals or other goods, they may use any savings they have. Children or other members of the family may do the sick person's work. Or they may borrow or seek help from relatives, neighbours or local organisations, or use government social protection schemes.

What is clear from our research is that there is a direct link between poverty and illness that has clear indications for policy: governments need to target the root causes of children's poor life chances, namely poverty and inequalities, rather than just the symptoms.

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Source: Kirrily Pells (2011) *Poverty, Risk and Families' Responses: Evidence from Young Lives*, Young Lives Policy Paper 4.

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Teje's mother



## Country context: Ethiopia

Ethiopia, a country in the Horn of Africa, has a population of 80.7 million. It is Africa's oldest independent country but remains one of the world's poorest, although progress has been made in recent years. Child mortality has fallen, access to healthcare has improved and advances have been made in primary education, in part due to the commitment to the United Nations Millennium Development Goals. The Government has also introduced a number of Poverty Reduction Strategy Programmes.

For the last seven years, Ethiopia has had double-digit economic growth rate – around 11 per cent on average each year. More than 60 per cent of government spending now goes to what the Government calls pro-poor sectors, namely education, health, roads, water and agriculture.

But in 2011, the United Nations still ranked Ethiopia 174 out of 187 countries in terms of human development. Almost 40 per cent of the population survives on less than 1.25 dollars a day. The country also suffers regularly from drought, which affects up to 13 million people. Many families are unable to buy or grow enough food to feed themselves, and so need food aid each year to survive. The effects on children are devastating.

- One in every 13 children dies before reaching their first birthday, while one in every eight does not survive until they are 5 years old.
- Nearly one in two children under 5 are stunted (short for their age), 11 per cent are wasted (thin for their height), and 38 per cent are underweight.

Despite significant investment to increase enrolment in primary schools, they are often poorly staffed and equipped. There are large differences in children's attendance between urban and rural locations, between boys and girls, and between and within regions. Overall literacy is low, at 31 per cent for rural and 74 per cent for urban residents.

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**Sources:** Tassew Woldehanna et al. (2011) *Understanding Changes in the Lives of Poor Children: Initial Findings from Ethiopia*, Young Lives Round 3 Survey Report; UNDP (2011) *Human Development Report 2011*; UNICEF (2012) *State of the World's Children 2012*.

Young Lives is a unique international study investigating the changing nature of childhood poverty in Ethiopia, India, Peru and Vietnam. By following the lives of 12,000 children and young people over 15 years, we aim to improve understanding of the causes and consequences of childhood poverty and provide evidence to support effective policies for children.

The profile presented here is one of 24 taken from the interviews we did with the children individually and in groups. Each one is accompanied by a theme of some kind that emerged from the material and which illustrates the issues that children are having to contend with, but also gives a sense of the wider context of their lives. These range from education and schooling, to inequality, health and illness, violence in school and at home, early marriage, the effects of migration, families' experiences of crises, government schemes to help poor people, and children's views and experiences of what it is to be rich or poor.

The children and their families who are participating in the Young Lives study willingly share with us a great deal of detailed personal information about their daily lives, and we have a responsibility to protect their confidentiality and ensure their identities remain protected. For this reason, the children's names have been changed here. The accompanying photos are of children in similar situations to the children within our study sample.

Young Lives is core-funded by UK aid from the Department of International Development (DFID) from 2001 to 2017, and co-funded by the Netherlands Ministry for Foreign Affairs from 2010 to 2014. Sub-studies are funded by the Bernard van Leer Foundation and the Oak Foundation.

**Young Lives, Department of International Development  
University of Oxford, 3 Mansfield Road, Oxford OX1 3TB, UK  
[www.younglives.org.uk](http://www.younglives.org.uk)**

**Young Lives**   
An International Study of Childhood Poverty