ESRC Research Group on
Wellbeing in Developing Countries

Some perspectives on 'wellbeing' from Ethiopia and some implications for development policy and practice

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Definitions of 'wellbeing' matter

'Wellbeing' and 'illbeing' are 'essentially contested' concepts which mean different things to different people. The well bit of 'wellbeing' signifies a normative concept involving evaluation. The being bit signifies it is about life and living. Wellbeing and illbeing judgments involve evaluation of quality of life; the 'life' that is evaluated may be of an individual or of a collectivity of some kind.

In all societies and organisations 'opinion leaders' are involved in the production and dissemination of discourses which describe what people should believe and not believe, should have and should not have, and should do and should not do, in order to live a 'good life'. In complex and sometimes contradictory fashion wellbeing discourses influence the ways in which people experience what happens as they move through life, and how they interpret, explain and evaluate their individual and collective experiences. Such discourses provide people with reasons for action or inaction and with criteria for judging the actions of people of similar and different statuses.

Wellbeing discourses or ideologies are often used as power resources by 'superiors' of various kinds in attempts to influence, control and mobilise others, particularly 'inferiors' or 'subalterns'.

Visions of 'wellbeing' in the Ethiopia development discourse

In the current dominant development discourse Ethiopia is characterised as a 'fragile state' or 'low income country under stress'. DFID's Country Assistance Plan describes the country in the following terms: GDP per capita was estimated at $113 in 2004 with 80% of the population living on less than $2 a day and 40% below the national poverty line of less than half a dollar a day. The HDI rank was 170 out of 177. Between 6 and 13 million people are at risk of starvation every year. In this economic context anti-poverty policies are substantively funded by donors (EIU 2006).

Ethiopia's first PRSP strategy (SDPRP- 2000/01 – 2003/4) focused mainly on human development, rural development, food security and capacity-building. These have been taken forward in the five-year plan for 2005-2010 and supplemented with some 'bold new directions' (PASDEP – PRSP2). There is a major focus on growth with emphasis on the commercialisation of agriculture and the private sector and a scaling-up of efforts to achieve Ethiopia's MDGs which are listed as: reduction of poverty, universal primary education, equal female participation in education, reduced maternal mortality rates, reduced HIV/AIDS, malaria and TB, and improved access to water and sanitation.

In this neo-liberal 'development repertoire' country 'wellbeing' is defined in terms of economic productivity, and household wellbeing in terms of household consumption levels. The dimensions of personal wellbeing which matter are those important for increasing human productivity which contribute to economic development. This is a vision of modernisation via the market. Among donors and NGOs there are parallel, secondary political and social modernisation visions: a liberal political development repertoire focused on democracy, good governance and civil society and a liberal social development repertoire involving human rights, participation, and empowerment.

Other Ethiopian macro visions of 'wellbeing'

In Ethiopian circles there are other and different normative and moral judgments about what development, well and ill being and 'the good life' entail. These offer a set of challenges to incoming development repertoires. For example:

1. Historic and 'nationalist' repertoires: a strong Ethiopia dominant in the region, valorisation of war and militarism, imperialism, hierarchies of status
2. Other politics of identity repertoires:
    1. religious identities – Orthodox Christian, Muslim, other Christian, local religions
    2. ethnic / clan identities – Tigrayan, Oromo, etc
3. Socialist development repertoires: suspicion of private property, ideologies of equality in relation to class, occupation, gender, and age, top-down mobilisation through 'encadrement'
4. Diasporas: US; Europe; Gulf

Evaluating personal life quality

Macro visions of wellbeing disseminated by political 'entrepreneurs' of various kinds penetrate local communities in different combinations depending on the community niche in the larger political economy and socio-cultural structure. Social cohesion/division varies. In all contexts what people experience, do, need, have, feel, think and want varies by gender and by age (genderage). Accordingly 'universal'/'objective' criteria for personal wellbeing must be adapted to the genderaged situation of the type of person concerned. Furthermore, the ways in which people of different genderages experience, act, need, 'have' resources, feel, think and want also vary across livelihood and cultural contexts. There is also a third element involved in the evaluation of personal life quality, which is unique to the person whose life it is.

Personal wellbeing should therefore evaluated from three perspectives: objective (science-based); relative (in relation to local cultural criteria); and subjective (dependent on personality, habitus, stage in life, history and related preferences). There are overlaps. For example all people need food (objective), babies need different kinds of food from adolescent males (objective), adolescent Ethiopian males need injera and wot (relative), Getachew wants a McDonalds' hamburger (subjective). Across these three evaluation spaces there are also differences in the weight attached to different evaluation criteria. For example current 'science' opposes 'Female Genital Mutilation' on the grounds of the physical harm it causes. Women in Turufe Kecheme, Oromia Region, support it on the grounds that otherwise they and their daughters will be socially excluded.

To illustrate the value of what can be learned about local wellbeing using 'relative' criteria the following table presents a small part of our 'Exploratory Quality of Life' information from four rural sites in Ethiopia.

Type of person	Locally-defined threats to wellbeing
Baby girls and boys	harm to mother; mother unable to breastfeed; disease, unclean water, poor sanitation, malnutrition, no clothes, no vaccination, no or poor medical treatment
Knee and roaming boys and girls	similar threats as for babies – plus threats from moving in the natural environment threats from the social environment – violence and work (Resources and Needs Survey - main activity of 8% of 3-6 year olds was work)
Working and learning boys and girls	similar to young children – particularly too much work or work that is too hard violence from adults and older siblings not attending school (44.3% of boys and 59.5% of girls across 4 sites) girls at risk of abuse
Male adolescents and very young adults	failing to establish valued social identities and relationships in the community failing in negotiations over work, income, education, access to their own productive resources the attractions of drinking, chewing chat, fighting and womanising
Female adolescents and very young adults	failing to establish valued social identities and community relationships rape and abduction usually heavily burdened with domestic work cultural pressures to get married when they don't want to including marrying old men and becoming second wives
Adult women	infertility problems related to pregnancy, childbirth and infancy too many pregnancies maternal anxieties about the survival and prospering of children no daughters to help with domestic work too much work violence from husbands and sons widowhood and divorce
Adult men	no / inadequate livelihood resources low status in the community becoming 'defeated' – 'laziness', drink / chat no wife / death of wife no children / no sons to help with agricultural work badly behaved children failure to meet patriarchal responsibilities violent conflicts with neighbours and others in and beyond the community; war
Old people	no control of livelihood resources such as land or livestock no partner / bad relations with partner bodily decline leading to disabilities and chronic ill-health no or inadequate healthcare decline in the status of the elderly / disrespect no children or uncaring children inability to find meaning in the life that is coming to an end

From PRSP to WISP?

1. Visions of wellbeing

A Wellbeing Improvement Strategy Paper would begin with some serious dialogue about what 'wellbeing' means with local people differently situated in the country's political economy and socio-cultural structures.

2. Evaluating life quality

It would require the development of 'indicators' to describe and measure personal and collective wellbeing states and changes in those states.

Personal:

- genderaged
- objective
- relative
- subjective

Collective: e.g.

Household

- poverty and its reduction
- internal distributions of resources and opportunities
- quality of household relations
- etc

Informal/formal enterprise

- working conditions
- quality of enterprise relations
- etc

Community

- in/equality – exploitation, exclusion, domination, violation; sharing, reciprocity, nurturing etc
- social cohesion/division – conflict
- etc

Country

- economic performance
- inequality
- social cohesion/division
- quality of institutions
- etc

3. A social approach to wellbeing

It would require a change in vision and language

- from an individualistic to a relationistic approach
- from free markets and human rights to human responsibilities and responsible markets
- etc

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Questions for Mokoro

Macro visions of 'wellbeing

- How could donors and NGOs take more account of the local discourses which influence the ways in which local people act and interact?

- Under what conditions do the donor discourses which aid-recipient governments are required to accommodate prevent or enhance in-country dialogue and progress towards improved life quality?

Evaluating personal life quality

- What does a 'wellbeing' approach tell us about personal life quality that is missed in the current MDG approach?

- How could donors and NGOs take more account of personal wellbeing outcomes?

From PRSP to WISP?

- Is a WISP a will-o'-the-wisp?