

**HEALTH AND SOCIAL DEVELOPMENT  
INNOVATION GUIDANCE FRAMEWORK:  
HARNESSING PROGRESSIVELY POSITIVE RESPONSIVENESS OPTIMISATION  
POTENTIAL AMONG YOUTH AND THEIR PARENTS, ADDIS ABABA, ETHIOPIA**

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**30<sup>th</sup> November, 2021  
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## DEDICATION

“People are the ends and the means of development, and the impact of development on people and their societies is the measure of its success.”

– Task Force on Social Development (World Bank) (1995)

### **Resolute advancement and nurturance commitments to the:**

MAX equitable, inclusive, integrative, life-course, participatory, positive, proactive, progressive, responsible, and sustainable health and social development responsiveness optimisation potential frontier across the science, solution, and service innovations continuum.

“Maintaining positivity is a daily challenge that requires focus and attention. ... must be intentional about staying positive.”

WEF tweet 20<sup>th</sup> July 2017 (The Exact Primary Source Yet Unidentified/Untraced)

**Student Number: 57649766**

**DECLARATION**

I declare that **HEALTH AND SOCIAL DEVELOPMENT INNOVATION GUIDANCE FRAMEWORK: HARNESSING PROGRESSIVELY POSITIVE RESPONSIVENESS OPTIMIZATION POTENTIAL AMONG YOUTH AND THEIR PARENTS, ADDIS ABABA, ETHIOPIA** is my own original scientific work to the fulfilment of the **DOCTOR OF LITERATURE AND PHILOSOPHY (D LITT ET PHIL/PHD) IN HEALTH STUDIES/PUBLIC HEALTH** of the University of South Africa and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I have submitted the thesis/dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at UNISA for another qualification or at any other higher education institution.

**Gebremariam, MULUGETA Betre**

**Full names**

**30<sup>th</sup> November, 2021**

**Date**

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## **ABSTRACT**

Whereas intricately interlaced on one another like the “two sides of a coin”, Health and Social Development dimension remains less focused upon as the society’s principal priority traction. The overwhelming emphasis has rather been on the disorders, risks, resilience, and services provision pathways. This Thesis has endeavoured to address *Health and Social Development Innovation Guidance Framework: Harnessing Progressively Positive Responsiveness Optimisation Potential among Youth and Their Parents in Addis Ababa, Ethiopia, 2017 & 2018*; principally expressed with what was coined as the “*Minimal Bedrock Core Building – Block Attributes Continuum Set*”; and the “*Health and Social Development Optimisation Prototype Model Innovation Guidance Framework*”. Clearance to the ethical and technical soundness was obtained from the University of South Africa and the Ethical Board of the Addis Ababa City Administration Health Bureau.

On top of the integrative, expansive conceptual and theoretical digest and eventually followed with the systematic capitalisation, constellation, and advancement of the *Meta-Theoretical* trajectory, the study has soundly implemented the Mixed – Methods and Multi – Methods abductive approach. Reasonably adequate sample size estimates were ensured in all cases. Both the probabilistic and non probabilistic sampling techniques were employed upon appropriate justification and specific indication. The triangulated primary data set was gathered using the systematic blends of the structured closed - and open-guided modules mixture. The entire Study Team, procedures, and modules were subjected to the pretesting and revision exercises on two rounds. Appropriate statistical and non-statistical computer software packages were employed during the expansive analyses process.

Based upon the triangulated set of evidences, studying the complex phenomenon of harnessing progressively positive health and social development responsiveness optimisation potential among the youth and their parents was found not only practicable and acceptable, but also critically important. The findings across the set of segments have, in clear terms, revealed that there were considerable variations

between the youth and their parents. Rich enough insights and perspectives were generated. Ranges of factors were incriminated. Health and social development responsiveness optimisation should warrant maximised preoccupation. Consideration of systematically aligned, multi-faceted, multi-level, and streamlined optimisation measures, including the judiciously custom-made prototype model innovation guidance framework is recommended.

*Key Words:* Health and Social Development, Health and Social Innovation Guidance Framework, *Minimal Bedrock Core Building - Block Attributes Continuum Set*, Optimisation Continuum, Optimisation Potential (Potentiality), Positive Continuum, Positive Potential, Progressive Optimisation, Progressive Responsiveness, Sustainable Development



## LIST OF ABBREVIATIONS/ ACRONYMS

<b>AA:</b> Adaptive Automation	<b>FDRE:</b> Federal Democratic Republic of Ethiopia
<b>ACFWI:</b> Australian Child Farewell Inst.	<b>FGD:</b> Focus Group Discussion
<b>AIPE:</b> Accuracy in Parameter Estimate	<b>GC:</b> Gregorian Calendar
<b>AIHW:</b> Australian Institute of Health & Welfare	<b>GDP:</b> Gross Domestic Product
<b>Aml:</b> Ambient Intelligence	<b>GRR:</b> Global Risk Report
<b>AUC:</b> African Union Commission	<b>GTPII:</b> Growth and Transformation Plan II (Eth.)
<b>CAS:</b> Complex Adaptive System(s)	<b>HD:</b> Human Development
<b>CDS:</b> Contemporary Developmental Science	<b>HSERS:</b> Higher Socio-Economic Residential Setting (largely)
<b>CoSDoH:</b> Commission on Social Determinants of Health (WHO's)	<b>ICT:</b> Information & Communication Technology
<b>CPHH:</b> Contours of Positive Human Health	<b>IDI:</b> In-Depth Interview
<b>CR:</b> Critical Realism	<b>LCHDF:</b> Life-Course Health Development Framework
<b>CRC:</b> Convention of the Rights of the Child	<b>LSERS:</b> Lower Socio-Economic Residential Setting (largely)
<b>CSA:</b> Central Statistical Authority (Agency)	<b>MAS:</b> Multi – Agent Systems
<b>D Litt et Phil:</b> Doctor of Literature & Philosophy	<b>MBCBBACS:</b> Minimal Bedrock Core Building – Block Attributes Continuum Set
<b>DNA:</b> Dyneuclic Acid	<b>MDGs:</b> Millennium Development Goals
<b>DOHoD:</b> Developmental Origins of Health & Disease(s)	<b>MM &amp; MM:</b> Mixed – Methods and Multi - Methods
<b>Dr.:</b> Doctor	<b>MSERS:</b> Middle Socio-Economic Residential Setting (largely)
<b>DS:</b> Developmental Science/State/System	<b>NASEM:</b> National Academies of Science, Engineering and Medicine (USA)
<b>DST:</b> Developmental Systems Theory	<b>NSPP:</b> National Social Protection Policy (Eth.)
<b>EC:</b> Ethiopian Calendar	<b>NTYDP:</b> National Ten – Year Development Plan (Eth)
<b>EDHS:</b> Ethiopian Demographic Health Survey	
<b>EG:</b> Economic Growth	
<b>ETB:</b> Ethiopian Birr	
<b>Five/Six Cs:</b> Care, Character, Coherence, Confidence, Competence, (and Context)	

(Continuation)

**OECD:** Organization of Economic Cooperation and Development

**OP:** Optimisation Potential

**PAHO:** Pan American Health Organization

**PC:** Positive Capacity

**PCA:** Principal Component Analysis

**PCPT:** Person, Context, Process/Place, Time

**PD:** Positive Development

**PDA:** Positive Developmental Asset

**PH:** Positive Health

**PhD:** Doctor of Philosophy

**PICO:** People, Intervention/Initiative, Comparator/Comparison, Outcome

**PM:** Progressive Modelling

**PP:** Positive Peace, Positive Potential, Positive Psychology

**PPHSDROP:** Progressively Positive Health and Social Development Responsiveness Optimisation Potential

**Prof.:** Professor (Associate)

**PYD:** Positive Youth Development

**RC:** Reserve Capacity

**RDC:** Rentier's Development and Competition

**RDSM:** Relational Development Science/ Systems Model

**RT:** Resilience Theory

**SBSA:** Scenario-Based Situational Awareness

**SD:** Sustainable Development

**SDGs:** Social Development Goals

**SOC:** Select, Optimise and Compensate

**SPSS:** Statistical Package for Social Sciences

**SOS:** System of Systems, Save Our Souls

**UN:** United Nations

**UNCTAD:** United Nations Conference on Trade and Development

**UNDP:** United Nations Development Programme

**UNECA:** United Nations Economic Commission for Africa

**UNECE:** United Nations of Eastern and Central Europe

**UNFPA:** United Nations Population Fund

**UNGA:** United Nations General Assembly

**UNISA:** University of South Africa

**UNISD:** United Nations Institute for Social Development

**USA:** United States of America

**VEVSS:** Vital Events & Vital Statistics System

**WEF:** World Economic Forum

**WHO:** World Health Organization

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## **CHAPTER 1**

### **ORIENTATION OF THE STUDY**

## 1.1 INTRODUCTION

“We cannot solve problems with the same thinking we used when we created them.”  
(Albert Einstein)

The Chapter describes the study’s thematic background, phases, problem overview, research problem, definitions of key terms, research questions as well as objectives arising from the research questions. The core highlights of the study’s theoretical framework and the methodology are also discussed in this Chapter.

### 1.1.1 Development Optimisation and Positive Potential (Potentiality)

Whereas adversities, deficits, risks, shocks, and vulnerabilities have drawn greater focus and sizeable evidences, increased attention toward the ‘positive’ potential dimension is a relatively recent scientific evolution (Lerner et al. 2012:119-122; Luthans & Jensen 2002:304-305; Peterson 2009:3-4). Pertinent examples include “Developmental Science (DS)”, “Positive Psychology (PS)”, “Human Development (HD)”, “Positive Deviance Approach”, “Positive Health”, “Positive Human Development (PHD)”, “Positive Peace”, “Positive Youth Development (PYD)”, “Sustainable Development (SD)” (Bauer 2017:151-158; Institute for Economics and Peace 2019:13-15; Lerner 2015:165-168; Lerner et al 2012:120-124; Lerner et al 2005:10-11; Linley, A. P. & Joseph, S. 2004:3-6; Mittelmark et al. 2017:45-47; Mittelmark et al. 2017:52-54; NASEM 2019a:4-21; Sagy 2017:42-44 & UNDP 2021:94-98&110). But optimisation of the aforementioned and similar strengths-based aspirations cannot reach their maximum potential while the business as usual are to continue and also that the surrounding environmental (system-wide) circumstances and influences are not effectively addressed.

If we are to attain “Sustainable Development (SD)”, then concerted efforts toward the progressive optimisation at foundational life-course level by reorienting to the

strengths-based trajectory involves rendering durable empowerment and thereby enabling future sustainable health and social development. The research centres youth and their parents to uncover the inter- or trans-generational health and social development phenomena. Eventually, the evidence-based focus will expand to cover the entire human life-course.

### **1.1.2 Health Development and Optimisation Responsiveness**

WHO coined the concept of health development responsiveness or health systems development responsiveness, including the “*Health for All by the Year 2000*” initiative, which refers to the health system’s ability to provide accessible, affordable health care services to citizens and, equally so, advancement of health promotion with much wider scope (NASEM 2019a:1-21; NASEM 2020:2,9,19,22,26-27,31,35&43; PAHO 2019:IX-XII, 14-33&49). The health development responsiveness optimisation definition has also been intricately attached to the citizen’s human rights meaning that health care professionals should provide the care with highest professionalism standards along with due adherence to the full scope of the health care ethics (Maganu 2011:34). Responsiveness should also be understood from the perspective of social justice. Different social development issues such as food security, housing, education, and others (PAHO 2019:14-33; WHO, 2000:4) affect health. Moreover, the most current global Sustainable Development Goal 3 (SDG3) on Health aims at attaining “good health and well-being” through the core mission to “ensure good health and well-being to all for all ages”. The paramount emphasis of the “Health Development Model”, Sustainable Health Development Goal 3, and “Positive Deviance Approach to Social Change” is on the scientifically rationalised enablement of individual’s and societies thriving, flourishing and transformation capacities beyond the conventional routine and sole confines of the clinical health care service provision proper (Mittelmark et al. 2017:45-47; Mittelmark et al. 2017:52-54; UNCTAD 2021: XXIV; UNFPA & UNICEF 2018:38&116; United Nations General Assembly in September 2015 [2017:5-8]).

### **1.1.3 Social Development and Optimisation**

Social development is somewhat an elusive term, used differently by different scholars to mean different things (Midgley (2010:1). In developing countries this term has been associated with community development projects such as reducing poverty, making health care accessible, and increasing the country members' literacy rate (WHO 2004:2). In general, though, it is commonly linked to social change. Health and social development aspirations are viewed interdependent and inseparable (Farvaque-Vitkovic & Kopanyi 2019:197-212; NASEM 2020:35; PAHO 2019: IX-XII&14-33; UNDP 2020:3-6; UNDP 2021:94-98,131&156). In this study, social development considerations would be approached from the perspective of social development in tandem with the health development as it affects the youth and their parents. Sustainable development is dependent on the collective efforts of individuals, families, and communities.

If the aspirations to sustainable development both of the individual and collective dimensions of youth and parents and others roles across a human's life-course are to be attained, then a concerted pursuit of the progressive optimisation trajectory is worth the effort.

### **1.1.4 Phases of the Study**

The Doctorate of Literature and Philosophy (D Litt et Phil) in Health Studies (Doctorate of Philosophy in Public Health/PhD) study is conducted in four phases. These phases included *firstly* conceptualisation and planning through a comprehensive literature review. The *second* phase involved the design and planning; the *third* phase involved the empirical implementation of the research process; and the *fourth* phase, the discussions, the conclusions and recommendations and, development of prototype innovation guidance framework,

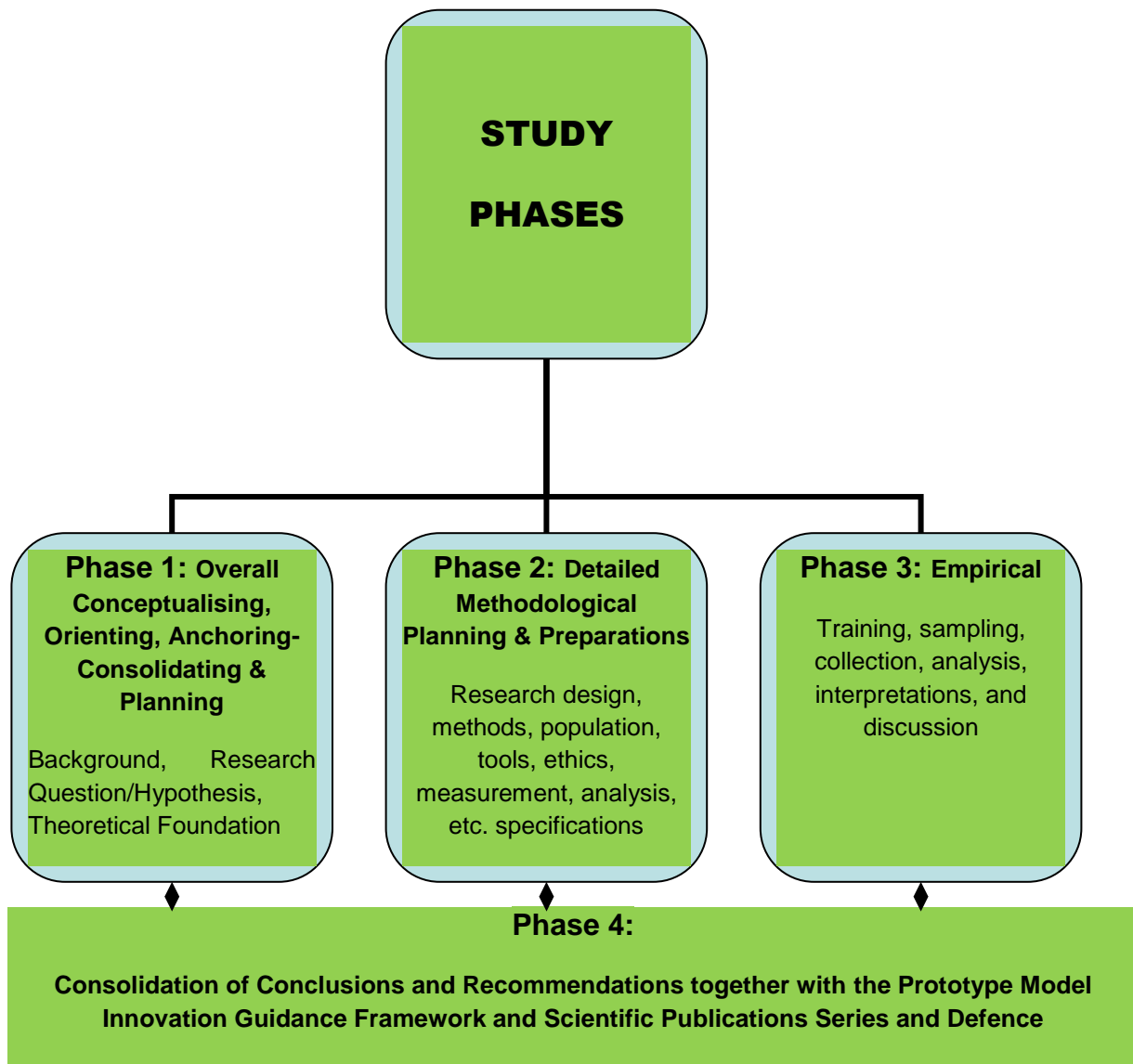
leading to scientific publications and defence. A concise description of each phase is highlighted below.

The *first phase* of the research, specifically, focused on sound conceptualisation, orientation, anchoring or consolidation as well as on planning of the given research enterprise (Chapter 1 and 2 of the Thesis). To that effect, an extensive review of the literature was conducted using various sources: essentially, scientific journal articles from various disciplines and databases, specialised research and stream books, and the internet. Pertinent global, African and Ethiopian reference sources comprised the balanced literature review pool. The clearance by the Department of Health Studies of the University of South Africa (see annex) for the ethical and technical soundness of undertaking of the planned research was received in the *first phase* of the study.

The *second phase* (Chapter 3 of the Thesis) had, essentially, dealt with elaborating the research methodology involving mixed-methods and multi-methods of quantitative and qualitative (i. e., mixed-methods) research paradigms and traditions. The constituent elements of the theoretical framework methodology, research design and methods including the study population and sampling, sampling technique, data collection and data analysis were also elaborated. In parallel, preparatory orientations, financial resource mobilisation and solicitation of the necessary administrative clearance matters were conducted in the *second phase* of the study (Polit & Beck 2012:67).

During the *third phase*, the researcher was engaged in concrete empirical execution: pretesting, fine tuning, data collection, analysis and discussion of the results. Details of the phase *three* are presented in Chapters 3 – 5 of the Thesis. The conclusions and recommendations, including the Prototype Model Innovation Guidance (Guidelines) Framework development, alongside publication and defence were also integral elements making up *fourth phase* (Chapter 6) of the research enterprise. Below depicted (*Figure 1.1*) is the schematic illustration of the phases of the research (study).

## Illustrative Summary of the Study Phases



*Figure 1.1* Major Phases of the Candidate's D Litt et Phil/PhD Fulfilment Study of "Health and Social Development Innovation Guidance Framework: Harnessing Progressively Positive Responsiveness Optimisation Potential among Youth and Their Parents in Addis Ababa, Ethiopia" (2016-2021).

The section has highlighted aspects of the overall introduction and the critical phases or steps of the research process in particular. The background information about the research problem is described below.

## **1.2 BACKGROUND INFORMATION ABOUT THE RESEARCH PROBLEM**

### **1.2.1 Source of the Research Problem**

The proposed research problem builds upon the Investigator's personal and professional experience and analytical observation coupled with extensive scholarly reading around the hypothetical possibilities of bolstering optimised health and social development at both individual and collective levels, specifically, based on positive energy and strengths directed trajectory. With the Investigator originally being a clinical physician, much of the professional practical emphasis and focus has been on identifying (i.e., diagnosing) and fixing the health problems within the narrow limits of the contemporary medical philosophical premise, but with little effort and space for the broader, comprehensive and holistic development paradigm.

The conventional clinical and public health professional effort can only stretch up to identifying the vulnerabilities, risks, and factors of any given health disorder aiming at bringing solutions to those, but not far beyond (Halfon et al 2018:169-375; Halfon et al:2002:433-437). Accordingly, other than fixing the disorder and alleviating the suffering per se, the aforementioned prescriptive of both the clinical and public health continuum and the reductionist strategy have neither been as effective nor as useful in concretely promoting optimal health and well-being advancement. And, also, the conventional clinical and public health continuum dimension does not foster optimal health empowerment and a transformation paradigm. At the same time, the costs of fixing multitudes of disorders are ever skyrocketing thereby depleting the resources (Halfon et al 2018:1-18; WHO 2018:2-8) and investment can be optimally sustainable when issues are addressed holistically with a sound partnership of the "whole of government and the whole of society" philosophy in tandem proper.

Not less, the aspired to health and social development responsiveness optimisation efforts exhibit much commonness with considerable and significant overlaps. For instance, health is a priceless social capital (good) to attaining societal development

and well-being. Likewise, social development competence facilitates the attainment of sound health development and good quality of life. In addition to the pursuit of social health (Agyepong et al. 2017:2803-2809, 2815-2828, & 2843-2851; Halfon et al. 2018:26-27; Kironji 2018:42; Ward et al. 2012:58-59; WHO 1948) development on its own right, health and social development importantly comprise an integral continuum as in the “two faces of a coin” scenario towards attaining high quality of life and well-being across the lifespan.

Apparently, such intricate communalities, interrelationships, and interdependences of the health and social development dimensions should invite further and deeper inquiry and thereby guide innovation. Given the multiplicity of global advancements over recent decades, including the ever growing interest in the pursuit of the strengths-based worldview, the 21<sup>st</sup> century demands dynamically novel enough approaches (i. e., innovations). These approaches must lead to the effective optimisation of health and social development and the attainments of an increasingly better quality of life and well-being among youth, their parents and by extension the society at large (Askura et al. 2015:1-7; Fukuda-Parr 2003:302-312; Halfon et al. 2014:344-355; NASEM 2019a:S-2,S-3&1-21; Parkes et al. 2009:669-674). The given research and guidance work advances this very specific pathway.

### **1.2.2 Background to the Research Problem**

It is quite common to encounter a periodically dynamic evolution of initiatives such as social development, health development, disease prevention, social medicine, social health, social epidemiology, health education, primary health care, health promotion, health production, life-course development, health extension, healthy living and well-being, sustainable development, unleashing potential, thriving, etc. (Askura et al. 2015:1-7; GTP II Ethiopia 2016:42-44; Halfon et al. 2018:1-27; NSPP Ethiopia 2012:14-15; WHO-CoSDoH 2008: Forerunner, 1-2,28,39,87,101,111,132&163). Nonetheless, the foundational central programmatic approaches of the aforementioned have largely remained top-down prescriptive and passive consumer



receptive functional equations and transactions at the very best. Hence the dominant conventional model lacks the philosophical know-how armour needed to harness progressively positive development potentials maximally and optimally. In connection, the conventional model does lend little to the persons' dynamically active engagement, ownership, leadership, and participation efforts towards facilitating an optimally positive development with respect to responsiveness's trajectory proper.

The very essence of "Human Capital Development" and well-being notions (Davis 2004:13-14&52-57; Fukuda-Parr 2003:302-303; UNDP 2015:1-3; UNDP 2020:3-5 & UNDP 2021:9,94-98,131&156), essentially, revolve around this very same central theme. Again, the interest surrounding the challenges and possibilities for the dynamic betterment of positive health and social development are central to humanity in general. Both predictable and unpredictable challenges of health and social development responsiveness optimisation potentials, specifically, those that are natural and man-made have been ever mounting partly due to progressive modernisation (Ungar 2010:8; Ungar 2021:1-11). Contemporary common phenomena such as industrialisation, urbanisation, globalisation and climate change can serve as illustrative rationale. Furthermore, the preparedness, competency, and responsiveness levels will shape the possible outcomes.

Respectively, harnessing the progressively positive health and social development responsiveness optimisation potential of individuals and the public will remain crucial in research, policy, and practice preoccupations irrespective of the settings (UNDP 2015:1-4, 7-8, 18). Likewise, the interchange between the social determinants of health development and the health determinants of social development are becoming dominant in the contemporary agenda of cities and broader societies alike (NASEM 2019a:1-21; PAHO 2018:IX-XII14-33&49; WHO 2008:1-2; WHO 2018:2-8). Nonetheless, issues surrounding the dynamic optimisation of health and social development should be perceived neither as simplistic in philosophical and political parameters nor straightforward in programmatic ones given the host of complex factors involved and, again, in intricate reciprocity (Lerner 2006:47; Mmusi-Phetoe

2011:4,15,62,189&226; Mulugeta 2012:167-184; Ungar 2010:1-2, 8-13; Ungar 2021:1-11).

The breadth and depth of scientific evidence, specifically, with positive health and social development responsiveness optimisation potential call for progressive enrichment and dynamic empirical investigations. To date, such evidence is scarce particularly in developing countries such as Ethiopia. Also, most research efforts have largely been skewed to one or the other dimension of adversity and risk-guided orientations, including resilience. Metropolitan populations such as those in Addis Ababa desire to harnessing progressively positive health and social development responsiveness optimisation modernity possibilities (potentials), essentially, informed with dynamically sound empirical evidence.

This will be of paramount importance given the dynamically vibrant, multi-dimensional transitions and societal dimensions: demographic, economic and epidemiologic, nutritional, etc.; such fast-track changes can result in direct health and social development responsiveness implications, which have been common features in relatively recent years in particular (UNDP 2015:1-3). Addressing the progressive responsiveness optimisation potentials, which includes an increasingly wholesome research enterprising model, is rationalised to catalyse sound enough knowledge expansion towards shifting the discourse gradient (or paradigm) and thereby ultimately assisting in making better informed decisions (Huber et al. 2011:1-3; Lerner et al 2012:121-122; Luthans & Jensen 2002:304; Mulugeta 2012:167-184; Mulugeta 2003:1-20 unpublished).

### 1.3 RESEARCH PROBLEM

“We cannot solve problems with the same thinking we used when we created them.”

(Albert Einstein)

Societies across the world continue to facing unprecedented double-strand health and social development aspirations and challenges in parallel (Institute for Economics & Peace 2018:61; WEF “Harnessing ...” 2018:3-4; WEF “Innovation ...” 2018:4-5; WEF “Reskilling ...” 2018:17-18; WEF “GRR”s 2017:6-7,13-18,20-27,35-39 & 2018:5-29,53-55). Moreover, significant portion of African populations, including Ethiopian still continue to face dynamically complex, concurrent, overlapping, and persisting challenges which among others will require further enhancing human development, progressive social change, and social development (Turner et al. 2014:3, 9-12). Equally, out of the 9.5 billion total population projected world population by 2050, 6.5 are expected to reside in cities (WEF 2015) which, among others, is highly likely to pausing additional health and social development challenges.

At the very same time, there really has been an overarching emphasis on the negative dimensions as well as factors than on harnessing the positive health and social ‘development’ potential paradigm in particular. And, in fact, the positive balance, deviance, and dividends dimensions have appeared seriously constrained and diminished with the conventional model by several measures (Institute for Economics & Peace 2018:1-22&59-76). Like the “Negative Peace” notion gets viewed as “the absence of violence or fear of violence” (ibid.:59) by the same logical extension, “negative health and social development” will have to equate to and get limited to the mere absence or presence of overt (obvious) abnormalities per se.

Sub-Saharan African countries, including Ethiopia and its capital city Addis Ababa (i.e., the barometer, compass and radar city for the whole of Africa in wide ranges of

dimensions) are characterized by slow health and social development situation. The major manifestations include poor school enrolment as well as weak education quality, poor health status, serious gender imbalances, high level of youth unemployment, and several more social concerns. In general, Ethiopia has remained among the relatively and consistently low performing in the Human Development Index even by the Sub-Saharan standard (Fana 2014:S64-S74; UNDP Ethiopia 2018:20-29, 34-37&69-73; UNECA 2007:11-17&19). In addition, the much talked about promising economic growth in several Sub-Saharan African countries, including Ethiopia has not been translated into equitably meaningful social development parallels.

Sustainable urban development becomes a complex concern in the majority of the less developed countries in particular. Moreover, wide ranging disparities, gaps, and inequalities were found to be still serious concerns in Ethiopia. Furthermore, the bulk of the households in Addis Ababa City were found food insecure and thus dependent in one form or another. The state of poverty and dependency remains a very serious concern (Admasu 2016:7-15; Assefa et al. 2017:5; Clapham 2018:1160; Daniel et al. 2010:168-169; Elurkar et al. 2006:253&258; Gebre 2012:159-160; Hangra et al. 2009:156; Kassahun 2010:122&131-134; Suri et al. 2011: 509-512 & 517-518; UNDP Ethiopia 2018:20-29, 34-37&69-73; UNECA 2007:11-17&19; Yintiso 2008:53-57). In connection, concerted simultaneous and strategically systematic enough investments directed to the health and human/social capital development and related spheres are presumed to result in meaningful changes towards sustainably breaking the 'poverty trap' and advancing dynamic positive development.

African countries are expected to further fall into the vicious cycle of underdevelopment and thus lagging behind unless and until approached with an innovative policy direction. For instance, Ethiopia's human development performance was reported to be below the average requirement across the last half of the century (ibid.). "An understanding that proactive, positive and constructive engagement with citizens can avert more confrontational forms of engagement ... What is critical is that

an integrated approach looking across sectors is explored, coordinating functions, mandates, research and ideas.” (UNDP Ethiopia 2018:71&73). Similarly, “... improved growth does lead to improved HD, yet strong long-run growth without accompanying strong HD improvements does not yield sustained EG.” (Suri et al. 2011:518).

And according to a critical analysis by Dawit (2015) of the “Ethiopian Rising Narrative”, the overall process thus far has been “inequitable, less predictable, less transparent, and less sustainable growth and development reality” and pointing that “there is a lot of homework to be done if this growth is to be sustained and more importantly translated into development” proper. Again, in view of the prevailing disparity, Ethiopia has been considered to still facing many human development issues (UNDP 2015:3); optimisation of the health and social development domain is at the very core of quality human development and human capital.

Whilst there indeed were some positive progresses, the development in the contemporary Ethiopia is required to be increasingly more comprehensive, equitable, inclusive, and sustainable enough. For example, it has been repeatedly indicated, especially, that the heavily government driven Gross Domestic Product (GDP) growth has not been matching with the Human Development Index (HDI). And also gross inequalities have been manifesting in the process. Meaningfully broad, comprehensive, shared, and participatory social transformation and thus development practices are in great demand (Ashine 2018:1-2; Fana 2014:S64-S74; Habte 2018:62-63; Tadele 2018:71-74, 79 & 83-89; Rahmato 2016: xi-xii). Addis Ababa’s society serving as the core barometer and the engine of Ethiopia’s contemporary modernization, development and progress, the aforementioned issues are perceived highly pertinent with direct implications to the realization of dynamic harnessing and optimization in particular.

Furthermore, for all its indisputable multi-faceted development and growth engine harnessing potentials, ICT up-take of the Ethiopian has been ranked one of the

lowest even by the Sub-Saharan standard (UNDP 2015:18, 96). According to Petrikova (2014:1161), also, much is still desired to get developed and improved around social well-being along the lifespan of the youth and their parents in Ethiopia. Again, as a very specific case in point, the just emerging Addis Ababa's official 10<sup>th</sup> Master Plan dwells with the overwhelming emphasis on the largely hardcore - hardware elements, if at all, with really little elaboration of the software domain/side of the population's transformational developmental requirements per se (Addis Ababa's 10th Master Plan 2016-2040 unpublished oral communication). Several other developmental dimension issues could get further spotlighted. Overall, even if with some encouraging growth and development trends, Ethiopia and, specifically, its capital Addis Ababa are desired to perform far better along the populations' health and social development optimisation dimension even by the Sub-Saharan standards (Institute for Economics and Peace:1-22&61; WEF Global Human Capital Report 2017: vii-viii & 3-15; WEF's GRRs 2017:7,12-13,22-28,30-40 & 2018:5-29,53-55).

Universal life-course aspirations of ensuring descent quality of life and well-being will have to largely depend not on the extent of the material possessions as much on the quality of the health and social domains proper. Likewise, it will hardly be possible to delink the health and social dimensions. The very notion and the core essence of the "developmental origins of health and disease (DOoHD)", "social determinants of health (SDoH)", and "ensuring healthy lives and promoting well-being to all of all ages" of the "Sustainable Development Goals (SDG)" can serve clearest possible illustrations along the same at the global scale which will equally apply to Ethiopia and Addis Ababa (devex and Johnson&Johnson 2018:1,5-8; UNGA Economic and Social Council 2017:2,5-13).

Particularly since the last couple of decades, Addis Ababa's population continues to experiencing what has been often referred to as massive and radical changes with wider economic, health, and socio-cultural implications (Addis Ababa City Administration 2015:1-5; Elias et al 2014:7-8, 15-16; UNDP 2015:69, 71). In spite of the multi-faceted development endeavours, not much has really been done in respect

to the systematic consolidation of evidences specifically pertaining progressively positive health and social development responsiveness optimisation dynamics and potentials in Addis Ababa. A comparatively independent expert's review has stressed that formidable enough social development issues continue to haunt Ethiopia forward (Getachew 2008:28-37). Overall, in spite of the notable progress over the recent years, much is desired to be improved across the sectors (Ashine 2018:1-2; Fana 2014:S64-S74; Habte 2018:62-63; Tadele 2018:71-74, 79 & 83-89; Rahmato 2016:xi-xii; WEF Global Human Capital Report 2017: vii-viii & 3-15).

Not less, unpredictability of the changes coupled with different forms of instabilities has been typical manifestation across Ethiopia during these recent decades. At the same time, Addis Ababa City and Ethiopia have been aspiring to be among the best development models in Africa (Addis Ababa City Administration 2015&2020 and Ethiopia's National Ten-Year Plan 2021-2030). Correspondingly pertinent research, policy, and service responses' domains are required to be equally commensurate, dynamic, and sustainable enough. And, in the Investigator's view, such should be of utmost priority along quality human development endeavouring proper.

On top of the yet widely prevalent communicable infectious, reproductive, maternal and childhood and, different forms of under nutrition disorders, the behavioural and life-style related risk factors, morbidities, including fatal injuries and traumas among adults and youth alike have been noted to posing increasingly serious challenges in Addis Ababa and elsewhere in Ethiopia (Aonge et al. 2016:121-124; Bekele et al. 2016:99-100; Kebede et al. 1999:5&8; Mulugeta 2012:167-184; Mulugeta [Betre] et al. 1997:376&379; Mulugeta 1999:1; Rudatsikiral et al. 2007:176).

For instance, nearly one in four of the randomly sampled adults in Addis Ababa have reported practicing one or more of daily substance use namely alcohol and khat (*Chata edulis* Forsk) (Tesfaye et al. 2008). And these practices were found associated with the prevalence of hypertension among the study subjects. Also, both chronic non-communicable and communicable disease conditions were found more

or less equally implicated to the death of adults in Addis Ababa (Mesganaw et al. 2012). Furthermore, lifestyle bio-marker related and socio-behavioural risk factors of chronic non-communicable disease conditions in Ethiopia will have to require systematically close enough monitoring and response (Bekele et al. 2016:99-100; Kebede et al. 1999:5&8; Mesganaw et al. 2012:12; Mulugeta [Betre] et al. 1997:376&379; Mulugeta 1999:1; Rudatsikiral et al. 2007:176).

Whilst all forms of disorders (or malfunctions) will have to get cared for in scientifically sound model, innovations towards “harnessing progressively positive development responsiveness optimisation” trajectory and thereby minimisation of occurrence of the malfunctions and disorders in the prime priority order will have to become equally, if not more, important to the future. In the same token, the utmost prevalent conventional disorders-fixing-oriented studies and planning efforts have not been game-changing enough to date. Innovation guidance frameworks will be increasingly desired to the future (Cornell et al. 2019: XIII, XXVII, 1,81-85&135-139; Foresight Africa 2020:74-90; McGowan & Westley 2021:493-505; UNCTAD 2021:35&80-103; WEF 2019:5-7,25&33-38).

At the same time, in respect to concrete investment by making a reference to the 2009 EC (2016/17 GC) annual total public budget of ETB 24,945,000.00 (at the time, US\$1.00 was approximately equal to ETB 21.00) of one of the sub-cities of Addis Ababa (as extracted from the public notice information post of the specific sub-city), the health and social programmes proper were allotted ETB 386,526.00 (1.55%) and ETB 354,000.00 (1.42%) respectively; nearly 60 to 80% of the stated amount of each goes to the staff salary item portion per se; the situation may well be assumed more or less the same for the rest of the sub-cities (there are 10 sub-cities in Addis Ababa in total); also, on average a sub-city will have officially recognised approximate of 350,000 residents; the implications of such would feel clear and instructive enough; and even if the budget was found to be realistically optimal, it still would have been impossible to accomplish much unless with additionally proactive, positive and, equally so, synergistic pathway.



In view of the increasingly unfolding series of transitions such as modernisation and industrialisation (the fourth industrial revolution inclusive), demographic, epidemiologic (i.e., communicable and infectious vs. non-communicable chronic diseases), diet and, nutrition and others, self owned/-led and managed health and social development responsiveness optimisation is expected to be not only the aspiration but the priority way forward in the twenty-first century and far beyond. It means it will require progressive optimisation innovation guidance engagement across the life-course. As a whole, such is being viewed consistent with stated core principles and the aspirations of the “*Sustainable Development Goals: Transforming Our World*” of the United Nations and the “*Growth and Transformation Plan*” series of Ethiopia, respectively. In general, it also is a common knowledge that both young people and adults have yet not been enjoying attainment of optimal development potential in Ethiopia and for that matter Africa as a whole (Ngubeni 2013:1-3).

It is worthwhile to underscore that “social epidemiology does not focus solely on individual behaviour patterns, but considers the individual as being embedded in a web of social relationships that shape and model his or her behaviour. It uncovers the social determinants of disease and well-being. It also studies how social interactions and institutions, past and present, affect health ... differences in health outcomes among the persons who comprise the populations” (Azetsop 2011:9). Among others, it means that such calls for ‘progressively positive responsiveness optimisation’ innovation guidance endeavours ahead.

The ‘health and social development innovation guidance framework to harnessing progressively positive responsiveness optimisation potential among youth and their parents in Addis Ababa, Ethiopia’ dimension has yet to get explored. Connecting the dots to converging to the essential transformational whole is the pragmatic quest (Mulugeta 2012:167-184; Mulugeta 2011:2-11; Mulugeta 2003:1-20 unpublished; Mulugeta 2000:1). To the effect, this research builds upon the core recommendations of the community-based study on selected chronic communicable diseases among

young people and adults in Addis Ababa conducted by the same Principal Investigator nearly two and half decades back (Mulugeta et al. 1999:23-26, Mulugeta [Betre] et al. 1997: 376-381); which at now, forms essential logical impetus continuum. At present, even just by considering the exclusively diseases' oriented burden, risks, and threats domain, and also the complex manifestations confluence phenomena; and hence the hosts of multiplicities such as infectious communicable, behavioural, chronic non-communicable, demographic, nutritional, social as well as globalisation, urbanisation, etc. malfunction factors are becoming ever pressing (Institute for Economics and Peace:1-22&61; WEF Global Human Capital Report 2017: vii-viii & 3-15; WEF's GRRs 2017:7,12-13,22-28,30-40 & 2018:5-29,53-55).

Essentially perceived two tracks to attaining the one and common goal, namely health and well-being (i.e., good quality of life) and social development, consciously prudent as well as robust enough advancement of progressively positive health and social development dimensions will warrant increasingly integrative research, policy, and programme innovation guidance model instead. Specifically the positive health development efforts remain constrained (dwarfed) by/with the often prescriptive bio-medical model; and likewise, in most cases, social development has often been misconceived and hence equated to the mere rendering of social welfare and social security programmatic dimensions per se. In connection, ensuring progressively integrative optimal positive health and social development is viewed foundational bedrock to the society's overall human capital development and prosperity and the societal quality of life or well-being across the life-course.

To date, the essential set of evidences to the "progressively positive responsiveness optimisation potential" along the life-course health and social development, birth and other vital events registration, child and adolescent well-being, school health, and social development capital and the related research requirements do not form integral parts of Ethiopia's contemporary institutional system (The African Child Policy Forum and Plan International Ethiopia 2005:4-5; UNICEF Innocenti Research Centre 2002:1-2, 21-22). Furthermore, whilst somewhat relatively pragmatic, and still,

most of the policy and programmatic initiatives, specifically, in health and social development have appeared largely prompted as well as overwhelmed by the prescriptive, reactive, and remedial paradigm instead. Also, for instance, according to Desalegn (2014: xii), specifically, for Ethiopia “... sound development should not only mean growth in material assets ... but must, in equal measure, bring about real improvements in peoples’ livelihoods, promote social equity, and enable the sustainability ...” Whereas the National Ten-Year Development Plan (NTYDP) 2021-2030 appears quite promising, yet much is desired to be optimised in health and social development domains (NTYDP 2021:10[10], 33[44] - 40[51],41[52] - 49[60]); same holds true on the urbanisation domain (ibid. 91[102] - 95[106]). Overall, the health and social development is being largely looked from the dimension of the relatively narrower framework, notably the sectoral services delivery, expansion and use prism per se (ibid. 148[159] – 163[174]).

Really very little has thus far been attempted to concertedly and systematically exploring and applying positive health and social development dimensions in a plausibly integral whole alternative. Investigating the mutually inter-feeding young people and parents issues in tandem, namely fostering their progressively positive health and social development responsiveness optimisation potential has been less focused upon. In the face of the sustainable development era, “harnessing progressively positive health and social development responsiveness optimisation potential” orientation would warrant particular scientific intervention. Realistic conceptualisation and definition of the composite “*minimal bedrock core building block attributes continuum set*” construct of “*progressively positive health and social development responsiveness optimisation potential*” is perceived timely. Ensuring sustainability of “healthy lives and well-being” and “social development” would demand increasingly integrative novel philosophical alternative approaches.

Efforts towards enhancing and optimising the progressively positive health and social development guidance activism, belongingness, engagement, ownership, and hence responsiveness potential at the individual, group, and societal scales would be

viewed synergistically innovative and promising pathway. In connection, increasingly integrative and novel approaches will have to get sought after (Institute for Economics & Peace 2018:1-22&59-76; World Economic Forum's Selected Agenda Series 2017-2018). Contributing towards defining the potentially optimal alternative set of solutions forms the main integral thread of this research; promotion of progressively positive health and social development responsiveness optimisation potentials along the lifespan making the clarion call of the innovation enterprise forward.

And "Africa's 1.1 billion citizens will likely double in number by 2050, and more than 80% of this increase will occur in cities, especially slums. The implications of this turbo-charged growth are hard to fathom ... Africa needs to assemble the greatest minds in urban planning, technology and sustainability today." (Muggah & Hill 2018 unpagged) Addis Ababa being the prominent capital for both Ethiopia and Africa, it is expected to setting useful examples, including to leading the critical conceptual and theoretical analysis, field-testing, and evidences consolidation. The specifically targeted exercise is believed to facilitate the development of prototype model innovation intervention guidance framework towards advancing positive health and social development: harnessing progressively positive responsiveness optimisation potential proper.

In summary, health and social development challenges in Addis Ababa as well as in Ethiopia as a whole are becoming ever compounded complex, cumulative, and transcendent. Equally so, health and social development and well-being directed initiatives did not receive the required scale and scope of attention and integration as to the economic and the hardware domains. The conventional business as usual and also oftentimes really fragmented silo as well as the reactive approaches cannot be expected to result in sustainable transformation (Mulugeta 2012:167-184; Mulugeta 2011:2-11; Mulugeta 2010:32-33; Mulugeta 2003:1-20 unpublished; Mulugeta 2000:1; Mulugeta 1996:3-4). Cross-cuttingly complex, compounded cumulative, and

multi-faceted issues will have to demand novel researching and programming alternatives. The given project was implemented along the latter specific track.

## **1.4 AIM AND PURPOSE OF THE STUDY**

### **1.4.1 Overall Core Aim of the Study**

The overall core aim of the research is inputting empirical evidences and innovation guidance framework to the bolstering of dynamic, inclusive, integrative, positive, and sustainable health and social development responsiveness optimisation potential. Along the line, expanding the health and social development optimisation theoretical discourse, research, and practice is the governing aim of the study. Contributing to the ultimate promotion and attainment of the highest possible well-being and quality of life in Addis Ababa with the potential for scale up to other settings comprises an overarching aim. The direct aim is to analyse and design prototype model innovation guidance framework on harnessing progressively positive health and social development responsiveness optimisation potential among youth and their parents in Addis Ababa, Ethiopia.

### **1.4.2 Research Purpose**

The principal purpose of this research undertaking is to investigate progressively positive health and social development responsiveness optimisation potential dimension by: operationalising the composite “*minimal bedrock core building-block attributes continuum set*” construct; identify some of the salient determinants and perceptions; field-testing of a quasi-experimental intervention to contribute to the design of a prototype innovation guidance framework towards bolstering (harnessing) positive health and social development among youth and their parents based on progressive responsiveness optimisation potential; and analysis and development of innovation guidance framework of progressively positive health and social

development responsiveness optimisation potential among youth and their parents in Addis Ababa, Ethiopia.

### 1.4.3 Research Question

Overall, a question is an interrogative expression or statement. In connection, Merriam Webster Dictionary (2015 online) defines question as “a sentence, phrase or word that asks for information or is used to test someone’s knowledge; an interrogative expression often used to test knowledge; an interrogative sentence or clause”. A research question, therefore, is a concise, interrogative statement that is worded in the present tense and includes one or more variables. It commonly focuses on one or more of the description and explanation of variables, determination of differences between two or more groups with regards to selected variables, examination of relationships among those variables and prediction of strengths of associations as well as determination of causal effect on dependant variables as found appropriate (Burns & Grove 2009:167).

Explicit and specific definition of the research question of interest will require sound application of proven effective, systematic, and valid enough scientific approaches. In connection the given research questions were formulated based on the PICO approach (Stillwell et al. 2010:58-61; Ward et al 2012:37). The acronym stands for the following:

- P – Population (Youth and the Parents)
- I – Intervention (Composite Innovation Potential Construct Series)
- C – Comparison (Youth and the Parents in both *Phases I* and *II*)
- O – Outcome (Positive Health and Social Responsiveness Optimisation)

Over the course, PICO has further been informed with additional consideration of particularly the study design and time dimensions within the clinical practice domain

as well (Stillwell et al. 2010:58-61). Accordingly, the key research questions of this study are: “what does the *minimal bedrock core building-block attributes continuum set* dimensions of progressively positive health and social development responsiveness optimisation potential among youth and their parents in Addis Ababa look like; what are the salient factors of harnessing progressively positive responsiveness optimisation potentials; the degree of preparedness and readiness; and how can such get better guided going forward?” And as evidenced from the stated specific objectives and also consistent to the Population, Intervention, Comparison, and Outcome /PICO/ (Stillwell et. al. 2010:58-61; Ward et al 2012:37) continuum approach, the following critical set of questions/objectives were developed:

- How do youth and their parents in Addis Ababa fare in respect to progressively positive health and social development responsiveness optimisation potential as expressed by the “*minimal bedrock core building-block attributes continuum set*”?
- What do the “*minimal bedrock core building-block attributes continuum set*” of progressively positive health and social development among the youth/parents based on responsiveness optimisation potentials look like in Addis Ababa?
- How much is the degree of variability on progressively positive health and social development responsiveness optimisation potentials among youth and parents in Addis Ababa?
- What are the major determinants and perspectives of progressively positive health and social development based on responsiveness optimisation potentials among the youth/parents through the “*minimal bedrock core building-block attributes continuum set*” lens?

- The degree of preparedness and readiness expressed through and with the vital proxy tracer index: likelihood of institutionalisation of vital registration and statistics system potential?
- How will a quasi-experimental intervention influence harnessing progressively positive health and social development responsiveness optimisation potentials among youth and parents in Addis Ababa?
- What a prototype model intervention innovation guidance framework on health and social development can be proposed to progressively positively achieve responsiveness optimisation potentials across the life-course of youth and parents in Addis Ababa? What reasonably tailor-made innovation guidance framework can get designed and recommended with the potential to a reasoned scale up?

Additional reinforcement elaboration surrounding the application of same gets presented in chapter 3.

#### **1.4.4 Research Hypothesis**

Coherently aligned to the research questions, the research (study) hypothesis or postulation (proposition) is supposed to duly inform and guide the research design and research type. In the general terms, the Merriam Webster Dictionary (2015 online) specifies hypothesis as “an idea or theory that is not proven but that leads to further study or discussion; an assumption or concession made for the sake of argument; a tentative assumption made in order to draw out and test its logical or emotional consequences”. The major way of looking at hypothesis from the technical position is about substantiating for or else against a pertinent proposition of specific interest. Depending on the degree or level of complexity and sophistications, some scholars put due emphasis on differentiating substantive, programmatic, and individual research oriented hypotheses versions. It also is possible to differentiate



“conceptual hypothesis” and “statistical hypothesis” alternative domains (Chou 2010:1260; DeForge 2010:1253; Denis 2010:12; Denis 2010:12; Kingston 2010:352; Ward et al. 2012:234-236).

In this research, critical set of logical hypotheses testing are viewed justifiable as follows:

- Progressively positive health and social development responsiveness *optimisation potential* and the systematic harnessing may well be reasonably looked from and thus characterized by the *logical integrative functional continuum* of what gets converged, aligned, and constructed by the Investigator as the “*minimal bedrock core building-block attributes continuum set*” comprising positive psychology and positive developmental asset, know-how mastery (competence) intelligence, reserve capacity, and resilience as the integral logical continuum.
  
- Progressively positive health and social development responsiveness *optimisation potential may well get further guided, harnessed, and nurtured* in a systematically sustainable mode along the life-course.

#### **1.4.5 Research Objectives**

##### ***1.4.5.1 General Objective***

The general objective is to examine positive health and social development *optimisation innovation guidance framework: harnessing progressively positive responsiveness optimisation potential* among youth and their parents in Addis Ababa, Ethiopia.

#### **1.4.5.2 Specific objectives**

1. Describe the “*minimal core bedrock building-block attributes continuum set*” of progressively positive health and social development responsiveness optimisation potentials among the youth and their parents in Addis Ababa, Ethiopia.
2. Identify major determinants of progressively positive health and social development responsiveness optimisation potentials amongst the youth and their parents in Addis Ababa, Ethiopia.
3. Describe the salient perceptions and perspectives of community members pertaining harnessing progressively positive health and social development responsiveness optimisation potential in Addis Ababa, Ethiopia.
4. Determine the effect/influence of an innovation quasi-experimental intervention to the systematic promoting of progressively positive health and social development responsiveness optimisation potentials amongst the youth and their parents in Addis Ababa, Ethiopia.
5. Develop prototype model intervention innovation guidance framework to harnessing progressively positive health and social development responsiveness optimisation potentials among the youth and parents life-course in Addis Ababa, Ethiopia.

## 1.5 SIGNIFICANCE OF THE STUDY

This specific Project is envisaged to exert influence across the theoretical, research, and practice domains of the progressively positive health and social development responsiveness optimisation potential trajectory among youth and their parents. The specific trajectory is believed to be novel from both the substantive and methodological departure points. From the substantive point of departure, through the systematically integrated alignment and synchronisation, the Project is poised to advancing the key composite constructs, namely “*Minimal Bedrock Core Building-block Attributes Continuum Set*”, “*Optimisation Potential*”, “*Positive Potential*”, “*Progressively Positive Responsiveness Optimisation Potential*” over and above the confines on the “*Resilience*” domain. The pragmatically blended (adaptive) methodological and measurement approaches are envisaged to enhancing the richness. The triangulation can enhance the quality of the evidence set. Furthermore, it is believed that the findings of the study will inform alternative innovative model/framework development, policy dialogue and formulation and, programme design related practices.

Accordingly, the proposed research while endeavouring to expanding knowledge, at the same time, will be informing the design of scientifically reasoned prototype model intervention innovation guidance framework to harnessing progressively positive health and social development responsiveness optimisation potentials as applicable to the Addis Ababa and other metropolitan populations with typical characteristics. The evidence may also possibly serve a triggering innovation entry to the ultimate concerted reviewing and adapting (up-dating) of the conventionally customary as well as periodical regular health and social development oriented studies being conducted at the various levels. Collectively, the specific project is envisaged to bolstering scientifically guided health and social development responsiveness optimisation decisions and actions across the individual, family, community, and wider societal continuum on progressive and positive modes.

## 1.6 DEFINITION OF TERMS

Irrespective of the scale, scope, type, etc., any scientific activity is required to have clear and coherent enough definition to ensuring maximised validity, reproducibility and replicability considerations (NASEM 2019d:XV-XVI,27-30,39-54&105-141; NASEM 2019e:20-23). The universally accepted scientific wisdom asserts and emphasises that “good science begins with good definition” (Lygoe et al. 2010:638-639). In connection, realistically sound operationalisation and synthesis of the measurement dimensions to understanding progressively positive responsiveness optimisation potential as applied to the health and social development among youth and their parents is a fundamental prerequisite. The conceptual and operational definitions of the key terms of this research get described here below in the alphabetical presentation flow.

### 1.6.1 Development

The word “development” is one of the most captivating words of modern times across the world (Ascione 2003:96,125&148) and, of course, it can get defined in various ways. For instance, *Webster’s New Twentieth Century Dictionary* (1971) refers to development as a step or stage in growth; advancement. Again, Webster (2015: online), describes development as “the state of being created or made more advanced; the act, process or result of developing, the state of being developed”. Whereas Midgley (2013:4) defines it as “a process of change, growth, progress or evolution ... multi-faceted process that compromises social, cultural, gender, political, environmental as well as economic dimensions”.

Again, according to Ascione (2003:96,125&148) development gets viewed as a deep-rooted belief and dominant ideology since the twentieth century with due recognition of its transformational and unlimited learning potentials proper. From this latter perspective, “Development is growth plus change. Change in turn is social and

cultural as well as economic, and qualitative as well as quantitative” (ibid. 2003:35-36) where the core aim is supposed to be achieving increasingly better quality of life or well-being (ibid.:98). Also, according to Staudinger et al. (801-802,810&832), “Development is simultaneously comprised of gains and losses ... a potential that in varying degree and expressions continues to be possible throughout adulthood and old ages” wherein “selective optimisation and compensation” will have to take effect in view of the multi-dimensionality. Particularly, from the development potential perspective, it can also be stated as “Responsible stewardship of humanity’s potential would involve lowering the risks as quickly as possible and setting in place the safeguards to keep it low in order to allow humanity to flourish as long as possible.” (UNDP 2021:110) Overall, development means a process by which attributes change and how the pertinent attributes change during the given life-course (Halfon et al. 2018:26-27).

In this study, development refers to the potential of progressive stride to be made by the youth and parents towards ensuring positive health and social status optimisation responsiveness or responsiveness optimization; favourable positive advancement in growth by utilising cultural and environmental knowledge to bring about positive changes to meet their health and social development needs and making highest possible quality of progress across time or life-course.

### **1.6.2 Harnessing and Innovation Guidance Framework**

Harness (harnessing) in its cross-cutting and generic application can well get defined as develop, exploit (exploiting) or make the most of and use to the maximum possibility. Similarly, innovation can well be qualified as equivalent to novelty, newness or uniqueness. And, guidance, essentially, is a systematic and scientific direction whereas framework to mean an agenda or an outline or a structure. In general, there has been a growing universal call for increased innovation and, at present, the term innovation is being used across disciplines and sectors more often (Foresight Africa 2020:74-90; McGowan & Westley 2021:493-505; NASEM 2020:35;

UNCTAD 2021: IV, 35&52-93; Cornell et al. 2019:XIII, XVII-XXIX&1,135-139; WEF 2019:5-7,25&33-38). Surely, innovation must have to require proactive and pragmatic integration of broad and comprehensive enough viewpoints. One of the commonly a quoted definition reads as:

*“An innovation is a new or improved product or process (or combination thereof) that differs significantly from the unit’s previous products or processes and that has been made available to potential users (product) or brought into use by the unit (process).*

- Oslo Manual 2005/2018

Also, according to McGrow & Wistley (2021:494):

*“Social innovation refers to innovative activities and services that are motivated by the goal of meeting social need and that are predominantly diffused through organization whose primary purpose is social.”*

In the given study, Harnessing Positive Optimisation and Innovation Guidance Framework are viewed the crux of the matter. As stated above, commonly, innovation can be of the process or of the products or else of both (Oslo Manual 2018; UNCTAD 2021: 35) as well as of activities and services (McGowan & Wistley 2021:494). Whatever the case, though, human-being remains to be the irreplaceable ‘master’ commander-in-chief, driver, leader, programmer, and regulator of all innovations towards optimal empowerment and appropriate use of such (Cornell et al 2019: XXX & 87-93 and UNCTAD 2021:69-93). Enhancing Positive Human Capital Development (UNFPA and UNECE 2018:116), primarily and essentially, through the facilitation of Innovation Guidance Framework on what is considered the core building-block to Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation Potential in systematic pathway; and hence gets embraced the hallmark of the given research enterprise in light of the “global vision of people-centred, inclusive, and sustainable societies” (UNCTAD 2021: XIV).

### 1.6.3 Health

In *Webster's New Twentieth Century Dictionary* (1971:"context"), health is defined as the physical and mental wellbeing; soundness; normality of physical or mental functions; freedom from defect, pain, or diseases. The recent online edition of Merriam Webster Dictionary (2015) puts health as "the condition of being sound in body, mind or spirit flourishing condition, well-being". As stated, it somehow would feel impractical to disentangle "health" and "well-being" proper.

The definition on health has been perceived and received as well as debated from different aspects and by different scholars particularly actively since the 70s (Awofeso 2005:1-3; Huber et al 2011:1-2; Robine et al 1999:181-183). Among which, concepts such as healthy life expectancy, successful aging life expectancy, disability free life expectancy, life expectancy in good perceived health, and life expectancy without diseased have not been only in active discourse but also are being measured and monitored in the various settings across the world. Similarly, by using the "health expectancies" and theory of dynamic equilibrium in particular, it becomes possible to specify inequalities in health between social groups, regions, and so forth. From the technical perspective, therefore, it will be worthwhile to present selected recent concepts as follows:

*Sum of biologically given partial potential and personally acquired potential throughout the life-course ... (Bricher 2005:536-340)*

*Health may well be viewed as holistic set of attributes of the multidimensional functionality response of the 'health producing social systems ...' (Halfon & Forrest 2018:27)*

*Health is the ability to adapt and to self-manage ... a strengthened capability ... positive interaction of the mind, body and environment ... (Huber et al 2011:2-3).*

*Health is often well beyond what our psychopathology would have predicted. A broader and more differentiated view of health (Zautra et al 2010:4).*

Also, the World Health Organization (WHO) (1948) constituent original definition refers to health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. As already highlighted here above illustrative samples, if not disputed, the original WHO definition has, at least, been rendered dynamic fresh looks and hence scholars have opted to presenting some useful enrichments over the years (Bricher 2005:536-340; Halfon & Forrest 2018:26; Huber et al 2011:1-3; PAHO 2019: IX, WHO Charter & Zautra et al. 2010:4). According to the PAHO (2019: IX-XIII, 14-33&49) elaboration, health, and well-being are shaped by the social processes and that health is both a public good and a human right priority. Also the “prerequisites for health: the fundamental conditions and resources for health are peace, shelter, education, food, income, a sustainable echo system, sustainable resources, social justice, and equity. Improvement in health requires a secure foundation in these basic prerequisites” (Ward et al. 2012:59).

In this study, health is defined as the multi-dimensional functional ability to adapt, produce and self-manage health and well-being optimisation potential (Halfon & Forrest 2018:17; Huber et al 2011:2-3; NASEM 2019a: S-2&1-21; NASEM 2020b: 26-47) expressed through and with the self-reported positive psychology, know-how competence – mastery intelligence, developmental asset, reserve capacity, and resilience attributes continuum along the progressively positive responsiveness optimisation potential against diseases, suffering and health hazards at any given time across one’s lifespan of the youth and their parents.



#### **1.6.4 Health and Social Development**

The definition of health and social development as a unified construct can never be perceived easy, simple, and straightforward enough. Leave alone the composite integrative construct such as which gets presented in this research effort, each of the two dimensional concepts taken separately (i.e., as an 'independent' entity) will have been very much complex enough too. In respect, the definition discourse has been actively on-going (Halfon et al 2018: 6,20,21-22,26-27; Mohamed 2011:1-2,5). Nevertheless, in view of the importance and significance of the research effort, the given construct will have to justify realistic operationalisation and measurement simply because health and social development are recognised increasingly intricately interdependent and overlapping in various dimensions (Askura et al. 2015:1-7; Farvaque-Vitkovic & Kopanyi 2019:197-212; Hrotko et al. 2019:4; Mittelmark 2017:V; NASEM 2019c: 49-75; NASEM 2020c: 1-22; PAHO 2019:IX-XII, 14-33&49; UNDP 2020:3-6; UNDP 2021: B, 94-98, 110, 131&156; UNFPA & UNIECE 2018:38&116; WHO CoSDoH 2008: Forerunner page, 1-2,28,39,87,101,111,132&163). An effort is made to characterise the important features here below.

Health development is implied as the process of conscious, continuous/progressive improvement of the health status of individuals and groups in a population on daily basis in order to ensure thriving, flourishing and well-being (Bronfenbrenner & Evans 1979:117,122; Halfon & Forrest 21-27; Young 1998:1). With the direct connection, social development may get better expressed as "... the ties that over time involve and commit to action in the behalf of the well-being of other beyond own self-interest ... active participation in progressively more complex reciprocal interactions with persons ... develops a strong, mutual, irrational attachment and who over time become committed to each other's well-being and development preferably for life" (Bronfenbrenner & Evans 1979:117,122).

Social development is defined by Midgley (2013:4) as "a process of planned social change designed to promote the well-being of the population as a whole within the

context of dynamic multifaceted development process”. Among others, principled emphasis has been put on the process, progressive, multifaceted/social investment productivism, interventionist, productivist, universalistic dimensions of social development (Midgley 2013:4,13-15). The defining characteristics of “social development” are social competence, planned social investment and social change process, dynamic improvement, productivist, universalism, attainment of human well-being, and sustainability (AUC 2008:4-9, Davis 2004:13-14&52-57; Holtzhausen 2013:12-17; Huitt et al. 2011:2,18-19; Mittelmark 2017:V). In this study, the concept refers to the conscious dynamic efforts of the youth and parents to optimally positively promote one’s and other’s social well-being.

In this study, health, and social development is viewed as a positive capacity or potential continuum for quality of life and well-being; an emergent set of developmental capacity of the physical, biochemical, psychological, social and cultural aspects pertaining youth and their parents, which is a sensitive, complex, and continuously adaptive process over the lifespan mainly determined by dynamic positive evolution in the face of the ever changing and not less the myriads of constraining contexts and circumstances (Bronfenbrenner & Evans 1979:117,122; Halfon et al 2018: 21-27; Halfon et al 2014:351-356; Holtzhausen 2013:12-17; Mohamed 2011:1-2,5). There has been growing global recognition of the inseparability of health and social development, including the social determinants of health per se, particularly, over the recent decades. Equally importantly, the connection, interaction, and interdependence between health and social development is viewed intricate important (Asakura 2015:1-7; ACFWI 2013:12; Halfon et al 2014:344-346; Halfon et al. 2002:433,441; Huitt et al. 2011:18&19; Parkes et al. 2009:669; Parris et al. 2003:561,570&571,574&575). And thus combined, health and social development in this study means youth’s and parents’ dynamically (progressively) and positively engaging in conscious efforts towards bolstering and ensuring optimal health and social development responsiveness optimisation potential’s *minimal bedrock core building block attributes continuum set domain*.

### 1.6.5 Optimisation

According to the *Webster's New Twentieth Century Dictionary* (1971), optimisation (optimum) is defined as: to make or practice of being optimistic; best; most favoured; the best or most favourable condition or degree around certain specific dimension. The Merriam Webster Dictionary (online 2015) presents it as “equally to maximisation or optimise (with continuity)”.

Technically, among the concise and simplified enough expressions are something like an anticipation or expectation for favourable outcome or else aspiring the bigger picture of life through the concerted pursuit of planned nurturing of the strength domain proper (Boniwell & Zimbardo 2004:173-176; Peterson & Park 2004:435). To date, the concept as well as the application of “optimisation” has been in far active use, specifically, with the “hard” and “material” science domain (Costello 1999:269-273,276-278; Joseph et al. 2013:289-291; Lenin et al. 2015:125,129-130; Mark et al 2004:661-662; NASEM 2019a:S-2&1-21; Wan et al. 2012:171-174) but really very little systematically meaningful attention, if at all, has been rendered within the health and social development domain per se.

And, it, also, is possible to draw the concrete parallel from/with the “Positive Peace” case proper (Institute for Economics & Peace 2018: 59). “Positive Peace is the *attitudes, institutions & structures* that create and sustain peaceful societies ... an *optimum environment for human potential to flourish.*” (Italic emphasis by the Investigator) And, indeed, progressive positive health and social development responsiveness optimisation and well-being can serve one of the well-spring pillars of sustainable societal peace and quality of life as a whole.

In this study, optimisation is defined as the expressed interest and practice(s) of youth and parents towards achieving the best or most favourable condition or status in health and social development to the attainment of optimal (holistic) health and well-being in a progressive way (Bricher 2005:536-340; Halfon et al 2014:355, 357;

Huber et al 2011:2-3; NASEM 2019:S-2&1-21). The status of the composite “*minimal bedrock core building-block attributes continuum set*” constructs of the youth and their parents’ is taken the principal priority vital proxy tracer index of the aforementioned.

#### **1.6.6 Parent(s)**

In the generic dictionary terms, a parent is defined as a female person whose egg unites with a sperm or a male person, whose sperm unites with an egg, resulting in the conception of a child or the birth of a child. “A person who is a father or a mother; a person who has a child; a person who brings up and cares of another” whereas a family “a group of people who are related to each other; a group of individuals living under one roof and usually under one head; a group of people regarded as driving from a common stock; race” (Online Merriam-Webster Dictionary 2015).

In this study, one or both parents of either biological and/or foster (step-) parents, including the single parent of 35-65 years of age who are in the direct care of the sampled youth in the sampled household within Addis Ababa during the study period.

#### **1.6.7 Potential(s)**

In *Webster’s New Twentieth Century Dictionary* (1971), potential is defined as: originally, that has power; potent; something potential; possible; latent; possibility; capability for future. Also, lately (2015: Online), Merriam Webster Dictionary phrases it “existing in possibility; capable of development into actuality”. In line with Aristotle’s “eudaemonia”, being able to realise one’s true potential is said to be “the highest of all human goods” (Jorgensen & Nafstad 2004:25). Social interaction is considered a fundamental human potential necessity with theoretical, research and practice implications (Farber et al. 2013:484-502). Staudinger et al (1995:801) provide elaboration of “potential” and the limits in particular. Under the increasingly ever

growing complex dynamics, it, practically, will be impossible to a single field of life where progressive optimisation potential can assume secondary or subsidiary space of interest and, therefore, the significance of it becomes extra relevant within the integrative health and social development stream proper.

In the field of health, potential is referred as the likelihood of promising possibility to further progressively, positively enhancing, and optimising health in the light of dynamic acceleration of the health development science and practice (Bricher 2005:536-340; Halfon et al. 2018:1-16, 19-43; Halfon et al 2014:357, 361; Huber et al 2011:2-3; NASEM 2019a:S-2&1-21). Furthermore, within the positive psychology domain, it is being looked from “*relative plasticity*” for systematic change and thriving which may possibly prevail across life (Learner 2003:173; NASEM 2019b:121).

In this study, potential(s) refers to the expressed will-power and possibility (inclination) to the conscious pursuit of progressive health and social development optimisation responsiveness among youth and parents. This may be expressed either independently or in combination of positive psychology know-how intelligence, positive human development asset, reserve capacity, and resilience domains in an integral continuum. Youth and their parents’ potentials are viewed positively modifiable intermediate-summative continuum energy paths towards realising progressive health and social development optimisation responsiveness through maximisation of the inter-feeding positive psychology know-how (competence) intelligence, positive human development will-power, reserve capacity, and resilience trans-generational transactions at both individual and societal scales.

### **1.6.8 Progressive**

*Progressive* according to *Dictionary* (2014), means favouring or advocating progress, change, improvement, or reform, as opposed to wishing to maintain things as they are. The *Dictionary* (2014) definition puts progressive as: moving forward or onward; continuing by successive steps; marked by progress, reform or continuing

improvements; the stated of quality of being progressive. Similarly, the Merriam Webster Dictionary (2015 online), it is understood as “moving forward or onward; advancing”.

From the professional technical point of view, “progressive” may get characterized in various forms. For instance, Oland (2012:561-1563) describes progressive change or development as “complex transformation of continuity and discontinuity”. And Bronfenbrenner (1994:37-40) and Rosa & Tudge (2013:243-258) have applied the specific term in more expansive mode. Again, equally importantly, progressiveness has been dealt within the learning context proper (NASEM 2018:26-28).

For this study, progressive/progressiveness refers to the expressed conscious and continuous efforts toward the optimisation of health and social development responsiveness (thriving-flourishing) potentials by youth and parents.

#### **1.6.9 Responsiveness**

Responsiveness is defined by *Webster’s New Twentieth Century Dictionary* (1971) as the quality or state of being responsive; answering; making reply; responding; responsible; acting easily or readily to suggestions or appeal. In parallel, the online Merriam Webster Dictionary (2015), gets it as “reacting in desired or positive way; giving response; constituting a response”.

Like with the other key terms of this research, technically, responsiveness can get viewed from different dimensions. On the whole, though, positive responsiveness is recognised to stimulating favourable attachment, accountability, trust, and cooperation among the pertinent parties and as a result to instil pro-social behaviour values (Davidou and Grused 2006:44). According to UNISA’s Institute for Social and Health Sciences (2010:1-5, 11 & 26-27), an increasingly expanded and maximised application of responsiveness and thus progressive positive responsiveness, specifically, to health and social development domains in tandem can be viewed an

essential ingredient along active enhancement of peace building and well-being at all levels. It, also, is important to spotlight over here that “Responsible stewardship of humanity’s potential would involve lowering the risks as quickly as possible and setting in place the safeguards to keep it low in order to allow humanity to flourish for as long as possible.” (UNDP 2021:110)

In this study, responsiveness refers to the quality of preparedness, readiness, and will-power of youth and parents to respond to, and to take responsibility and/or actions either individually or collectively in reasonable manner to the advancement of progressively positive health and social development optimisation.

#### **1.6.10 Social**

The *Webster’s New Twentieth Century Dictionary* (1971) refers to social as having to do with human being’s living together as a group in a situation requiring that they have dealing one another; ‘social science’ or ‘sociology’ is the study of people and how they live together as families, tribes, communities, races, and etcetera. And according to the online (2015) Merriam Webster Dictionary, “social” gets defined as “relating to or involving activities in which people spend time talking to each other or doing enjoyable things with each other; relating to human society, the interaction of the individual and groups as members of society, social institutions; tending to form cooperative and interdependent relationships with others”.

Midgeley (2013:4; WHO 2005:7, 23-25) defines social as the human interactions and the complex phenomena involved in the interactions in various dimensions and forms, including efforts to improve the social conditions. It is appropriate to duly note that while desirable, “social interactions” or “social transactions” cannot be presumed to happen always in the positive dimension per se. A conscious effort is required.

In this study, social refers to the potential progressive stride made by the youth and parents towards ensuring social development responsiveness optimisation;

favourable positive advancement and making progress even in challenging social circumstances by using community designed interventions to develop the set of progressively positive individual and social development assets forming an imperative.

### **1.6.11 Youth**

In its generic terms (online Merriam Webster Dictionary 2015), youth gets conceptualised as “the period between childhood and maturity ...” Technically, youth is defined as the period between childhood and maturity (Blackwell’s Nursing Dictionary (2005:666). Youth is characterised as “a stage that intervenes between adolescence and adulthood ... stage of transition rather than of completion or accomplishment” (Keniston 1970:631-632&638). World Health Organization, alongside the pertinent United Nations community, does define youth using the age bracket of 15 to 24 years.

For this study, youth is defined exclusively relying on the 15 to 24 years of age marker bracket of the Addis Ababa City Administration population.

Further operationalisation of the key attributes of the research objectives gets characterised under the pertinent section of Chapter 3.

## **1.7 THEORETICAL FOUNDATIONS OF THE STUDY**

Any scientific research undertaking will require appropriate theoretical substantiation. A scientific research process becomes incomplete and hence less informative (i.e., inadequate) unless it gets duly informed as well as gets guided by pertinent theoretical perspective(s). A “theoretical foundation” cements as well as explains the overall context and direction of the research enterprise of interest, including mapping of the appropriate methodological dimensions (Ahmed 2008:4; Gilson 2012:54-55; van Zyl 2012:15). As part and parcel of the philosophical theoretical rationalisation of



a scientific research process, it is as well a basic requirement that the respective paradigms and assumptions get clarified right from the very outset. The core set of the Theoretical Foundation of the given Project gets described under 1.7.2 below.

### **1.7.1 Research Paradigm**

Paradigms and assumptions are essential research planning considerations (Gelo 2012:110-111, 119). According to Gelo et al, therefore, paradigms are the set of interrelated basic values, assumptions and beliefs which guide the how and why of the scientific research undertaking. Again, paradigms are widely accepted worldview traditions (doctrines or philosophies) on what and how to carry out within the proposed scientific inquiry given the state of knowledge at the very given time. At present three dimensional and prominent paradigms or doctrines get differentiated and these are the “positivist” quantitative, “constructivist” qualitative and “critical realism” mixed-methods paradigms proper. Likewise, it is a proper scientific tradition to identify several assumptions or principles, namely the ontological, epistemological, and methodological assumptions under each of these (Ahmed 2008:2-5; Christians 2005:183-184; Denscombe 2008:270-280; Denzin et al 2009:183; Gelo 2012:110-111; Krauss 2005:758-761; McGregor & Murnane 2010:419-421; Pontrotto et al. 2013:43; van Zyl 2012:11-14; Yilmaz 2013:311-317; Zachariadis et al. 2013:1-2). Consistent to the pertinent elaborations of the aforementioned scholars, reasonably summarised and concise enough descriptions of the three major paradigms get presented as follows:

- Positivist (positivism) or quantitative research paradigm (pathway) is claimed to be focused on objective and mainly numerical statistical explanation and hypothesis testing of phenomenon of interest; whilst debatable, the core tenet of this pathway is neutrality, objectivity, quantification, and singularity or unity of the reality of research interest.
- Constructivist (constructivism/interpretivism/relativism) or qualitative research paradigm (pathway) is claimed to be inherently naturalistic interpretive

exploration, explanation, and generation of relevant hypothesis; the central point of departure of it is such that the existence of “many truths and multiple realities” possibility consideration doctrine of scientific inquiry.

- Realist (realism) or critical realism and also commonly referred as the “third paradigm” or “third movement” is a balanced alternative mixture of the aforementioned two paradigms or philosophies proper. And, essentially, it is all about judicious as well as flexible combination and application of the quantitative and qualitative tracks (mixed-methods) into a single inquiry of interest; the mixed-methods pathway may involve multi-methods application too.

Any one of the chosen paradigms is believed to shaping the overall research thinking and methodological specifications in particular. With the essential underpinnings of the critical realism, therefore, the mixed-methods and multi-methods orientation was chosen to better guide, measure, and explain the given phenomenon of the inquiry. The specific choice of the critical realism was substantiated by the inherent complex feature of the research domain, namely studying progressively positive health and social development responsiveness optimisation potential. Series of concurrent quantitative descriptions and qualitative interpretive explanations do form the main stay of the given mixed-methods and multi-method research process (Ponterotto et al 2013: 54,56; Venkatesh et al 2013:21-22; Guest 2012: 141-144; Gilson 2012: 54; Tashakkori et al 2009: 284).

Assumptions, on the other hand, are realistic principles and expectations often based on empirical logic and reason and not necessarily on evidenced proofs. In connection, the corresponding explicit set of philosophical assumptions (principles) is required to get elaborated based on the specific choice of the pertinent paradigm in particular. Overall, an assumption based on the Merriam Webster Dictionary (2015 online), “assuming that something is true; a fact or statement (as a proposition axiom,

postulate or notion) taken for granted”. Based on the already highlighted in the above paragraphs, the core ontological, epistemological, and methodological assumptions get briefly specified as follows:

- “*Ontology*” of the assumption is the nature and philosophy of reality itself; what is reality?
- “*Epistemology*” of the assumption is the nature of knowledge on how we come to know the reality; how can we know reality?
- “*Methodology*” of the assumption is the practice of generation of knowledge to explaining the reality; which techniques do we use to find about the reality?

In this research, the ontological, epistemological, and methodological assumptions will be referred to; with the essential underpinnings of the elements of DS, PHD, PYD, and SD theoretical models and the critical realism framework respectively.

### **1.7.2 Theoretical Framework**

In light of the description made earlier by Crotty, Ahmed (2008:4) has reiterated that a theoretical perspective or framework or ground is the logical theoretical foundation and position guiding the general research context and its methodology. The proposed research draws and hence builds upon the wide ranges of cross-cutting and interdependent as well as, equally, synergistic theoretical frameworks. The most notable ones are ecological and life-course, DS, HD, PH, PHD, PYD, and SD theoretical grounds in particular. Whereas the necessary details will get elaborated in Chapter 2 of the Thesis, here below highlighted are the central concepts of the respective theoretical frameworks together with the selected pertinent reference sources.

### **1.7.2.1 Developmental Science, Ecological Model, and Life-course Development**

On the overall, the developmental science perspective is taken at the very core of this research enterprising. Bronfenbrenner & Evans (1979:117) do enlighten as “Developmental Science is the systematic scientific study of the conditions and processes producing continuity and change over time in the biopsychosocial characteristics of human beings – be it over the life course, across successive generations retrospectively through historical time, or prospectively in terms of implications for the course of human development in the future ...”. One of the leading authorities in the field, Lerner (2015:165-169), commonly describes what was termed as the “Contemporary Developmental Science” alongside and inseparably with the “Relational Developmental Science”.

Essentially, in view of the bi- or even multi-directional influences of one another, Relational Developmental Science involves complex interactions and transactions of the various agencies, contexts, circumstances, and systems/structures. In this very line, Lerner boldly asserts “... that developmental science can contribute to both enhancing positive development among diverse individuals across the lifespan and promoting social justices in their communities, nations and regions is supported by decades of theoretical, methodological and research contributions” (ibid.). Similarly, oftentimes, changes will have to take effect throughout the life-course by and with the mutually interwoven influential and complex transactions consistent to the Relational Developmental System Model (RDSM) perspectives (Bowers et al. 2012:298-299). Furthermore, by quoting Lerner and Steinberg (2004), Ungar reemphasises that “development at any point across the life span involves the relationship of diverse and active individuals and diverse and active and multitiered ecologies” (Ungar 2010:7).

The ecological development model derives from the intricate, multidimensional, and multi-level interactions/transactions of the various human environments, namely bio-

behavioural, cultural, economic, life-course physical, physiological, social, and related attributes. (AIHW 2012:9-13; Asakura et al. 2015:1-7; Brofenbrenner 1994:37-38; Farber et al. 2013:484; Halfon et al. 2018:1-6,20-27; Halfon et al. 2014:347; Halfon et al. 2002:437&438; Parkes et al. 2009:669-671; Rosa & Tudge 2013:243-258). Specifically, the «ecological, asset-based approach that promotes healthy development is believed to be «strengths-based» enthusiastic empowerment with the possibilities of dynamic enhancement on the strengths with the active and informed participation as the «building blocks of healthy development » (Bradshaw et al. 2006:2-4,11-12).

And, «A lifecourse approach provides a proven means of optimising health, wellbeing, and functional ability of individuals ...» (WHO 2018:26). Like with the ecological model, at present, the life-course development is recognised to be increasingly assuming promising central space along with scholars dynamic optimisation discourse in particular. In fact, these two perspectives are intericately interlinked. Halfon and Forrest (2018:21) provide an elaborated as well as up-to-date «Life Course Health Development Framework». The intersections of the ecological model, life-course development, and relational developmental system science feels clear enough. Health development, which is presumed to get produced by the social system gets characterised by wholism, unfolding, complexity, plasticity, timing, thriving, and harmony (Halfon & Forrest 2018:21-27). The briefly highlighted here above specific theoretical pathway was viewed foundational to systematically guiding the concerted implementation of this given research effort proper.

### **1.7.2.2      *Human Development, Positive Human Development and Positive Youth Development***

“Human Development” coined as the “development of the people by the people for the people” with due recognition that “people are the real wealth of a nation” has been given more coherent emphasis by the global community by the launch of the “Human Development Report” by the United Nations Development Programme for

the first time in 1990 (Alkire 2010:1-6). Essentially, the central mission of human development (HD) is to enlarge and widen peoples' choices to be able to realising potentials to a dynamically fulfilling life (ibid: 7-11). The consistent key features of HD (ibid: 15-16) across the years are:

- Peoples' lives placed at the very centre of any conceivable dimension of meaningful sustainable development;
- Elasticity, flexibility, and plasticity;
- Creation of capacities and capabilities;
- People as the agents who create and maintain positive outcome in a sustainable system across time.

In recent years, Lerner and his colleagues have been rationalising on PHD, with due emphasis on relational developmental system and enduring changes as a meta-model or meta-theory on top of (over and above) the PYD (Lerner 2015:165-168; Lerner 2006:41-43).

Essentially, PYD is closely tied to/with the positive psychology and positive human development as a whole (Yates et al. 2004:522,529; Lerner 2015:165-16169; Lerner 2006:41-43, 47). Fairly much has been emerging pertaining PYD over the last two and half decades in particular (Bradshaw et al. 2006:1-3, 11&12; Christens et al. 2012:623&624; Eichas et al. 2010:213&214; Geldhof et al. 2013:163&164; Gestsdottir et al. 2011:766; Lerner et al. 2010:766; Shek et al. 2009:115-117; Shek et al 2010:41&42; Sun et al. 2012:1-5; Vella et al. 2011:33). The central premise of PYD is strengths-based holistic development through effectively and optimally capitalising on the "Five/Six Cs" framework in relation to youth, which will get explicated in Chapter 2.

### **1.7.2.3 Sustainable Development**

SD has become not only a catch word but more so universal global aspiration and hence collective drive since the launch of the Sustainable Development Goals

(SDGs) by the United Nations General Assembly in September 2015 (2017:5-8). In fact, SD is the collectively governing paradigm of the contemporary civilisation. It will be impossible to attempt to address progressive positive health and social development responsiveness optimisation potential without anchoring upon such an important paradigm of SD to the global community.

SD gets defined based on several traction points of views of different developmental domains. SD being a relatively recent feature among the collective global community, its definition has been evolving over the last three to four decades in particular (Ascione 2003:42-44; Emas 2015:2-3; Kironji 2018:8,50,55-56; Nwachukwu 2011:1,5-6,14; Parris & Kates 2003:560-570; van Zyl 2012:2; ver Lora 2011:10-16). Based on the classical foundational effort named “The World Commission on Environment and Development: Our Common Future” commonly known and referred to as “Brutland Commission Report”, SD gets defined as “a development that meets the needs of the present without compromising the ability of the future generation to meet their own needs” .

Obviously, it will be very important to recognise the prevailing considerable overlaps of the concisely described here above theoretical perspectives. SD may well be taken the inherent logical umbrella of the aforementioned theoretical frameworks as well. The Researcher is convinced that laying sound bridging across and hence constellation of the aforementioned foundational theoretical perspectives will enable effective guidance and implementation of the given complex research phenomena, namely progressively positive health and social development responsiveness optimisation potential among youth and their parents in Addis Ababa. Essential detailing elaborations of the aforementioned and related with contemporary knowledge get presented in much depth within Chapter 2 of the Thesis per se. And still, the section described above has concisely covered the key research concepts, terms, and theoretical foundation of the study. The next section will deal with the core aspects of the methodological orientation of the research.

## **1.8 RESEARCH METHODOLOGY**

Methodology is at the very heart of any scientific inquiry. Methodology can be expressed as “a body of methods, rules, and postulates employed by a discipline; a particular procedure or set of procedures of a particular field; the analysis of the principles or procedures of inquiry” (Merriam Webster Dictionary 2015 online). Research methodology, essentially, forms the integral foundational paradigm of the specifications of the research design and research methods. The research or scientific methodology entails description of the overall logical framework and plan which defines the ultimate methods specifications. It is the essential basis for the proper understanding of the methods, norms, principles, and related procedures of a research undertaking. Positivist or constructivist or relativist and accordingly quantitative or qualitative or mixed methodological orientation traditions (paradigms) are differentiated. This research has followed the relativist and mixed methodological tradition (Ahmed 2008:1-5; Gelo 2012:111; Haig 2010:1326; Harrilal 2008:9-16; Kraus 2005:758-759; van Zyl 2012:11-26; Yilmaz 2013:312-315,319). Whereas the full spectrum of the Research Methodology gets detailed in Chapter 3 of the Thesis, presented here below is the core architecture of it as the integral part of the Study Orientation proper.

### **1.8.1 Research Setting**

Addis Ababa, the capital city of Ethiopia and the diplomatic-political capital of Africa with the seat to the Africa Union Commission and the United Nations Economic Commission for Africa (UNECA), in particular, is one of the largest African metropolitan with an estimated official residential population of nearly 3.5 million. At the same time, considerable proportion of yet uncounted and unregistered migrant population is believed to inhabit the City. And the City is being administered by the City Council led by a City Mayor, which is divided into ten Sub-City Administrations and 116 Worde (equivalent to a county or a district) Administration units at the time of



the field activity. The number of Woredas within a Sub-City ranges between 10 and 15 whereas the total population of a Sub-City is between 211,380 and 500,163 (Addis Ababa City Administration 2015:11-12,445, 446; GTPII Ethiopia 2016:39&183). Furthermore, in the respective order of size, Ketenas (Zones), Villages, and Blocks are being identified under each of the Worde Administration setup. Depending on the relative household density and size, a Worde may have an average of 8 - 15 Ketenas or zones and respectively, again, a Ketena comprising somewhere around 4–6 blocks. A block may have up to 25 to 60 households and with the assumption that a household will have an average of 4.5 persons, it is possible to rationalise in between 112 to 300 (an average of 200) persons residing within a given block. This given study is a community based research and study samples were recruited from this community.

### **1.8.2 Research Design**

In general a design may mean the structural logical blueprint, layout, and plan of something to get concretely constructed or developed. Merriam Webster Dictionary (2015 online) describes design as “to plan and make decisions about (something that is built or created); to plan and make (something) for a specific purpose; to create, fashion, or construct according to plan; to devise for specific function or end”. By a logical extension, technically, the research design is the decision blueprint to the eventual empirical research implementation proper. The research design is the crucial domain of the research methodology. A research design deals with the essential technical logic of inquiry of the proposed research which ultimately should guide the research methods proper. Particularly from the positivist quantitative domain, two broad design domains, namely observational and experimental designs are known. Therefore, in typical conditions, research designs may get characterised as descriptive, correlational, quasi or semi-experimental, experimental, and meta-analytical (Basdwin 2010:1172-1175; Dawes 2010:1544-1546; DeForge 2010:1253-1255; Gilson 2012:47-54; Ponterrotto et al. 2013:51; Reznitskaya & Sternberg 2004:192-193; Vankatesh et al. 2013:21-24; Yilmaz 2013:312-315).

Essentially guided by the critical realism domain, this study implemented the expanded descriptive, correlational analytical case control, and quasi-experimental designs mix for the quantitative aspect; and, expansive descriptive and explorative design for the qualitative domain proper.

### **1.8.3 Research Method**

The Merriam Webster Dictionary (2015 online) describes method as “a way of doing something; a careful and organized plan that controls the way something is done; a procedure or a process for attaining an object; a systematic procedure, technique, or mode of inquiry employed by or proper to a particular discipline or art; a discipline that deals with principles and techniques of scientific inquiry”. Research method, essentially, focuses on the critical aspects of the research methodology under which the specific dimensions such as population, population sample, sample size, sample technique, data collection, and data analysis practices of the proposed research undertaking get soundly clarified. As such, it duly characterises and lays the respondents/participants; research method comprises the process, procedures, techniques, instruments/tools, data collection and related attributes of the research undertaking.

Depending on the specific research paradigm and principles, at least, the deductive, inductive, and abductive (oscillating) methodological versions can be differentiated. The research method is the detailing of the specific techniques, processes or procedures that researchers use for the structure and implementation of a study. These procedures include the gathering and analysis of the data relevant to the research question, problem statement, and the study objectives (Ahmed 2008:5; Gaber & Gaber 2010:1040-1043; Gelo et al 2012:119; Haig 2010:1326; Polit and Beck 2012:12). The research methods in this study has covered aspects such as population, sample, sample selection method, sample size, data collection, data analysis and ensuring validity and reliability.

Guided by the critical realism assumption gradient, this study was planned to implement the mixed-methods (Gilson 2012:54; Guest 2012:141-144; Ponterotto et al. 2013:54,56; Tashakkori 2009:284; Venkatesh et al. 2013:21-22) on a large enough population sample. Equally, it has endeavoured to apply the reasonable mix of descriptive, correlational analytical, and semi-experimental quasi-intervention) continuum alongside the sizeable interpretive portion. Cross-sectional descriptive, case-control, and quasi-experimental cohort domains form the integral thread of the quantitative wing; whereas the focus group discussion and in-depth interview domains form the qualitative wing of the mixed-methods tradition of the proposed research undertaking (Ahrens & Pigeot 2005:4-5, 18-19; Yilmaz 2013:312-315).

Mixed-methods or sometimes referred to as: the “*third methodological movement (paradigm)*”, essentially, is all about implementation of the possible various combinations of the quantitative and qualitative paradigms as integral whole (Christians 2005:158, 198-199; Gilson 2012:54; Tashakkori 2009:287, 288; Venkatesh et al 2013:22). Distinctive features and advantages of the mixed-methods are possibilities of: triangulation of different techniques; triangulation across data sets; asset to complementary data set and analyses; and elaboration of results from different dimensions, and guiding further depth of inquires. The main concern of the mixed- methods dimension is its implementation complexity in particular (Venkatesh et al 2013:26). Nonetheless, the concerted implementation far outweighs the potential concerns. Convergent, concurrent (Guest 2012:144) implementation of the quantitative and qualitative dimensions of the mixed-methods in the context of the critical realism (Venkatesh et al 2013:37, 41) had formed the main thread.

Based on the above elaboration, it is a common scientific practice to soundly elaborate the following integral components of the methods dimension of the scientific research proper:

- The population and the sample;
- The sampling procedure;
- The data collection;

- The data analysis.

In this Chapter, it will suffice to present the concise enough orientation of the integral components whereas the full scale of the methods will further get detailed in Chapter 3 consistent to the given here above overview of the design and methods provision for both the quantitative and qualitative domains (mixed methods); scientifically and thus methodologically pertinent and sound population, sample size, sampling procedure, data collection and the instruments, analysis, scientific rigour, and ethical related details of the method will get presented with due elaboration in Chapter 3.

### **1.8.3.1 Population**

*Universe:* Residents of Addis Ababa City Administration.

*Reference population:* Resident Youth and Adults of Addis Ababa City Administration.

*Study population:* Sampled youth and adults within the randomly sampled 36 clusters of the Addis Ababa City Administration. The clusters are the residential blocks.

#### *Inclusion criteria*

- Addis Ababa dwelling Ethiopian citizen;
- Male and female youth (15-24 years) and their parents (35-65 years);
- Identification of the proof of formal Addis Ababa City Admin resident status;
- Being residential home-based;
- Receipt of consent and assent of willingness to participate.

#### *Exclusion criteria*

- Those who do not fulfill the above set of criteria.

### **1.8.3.2 Sample Size and Sampling Technique**

A sample is a reasonable subset estimate of eligible that a researcher selects from a larger pool and generalizes the results to that population. The population is the larger pool that has an important role in sampling (Neumann 2011:219-224; Ward et al. 2012:218).

### **1.8.3.3 Sample Size**

According to Kelly (2010:1302; Ward et al. 2012:240-241), “sample size planning is the systematic approach to selecting an optimal number of participants to include in a research study so that some specified goal or set of goals can be satisfied” Samples, for the given study, are rationalised by the quantitative and qualitative domains of the mixed-methods research endeavouring.

**Quantitative:** Accordingly, for the cross-sectional descriptive and explorative specific measurements per se, randomly selected 36 clusters (blocks), approximately 3 persons/household and 30 households per cluster and an average of three (3) persons per household of Addis Ababa’s metropolitan population were targeted making a potential maximum estimate of 3,240 persons’ coverage. The random selection of 36 clusters (blocks) and, respectively, the study units get implemented with stratified appropriation consideration (UNDP 2015:46) by the largely lower (24 clusters or 2,160 persons), largely inter-mediate or middle (8 clusters or 720 persons), and largely higher (4 clusters or 360 persons) socio-economic residential neighbourhoods settings. The classification was based on the commonly apparent conventional wisdom coupled with the Investigator’s practical gross observation.

In respect to the case-control portion, to be able to identify the determinant factors, the sample size was estimated on 1 case to 3 controls rationalization, a total sample estimate 736 (184, 552) was obtained by using following specifications of the Epi Info 7.0 StatCalc’s “*Sample Size and Power – Unmatched Case-Control Study (ILL –*

*NOT ILL*): confidence interval of 95.0%, power of 90.0%, ratio of controls to case 3, percent of controls exposed 10.0%, odds ratio 2.25, and percent of cases with exposure. For the quasi-experimental (quasi-intervention) portion proper, however, one-fourth from each of the defined levels of strata was enrolled making a total of nine (9) clusters, 270 households and 810 persons. And, therefore, it was rationalized as: the largely lower (six clusters or 540 persons), largely intermediate or middle (2 clusters or 180 persons), and largely higher (1 cluster or 90 persons) socio-economic residential neighbourhood settings.

**Qualitative:** In the specific case of both the focus group and in-depth interview domains, the theoretical emergent sample size estimation principle was guided by striking sound balance between the saturation phenomena and the realistic feasibility considerations in particular. Accordingly, the reasonable enough sample pool of each was tailor-made across the largely lower, largely inter-mediate or middle and largely higher socio-economic residential neighbourhood settings. With such reasoning 18 focus group discussion (FGD) sessions with an average of six to twelve persons per each FGD and 18 in-depth interviews (IDI) were planned. The FGDs and IDIs were conducted exclusively among adult segments.

#### **1.8.3.4 Sampling Technique**

Sampling is a fundamental scientific research process. Sampling is “the process of choosing/selecting a sample as an integral part ... a sound sampling method will result in a sample that is free from bias ... and is reliable ... A sample that is free from bias and reliable is said to be representative of the entire population of interest ... enabling the researcher ... draw valid conclusions about the larger population of interest” (Frity & Morgan 2010:1303; Ward et al. 2012:240-241).

**Quantitative:** This research, essentially, has to capitalise on the stratified multi-stage sampling. Series of random sampling technique was implemented across the levels. Commonly referred as “geographic sampling”, cluster-based sampling is a probability

sampling with the prime focus on random selection of the natural groupings in the first order: Woredas (equivalent to the counties or districts), Kebeles (lowest administrative entities at the time), and blocks (proximal residential neighbourhoods or villages). Such random sampling technique is considered relatively cost and time saver and hence efficient enough sampling approach.

**Qualitative:** In light of the evolving theoretical sample size, the *Idirs*, which is the governance committee members of the indigenous local self-help associations, were enrolled into the focus group discussion on purposive model. Again, the enrolment of the in-depth interview participants was purposive upon solicitation of local opinion makers based on uniformly applicable clear set of criteria across the strata of the research interest, namely the dominantly higher, middle, and lower socio-economic residential settings (neighbourhoods) proper.

#### **1.8.3.5 Data Collection**

Data collection is defined by Polit and Beck (2012:293) as the gathering of information to address a certain research question. Data collection procedures in research should remain objective and systematic. The data is to be kept free from researchers biases and beliefs and values or attitudes, and systematically collected uniformly, consistently and standardised, and should be identifiable, repeatable and yet confidential (LoBiondo-Wood & Haber 2010:269).

Both structured questionnaire and unstructured mix of data collection instruments were rationalised and implemented. Both the structured and unstructured domains, essentially, had to rely on interviewer-administered type of the data collection. In order to ensure maximal validity fruition, all of the pertinent data collection tools and instruments were developed with extensive consultation and review of pertinent literature within Ethiopia and outside. Structured questionnaire which, essentially, was made closed-ended technique was found appropriate for the quantitative aspect (portion) whereas the unstructured open-ended technique was suited for the

qualitative aspect (portion) of the proposed study. Measurements of the attributes status, responsiveness preparedness-readiness, factors, and effects were addressed mainly with the structured model whilst the perceptions and related more with the unstructured open-ended. In integration, the structured and unstructured mix is believed to enhancing the improved explanation of the composite complex nature of the phenomenon of interest (Windle, Bennett & Noyes 2011:2-4). Trained and qualified data collectors were commissioned under robust oversight by the Supervisors and the Investigator.

#### **1.8.3.6 Data Analysis**

In quantitative studies, the data is a complex field of knowledge especially in analysis. Nonetheless, data analysis allows the researcher to organise, interpret, and communicate numerical information. Logical thinking ability is important with data analysis and hence the use of charts, graphs and tables, which represent or gives a picture of the evidence collected by the researcher (Polit & Beck 2012:388). Both the statistical (Lipsey et al 2009:61-66; Venkatesh et al 2013:38-44; Zachariadis, Scott & Barrett 2013:10-11) and non-statistical techniques have formed completion, complementary, explanation, and corroboration/confirmatory roles and uses of the analysis.

For the quantitative portion, all the pertinent descriptive and correlation and predictive inferential statistics, including frequencies, central tendencies, bivariate, and multivariate related statistical estimations were generated using the standard Statistical Package for the Social Sciences (SPSS) readily available 20 version. For the qualitative portion, Tech's method of qualitative thematic analysis approach was used through thick description of the transcriptions wherein the verbatim of focus group discussants and in-depth interview participants have formed the main stay (Maxwell 2009:224; Christians 2005:158); as integral part and parcel of the analysis, illustrative enough quotes were directly cited and incorporated as the data analysis meaning units; a specific computer-based soft ware program called ATLAS.ti 7.0 was



implemented. Using this tool, coding, entry and prudent analysis of the outputs of the FGD and IDI were conducted. The effective triangulation continuum, including the analysis phase is believed to have improved the scale and scope of the scientific evidence of the research.

#### **1.8.4 Validity, Reliability, and Trustworthiness**

Scientific rigour is fundamental towards ensuring high quality evidence (Venkatesh et al 2013:31-35; Zazahariadis et al 2013:4-8; Gilson 2012:56-57). Validity, reliability, and trustworthiness comprise fundamental core indices of scientific rigour across paradigms. The Researcher has ensured all of the necessary measures across the continuum in respect. The series of coherent and integrative measures, including robust execution and triangulation across the study's salient phases were believed to have ensured sound degree of validity, reliability, and trustworthiness. The required details get elaborated under the pertinent section in Chapter 3.

### **1.9 ETHICAL CONSIDERATIONS**

The correct moral judgement which technically is called ethics must form among the fundamental requirements particularly in undertaking human research. Overall, the study was ensured to adhere to the full set of principles and standard of practices stipulated by UNISA's Policy on Research Ethics (UNISA 2016:1-33). To the effect, the ethical responsiveness and scientific soundness of the proposed entire research endeavour was approved and cleared by the UNISA Health Studies Intra-Departmental Review Committee on 23<sup>rd</sup> March 2016. Accordingly, the ethical responsiveness consideration of this research is made to take into due account the four major dimensions consistent to the 'bedrock' ethical principles and hence fulfilment requirements as stipulated Nuremberg Code, the Helsinki Declaration and the related to subsequent others (Herrera 2010:426; Mahendradhata et al 2016:1), namely:

(1) The secure of ethical clearance from the Department of Health Research Ethics Committee and permission from the Addis Ababa City Administration Council's Health Research Institutional Review Board (Committee) to conduct the study from the community of Addis Ababa (*annex 6*);

(2) The rights of the participants were ensured by obtaining informed consent as well as through ensuring confidentiality, right to privacy, fair treatment and protection from any possible harm in the process of participation;

(3) Scientific integrity was ensured by avoiding plagiarism and correctly citing or using sources of information; therefore, consistent with the Helsinki Declaration (the research process has ensured establishment of positive and stimulating rapport at all levels;

(4) The Investigator (Researcher) has adhered to the necessary ethical fulfilment tool inbuilt in all of the processes (*annex 6*).

## **1.10 SCOPE AND LIMITATIONS OF THE STUDY**

Based on the set of objectives and, respectively, by employing the critical realism and as consequent the mixed-methods, the proposed study endeavours to describe and explain the minimal bedrock building-block core attributes set continuum of progressive positive responsiveness potentials of youth and their parents in Addis Ababa on health and social development optimisation. The measurement of the composite characteristics phenomenon of “progressive responsiveness optimisation potentials” through the ranges of the proxy constructs and thus variables will capitalise upon robust implementation of methodological pluralism through the triangulation of the structured and unstructured data collection techniques. Likewise, the analysis and interpretation will be correspondingly rigorous enough.

Lack of a clearly defined “*gold standard*” to the measurement practice whether for the composite or its constituent constructs is a notable limitation. Being a composite phenomenon and thus construct, measuring progressive positive responsiveness optimisation potentials is quite a complex undertaking and assurance of exact measurement of it and, also, achievement 100 % guarantee of absolute objectivity might not get accomplished. Also, the findings of the proposed research are presumed applicable to the confines of the Addis Ababa’s youth and their parents’ population cohort in particular. Even in view of the highest possible degree of rigour across all of the processes, validity threats might not be claimed fully controlled due to the inherent nature of the design and accompanied with methods in particular.

### **1.11 STRUCTURE OF THE STUDY/THESIS**

Consistent to the guidance by the MMNUALLL 2015/301/01 through 2020/301/01 of the Department of Health Studies, the study comprises and adheres to the following standard structure. This Thesis has been structured into the following chapters (table 1.1).

**Table 1.1: Structure of the thesis on health and social development innovation guidance framework: harnessing progressively positive responsiveness optimisation potential among youth and their parents, Addis Ababa, Ethiopia 2017-2018 (MULUGETA Betre Gebremariam).**

CHAPTER	TITLE	CONTENT DESCRIPTION
1	Orientation of the study	The introduction of the study, overview of the research problem, problem statement, the research purpose, research question and hypothesis, the study objective and the significance of the study. The theoretical foundation of the study, research design and study methods were briefly introduced.
2	Literature view	A comprehensive search for literature on the topic which was under investigation and information on what is published or discussed in the literature about the phenomenon.
3	Research design and methodology	The overall plan for addressing the research question and problem, objectives, including the setting, population, sampling and sampling technique, sampling size, data collection and data analysis, ensuring validity and reliability and ethical considerations.
4	Data representation, analysis and interpretation	Presentation, analysis and interpretation of the research results.
5	Discussion, conclusions and recommendations	Systematised discussion, summarisation, conclusions, and recommendations
6	Synthesis of the prototype model innovation intervention guidance framework	Elucidation of the prototype model intervention innovation guidelines (guidance) framework,

Overall, consistent to the elaboration by Clarke and Powell (2009:17-26), the given scientific work along with the partial fulfilment of the qualification to Doctorate of Literature et Philosophy (D Litt et Phil) in Health Studies (Doctorate in Public Health Studies/PhD) has aimed at the attainment of:

- Independent critical ability;
- Technical competence in the scientific field of study;
- Meeting the highest possible standard of research practice;

- Presentation and defence of scholarly thesis;
- Production of peer reviewed publication;
- Contribution to knowledge expansion in the field together with the initiation of Novel track(s);
- Stimulation of dynamic innovations to the attainment pursuit of optimal best solutions.

After all: "... PhD students are expected to make a substantive, original contribution to knowledge in their area ... the notion of a 'doctor' is that the holder of such title can initiate research that contributes to knowledge and, importantly, be aware enough of the context and the implications ... to explain and defend it and continue to initiate work of a similar standard ... can continue to do so in an independent and sustained way ..." (Clarke & Poll 2009:15 & 26).

## **1.12 CONCLUSION**

Chapter 1 of the Thesis has dealt with the fundamental introduction and orientation dimensions of the research. This Chapter lays the pertinent background to the research problem, research problem itself, significance of the research, aim/objectives of the research, definition of key concepts/terms of the research, theoretical grounding of the research, design and method of the research, and scope of the research and structure of the Thesis per se. Overall, Chapter 1 will serve the essential integral foundation to systematically guiding all of the forthcoming chapters of the Thesis work. The Literature Review is discussed with the appropriate depth in Chapter 2 as follows

## **CHAPTER TWO: LITERATURE REVIEW**

“Familiarity is the staunchest enemy of inquisitiveness and criticism ...  
and thus also of innovation and the courage to change.”

(Bauman, 1990)

## 2.1 INTRODUCTION

As it was highlighted in Chapter 1, this research project was set to analyse/investigate and guide health and social development innovation framework among youth and their parents based on progressively positive responsiveness optimisation potential. It is understood that sizeable evidences have been accumulating with greater focus around managing the adversities, deficit, hazards, risks, shocks, vulnerabilities, and related dimensions of health and social standing of the youth and adults in particular. At the same time, however, even if relatively lately, some degree of emphasis has been exerted on what can be referred as the “positive” or “strengths-based” potential dimension of health and social related development of the youth and adults (Lerner 2015:165-168; Lerner et al 2012: 119-122; Luthans & Jensen 2002: 304-305; Mittlemark et al. 2017:V; Peterson 2009: 3-4; Ungar 2021:1-4, 8-11 & 31). A pertinent example in this respect is the “Positive Health”, “Positive Human Development (PHD)”, “Positive Peace”, “Positive Youth Development (PYD)” and concept used to address stereotypes and inequalities in the provision of health and social development needs of both youth and adults (Lerner 2015:165-168; Lerner et al 2012: 120-124; Lerner 2005: 10-11).

Even then, PHD and PYD optimisation cannot be expected to get realised to the maximum potential until the layers of surrounding environmental (system-wide) circumstances and influences get reoriented to the dynamically proactive, synergistic, systematic and sustainable belongingness, ownership and leadership functional model trajectory aspirations proper. In respect, intentional efforts need to be made to provide sustainable development aspirations for both youth and adults in ways that positively impact the individual and collective dimensions of the present and future generations. Concerted pursuance of the progressively positive health and social development based on responsiveness optimisation potential trajectory will bring about a hopeful future (Lerner 2015:165-168; Lerner et al 2012: 120-124; Lerner

2005: 10-11). Healthy connectedness and positive bonds between youth and parents call for contribution of each to the relationship which justifies dynamic harnessing. Harnessing progressively positive health and social development responsiveness optimisation potential of the youth and their parents can rightfully be viewed as the foundational fabric of overall wellbeing, security, and sustainability of any community. And, in fact, the very essence of the “Human [Capital] Development” and well-being notions (Fukuda-Parr 2003:302-303; UNDP 2015:1-3; UNDP 2020:3-6; 2021: B, 1-11, 94-98,131&156), essentially, revolve around this very same central theme. Addressing challenges and possibilities to the dynamic betterment of progressively positive health and social development responsiveness optimisation potential will remain central to humanity in general. The breadth and depth of scientific evidence, specifically, along the positive health and social development based on responsiveness potentials is out to call for progressive enrichment and ongoing empirical investigation. Contributing towards defining the potentially alternative set of solutions on issues of health and social development optimisation among youth and their parents forms the main integral thread of this research.

In order to pursue with the proposed full scale research and guidance enterprise, first and foremost, therefore, it could have been a foundational scientific prerequisite to undertake rigorous literature research pertaining the thematic area. It, essentially, was impossible to think of conducting sound scientific research without fulfilling a priori the requirements of thorough literature research as a precondition. Indisputably, thorough literature search, review and analysis are considered essential theoretical research undertaking dimension in its own right proper. Rigorous literature research and digest-review are recognised to having multiple functions and thus usefulness to the conduct of a scientifically sound research undertaking. Accordingly, the Chapter gets focused upon deliberating the contemporary discourses surrounding the major features of development, health and social development spectrum, progressive responsiveness optimisation potential with elaboration of the essential attributes. Equally importantly, the likely challenges and possibilities of measurement and



analysis of progressively positive health and social development responsiveness optimisation potentials among youth and their parents get guided by the available contemporary global scientific literature.

## **2.2 DEVELOPMENT, DEVELOPMENT THEORIES, AND SELECTED DIMENSIONS OF DEVELOPMENT**

“Development is the most important challenge facing the human race.”

– Thompson (2013:50)

“Successful and progressive societies are defined in their ability to improve the quality of life of every successive generation.”

– Thompson (2013:79)

Development is an important subject from any of the conceivable societal interest dimensions. Webster’s New Twentieth Century Dictionary (2015), refers to development as a step or stage in growth; advancement. Midgley (2013: 4) defines it as “*a process of change, growth, progress or evolution ... multi-faceted process that compromises social, cultural, gender, political, environmental as well as economic dimensions*”. By capitalising upon Ascione’s specific description (2003:35-36), “*development is growth plus change. Change, in turn, is social and cultural as well as economic, and qualitative as well as quantitative*”. Even if development has ever been becoming the global cache and entrenched as an imperative to humanity since the 1950s already, it however is not uncommon to find different perspectives of development. And also there do prevail widely varying degrees of conceptualisation, mechanisms, philosophies, perspectives, principles, theories, values, views and so

forth on development (Ascione 2003:6-8, 10-14, 22-23; Turner et al 2014:1-2; UNDP 2020 & 2021).

Overall, the concept of development can be looked from widely varying dimensions and hence get described in different forms and perspectives (Alkire 2010:1-6; Emas 2015:1&2; Fukuda-Parr 2003:302-310; Gestsdottir et al. 2010:764-766; Halfon et al. 2018:1-5; Halfon et al. 2014:344-354; Halfon et al. 2002:433,437,441; Huitt et al. 2011:2-6; Lerner 2015:165-167; Narvaez et al. 2012:2; Parris et al. 2003:561,570&571,566-569,581; Shek et al. 2009:41&42; UNRISD 2011:2-9). And, essentially, “The specific aim of development ... achieving a better life” both at the individual and societal levels (Ascione 2003:98). At the very same time, against a variety of efforts, the intense economic life dimension has not been straightforward enough to date. Similarly, issues of attribution, complexity of the phenomenon, counterfactual issue and methodological gaps are hampering the efforts. It as well is worthwhile to note that there yet have been successive enough prevailing challenges and difficulties of conceptualisation of the notion of development itself over the decades albeit some degree of successes and appreciable progresses on its discourse. Also, it was not uncommon enough to encounter relatively narrower and, at times, even contradictory perspectives of development in the early eras in particular (Frank & Nason 2009:428-430,528; Thompson 2013:103-108; Woolcock & Narajan 2000:227-228).

Now a day, development being considered the universally governing global phenomenon, it is impossible to think of dimensions as well as settings of life across the world wherein development can be compellingly and also reasonably undermined. In fact, scholars like Ascione (2003:52-56&96) have characterised development, as a universal ideology, deep-rooted belief and surrogated religion, particularly, since the second half of the twentieth century. In connection, Ascione has, specifically, pointed the notion of “Universality of Development and Human Development”. The central philosophy of development is such that progressive advancement and optimisation will have to take place thereby to be able to ensure

high quality of life and well-being, including by taking into account Zygmunt's statement that "familiarity is the staunchest enemy of inquisitiveness and critics – and thus also innovation and courage to change". Again, people being the engines of global development aspiration, it is believed to be expansively and also inherently transcendent both in spatial and temporal dimensions (Ascione 2003:78-86).

Like the conceptualisation, there, also, do prevail different development models and that the "straight-jacket" approach will not be appropriate. According to what is known as "Rentier's Development and Competition (RDC), it is possible to differentiate state-led social and economic development ("Developmental State"), home-grown social and economic development, exploitive unbridled free market capitalism or neoliberal, hybrid, etc. (Thompson 2013:88-89). As whole, though, it is possible to identify two features or tracks of development, namely "the global track towards economic growth to everybody" and "ways of improving, enhancing the various local, regional situations ... constant changes in mainstream development through cooperation of alternatives" (Ascione 2003:141). At the same time, it is understood that "high levels of social capital are supposed to impact positively on the economic performance" whilst the mainstream development continues to get dominated by the economic and hard core domain unfortunately (ibid: 167&177). By quoting Lerner and Steinberg, Ungar (2010:7) has put a reemphasis that "development at any point across the life span involves the relationships of diverse and active individuals and diverse and active and multi-tiered ecologies".

The given research enterprise is tasked with guiding generation of sound evidences together with the consolidation of prototype model innovation intervention framework to the progressively positive optimisation of health and social development responsiveness in a typical developing country urban setting in particular. In connection, critical set of theoretical frameworks are supposed to guide the concrete empirical implementation. The foundational salient theoretical grounding of the given research gets elaborated below.

### 2.2.1 Ecological Development, Developmental Science and Developmental System

Prominent scholars like Bronfenbrenner (1994:37-38) and Rosa & Tudge (2013:243-258) have dwelt on the importance and significance of “Ecological” or else “Biopsychoeological” human development in expansive mode. On the overall, the developmental science perspective is taken at the very core of this research enterprising. Bronfenbrenner & Evans (1979:117) do enlighten as “Developmental Science is the systematic scientific study of the conditions and processes producing continuity and change over time in the biophyschosocial characteristics of human beings – be it over the life course, across successive generations retrospectively through historical time, or prospectively in terms of implications for the course of human development in the future ...”. One of the leading authorities in the field, Lerner (2015:165-169), commonly describes what was termed as the “Contemporary Developmental Science” (CDS) alongside with and inseparably the “Relational Developmental Science” (RDS).

Essentially, in view of the bi- or even multi-directional influences of one another, RDS involves complex interactions and transactions of the various agencies, contexts, circumstances and systems/structures. In this very line, Lerner boldly asserts “... that developmental science can contribute to both enhancing positive development among diverse individuals across the lifespan and promoting social justices in their communities, nations and regions is supported by decades of theoretical, methodological and research contributions” (ibid.). Similarly, oftentimes, changes will have to take effect throughout the life-course by and with the mutually interwoven influential and complex transactions consistent to the **Relational Developmental System Model (RDSM)** perspectives (Bowers et al. 2012:298-299). And, again, by quoting Lerner and Steinberg (2004), Ungar reemphasises that “development at any point across the life span involves the relationship of diverse and active individuals and diverse and active and multitiered ecologies” (Ungar 2010:7 & Ungar 2021:1-4, 8-11 & 31).

The ecological development model derives from the intricate, multidimensional and multi-level interactions/transactions of the various human environments, namely bio-behavioural, cultural, economic, physical, physiological, social and related. (AIHW 2012:9-13; Asakura et al. 2015:1-7; Farber et al. 2013:484; Halfon et al. 2018:1, 6, 20-27; Halfon et al. 2014:347; Halfon et al. 2002:437&438; Parkes et al. 2009:669-671). Specifically, the «ecological, asset-based approach that promotes healthy development is believed to be «strengths-based» enthusiastic empowerment with the possibilities of dynamic enhancement on the strengths with the active and informed participation as the «building blocks of healthy development » (Bradshaw et al. 2006:2-4,11-12). Often times, the dynamic multi-level multiple interactions, namely what get referred as micro-, meso-, exo- macro- & chrono-environment layer systems or biopsychosocial model gets equated with the ecological or Bronfenbrenner's model of development (AIHW 2012:9-13; Bronfenbrenner & Evans 1979 :117&122; Bronfenbrenner 1994:37-43; Rosa & Tudge 2013:243-258).

By directly quoting Bronfenbrenner's original 1979 definition, Rosa & Tudge (2013:246) have reiterated that: «The ecology of human development involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate setting in which the developing person lives, as this process is affected by the relations between these settings, and by the larger contexts within which these settings are embedded».

And, «A lifecourse approach provides proven means of optimising health, wellbeing and functional ability of individuals ...» (WHO 2018:26). Like with the ecological model, at present, the life-course development is recognised to increasingly assuming promising central space among the scholars dynamic optimisation discourse in particular. In fact, these two perspectives are intericately interlinked (Halfon et al. 2018:1-16,19-43).

As a whole, the comprehensiveness, inclusiveness, integrativeness, sustainability, and universality dimension of development appeared at the ever dominant demands. The pursuit of the development continuum from the simple to the more complex in order to be able to attain more meaningful and full life - which is referred as the higher and larger order function - is supposed to be within the reaches of each and every human-being (Jorgensen & Nafstad 2004:24-25). As it was clearly pointed out by Gestsdottir et al (2010:764), though, “*changes are mutually influential*” in the face of the multiplicity of layers of contexts and relationships among the constituent parties.

Over the recent years, scholars in the development field and, most importantly, those in the human development field have drawn specific attention to what is called RDS as a meta-model or meta-theory (Bowers et al 2012:298&299; Lerner 2015:165-168; Lerner 2006:40-43). RDS may get characterised as the involvement of complex, integrative and dynamic interactions and transaction of the agencies, contexts, circumstances, conditions and structures or systems. Also, according to Napolitano et al (2011:23 &25), “ability to promote one’s own development is a central concept in a relational developmental systems theory (RDST) ... mutually influential relationships between an individual and her or her context ... create the potential for systematic change (for plasticity) across ontogeny ... plasticity makes multiple developmental trajectories possible ... optimistic about the possibility ... may promote healthier, more positive development... must identify, allocate, refine and deploy both internal and external resources as a means or strategies for goal achievement ... *optimization* (O) behaviours are the strategies and resources ...”

Similarly, Developmental System (DS) Theory by putting the prime emphasis on contexts, dynamicity, interdependence, reciprocity, plasticity, and strengths at the various possible levels, is the core foundation to PHD and PYD perspective, including positive and active promotion of healthy human development with due recognition that every human being has the potential to enable developmental system functions (Lerner 2006:42-47). In connection, it is not unusual to read that RDS getting referred

as the “*contemporary developmental science*”. **Developmental Science**, essentially, is about what, how, why, where, and when developmental changes take effect (Bronfenbrenner & Evans 1994:117,122; Bronfenbrenner 1994:37-43; Eichas et al 2010:213; Lerner 2015:165-168; Rosa & Tudge 2013:243-258). Whereas developmental science can get looked from different aspects, the commonly cited and increasingly prevailing one is “... the systematic scientific study of the conditions and processes producing continuity and change over time in the bio-psychological characteristics of human beings – be it over the life-course, across successive generations retrospectively through historical time, or prospective in terms of implications for the course of human development in the future” (Bronfenbrenner & Evans 1994:117,122; Bronfenbrenner 1994:37-43).

As a whole, based on the Lifespan Theory characterisation by the authoritative enough scholars, “development is simultaneously compromised of ‘gains’ and ‘losses’ of increases, decreases and stability of functionality ... a potential that, in a varying degrees and expressions continues to be possible throughout adulthood and old ages” (Ursula et al 1995:801-802). Connecting the descriptions here above, it gets possible to appreciate the “modifiability”, “multi-dimensionality”, “multi-functionality”, “reciprocity”, “tradeoffs” and the likes of the developmental functions along the “*selective optimisation with compensation*” along the lifespan. Similarly, “Relational Developmental Science” involves complex interactions and transactions of the various agencies, contexts, circumstances and structure systems. Overall, it has been increasingly well recognised “... that developmental science can contribute to both enhancing positive development among diverse individuals across the lifespan and promoting social justice in their communities, nations and regions is supported by decades of theoretical, methodological and research contributions” (Lerner 2015:165-168).

At the same time, it is indisputable that there still do prevail global disconnections, misalignments, mismatches and so forth pertaining to economic perspective vs other spheres of development; and, most importantly in respect to health and social

development, aspirations, expectations and intervention initiative requirements to the extent of the misperception or else the simplification of equating development and thus becoming synonymous to economic growth, in part, explaining the widening development disparity around the world.

Whereas modernisation and industrialisation have been serving as instruments of prosperity but, at the very same time, have equally and unfortunately so been instruments to the varying degrees of the prevailing disparities in the contemporary world. And, perhaps, on why the perspectives such as “*distorted development*”, “*superficial temporaneous development*”, “*maldevelopment*”, and the likes are being reflected here and there. Nevertheless, the appreciation and thereby aspirations of the dynamicity and dynamics of development both as a concept and as a process to an intended enthusiastic and thus optimistic outcome becomes worthwhile. As well, development which has become a form of “surrogate religion of the second half of the Twentieth Century” establishing and presenting itself as “an ideology” or else “deep-rooted belief”, essentially, is all about “achieving a better life” both at the individual and social scales (Alkire 2010:1-6; Ascione 2013:6, 9, 13-14, 23-34, 94-96; Emas 2015:1&2; Fukuda-Parr 2003:302-310).

Here, it will be worthwhile fair to spotlight what has duly been stressed by Woolcock & Narayan 2000:236), that “states role in facilitating positive developmental outcomes is the most important and the most problematic ... best able to facilitate enduring alliances across the boundaries of classes, ethnicity, race, gender, politics and religion ...”. Development, expressed from the capability point of view and thus the full freedom to choose with progressive expansion of the real choices, freedoms and opportunities that people enjoy, may get equated to positive potential for dynamic optimisation. Up until such gets ensured, though, development endeavour cannot be considered wholesome useful. Certainly, of course, the multi-faceted challenges surrounding development cannot be overlooked for the foreseeable future (Meyer 2014:10, 18, 50-51&57; Thompson 2013:103-108).



In this study, development refers to expression of aspiration: to the progressive stride by the youth and parents towards ensuring positive health and social development responsiveness optimization potential; to the favourable positive advancement and making optimised health and social development progress potential along the life-course which may be expressed by the principal priority proxy index as the minimal bedrock core building-block attributes continuum set.

### **2.2.2 Positive Development Asset**

Development is more of a progressive functional and qualitative complexity in mastery of a phenomenon whereas growth will imply quantitative increase of a given phenomenon. In life, it will hardly be possible to disassociate development and growth as the two are often intricately interrelated and interdependent to one another. The interconnected and interdependent life-course growth and development phenomenon of the living things is the obvious case example in point. Developmental asset has been an important perspective in the overall development discourse but increasingly more so within the specific domain of positive youth development (PYD). For instance, constructs such as asset framework, internal developmental asset, external developmental assets, asset-building communities, positive webs of influence, and related are being elaborated in relation to developmental asset (Benson et al 2012:3-6). Also, Morgan and Ziglio (2007:17-21) have elaborated what, specifically, is called the “*health asset*” concept. Health asset is a positive resource attribute at the disposal of both the individual and society which can get invested towards the optimal realisation of health development potential for all now and in the future.

In the view of McKnight and Kretzman (2004) “each community boasts a unique combination of assets upon which to build its future. A thorough map of those assets would begin with an inventory of the gifts, skills and capacities of the community’s residents ... will discover and often surprising array of individual talents and productive skills, few of which are being mobilised ...” Since both individual and

community assets will bear direct and/or indirect effect on health and social well-being trajectories, it becomes imperative to take those into due account. Furthermore, increasing dynamics of convergence is being recognised between resilience and positive development theories and researches and, also, among the various disciplinary orientations to the strengths-based or “positive” and “thriving” development paradigm (Lerner 2006:42-47; Ungar 2010:1; Ungar 2011:1-11).

The so called the “web of influence” of what are being commonly referred as “developmental assets” has to receive the required degree of theoretical inquiry, research and application as an integral whole. Accordingly, advancement and harnessing of the positive “web of influence” should be the prime call of the day towards ensuring healthy development as a whole across the lifespan. Along the same line, “developmental asset framework”, “internal developmental asset” and “external developmental asset” get featured (Benson 2012:3 & 6-7; Bruer 2017:151-158; Ungar 2010:1-5; Ungar 2021:1-11; Vaandrager & Kennedy 2017:160-166). Apparently, these specific set of attributes are believed to serving bedrock foundation of the given research’s transcendingly cross-cutting minimal set, namely the integrative (i) positive psychology, (ii) know-how mastery (competence) intellect, (iii) reserve capacity and (iv) resilience domains continuum proper and which will respectively get elaborated within the pertinent sections below.

### **2.2.3 Life-course Development**

Life-course or lifespan health (and social) development builds upon fundamental set of key principles (Halfon et al. 2018:1-16&19-43; Halfon et al 2014:344, 348-350). There has been increasingly ever greater more convergence of recognition of the life-course health (and social) development paradigm as opposed to the relatively narrow, reductionist, and simplistic biomedical perspective of fixing effects of disease (Halfon et al. 2014:348-350; Halfon et al. 2002:433, 437,441, 459,460,468; Zeldin et al. 2013:385). The life-span perspective to attaining good life and health and social

development has been considered holistically integrative of the facilitative experiential contexts, expertise factors, person-related factors and others across time in light of the possible several alternative pathways (Halfon & Forrest 2018:21-27; Halfon & Hochstein 2002:436; Kunzmann 2004:506-508). Accordingly, “a life-course developmental perspective addresses the sequencing of events across an entire life time and also accounts for intergenerational influences”.

Often times, changes have to take effect throughout the life-course by and with the mutually interwoven complex influence and transactions consistent to the «Relational Developmental System Model (RDSM)» perspectives (Bowers et al 2012:298-299). «A lifecourse approach provides a proven means of optimising health, wellbeing and functional ability of individuals ...» (WHO 2018:26). Like with the ecological model, at present, the life-course development is recognised to increasingly assuming promising central space along with the scholars dynamic optimisation discourse in particular. In fact, these two perspectives are intericately interlinked. For instance, by citing Bronfenbrenner, Lerner (2015 :169) has spotlighted that «the nested tiers of the ecology of human development and, as well, on a model of development – that involved person, context, process and time (the PCPT) model.

Furthermore, in view of the health orientation of the life-course development which has been commonly referred as the “*life-course health development (LCHD)*” (Halfon et al 2018:1-16&19-43; Halfon et al 2014:3444-345, 350-355; Halfon & Hochstein 2002:441&468; Koelen et al. 2017:138; NASEM 2019b:23), the following basic tenets gets defined:

- Health seen a developmental capacity;
- Health development is amenable by/to the health development trajectories;
- Health risk factors and health protective factors are ecological relational and dynamic of the context and time;

- Critical and sensitive periods of human development bear important place with respect to the risk factors and protective factors alike along the LCHD;
- Different interacting mechanisms are possibilities along the influence of the array of risk and protective factors;
- Recognition of the dynamicity of interactions and integrative features of the different health development factors and systems along the life-course is crucial.

LCHD: “the life pathway of health development is defined by the cumulative pattern of experiences of individuals and populations in many contexts reflecting the importance of developmental transitions, turning points and trajectories” (Halfon & Hochstein 2002:441&468). As a long-term, innovative and sustainable pathway which promotes health from the very beginning of life, LCHD framework is envisioned to improve health and well-being along the subsequent life-course of the individual and population alike.

LCHD, essentially, gets conditioned and shaped by the commutative mechanisms and programming mechanisms in the face of the series of variations of the trajectories and the factors and the multiple time scales across the life-course (Halfon et al. 2018:1-16&19-43; Halfon & Hochstein 2002:449&455). Unfortunately, LCHD remains a relatively less explored or tapped potential thus far and more can only be desired in respect to the future. In the Researcher’s professional view, though, LCHD is very appropriate and also highly promising to attaining the universal aspirations of sustainable development as a whole and not limited to the health domain alone.

According to the very latest (and fairly up-to-date) scholarly elaboration (Halfon & Forrest 2018:21-27; Halfon & Hochstein 2002:459), LCHD can get expressed by the following critical/distinct dimensions or features:

1. Wholeness of health and health development;
2. Consistent and constant (continuous) process of unfolding;
3. Complexity and multi-dimensionality;

4. Sensitiveness to the social structures and the timing;
5. Plasticity and adaptability;
6. Thriving and optimisation;
7. Balanced sound and harmonious transactions.

In view of these distinct features, therefore, it is believed that LCHD serves as an effectively anchoring foundation as well as a sound alignment along the effective pursuit of harnessing progressively positive health and social development responsiveness optimisation potential, including the inquiry in particular.

#### **2.2.4 Sustainable Development (SD)**

The global community has made a consensually worthwhile useful shift and transitioning from Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs) and the latter is considered the defining shared opportunity and responsibility to advancing the well-being of the humankind. The notion of sustainable development is a relatively recent phenomenon. As boldly ambitious as SD is, maximisation and optimisation requirements are evident. In connection, dynamically harmonised, multi-faceted, systemwide, and transformative business models are going to be increasingly required (UN General Assembly A/72/684-E/2018/7 2017:2, 5-13).

What is commonly referred as the Brundtland Commission Report framed under “The World Commission on Environment and Development: ‘Our Common Future’” is considered the pioneering as well as equally groundbreaking enough work in respect (Asakura et al. 2015:1-7; Ascione 2014:42-53; Boyer et al. 2015:828-830; Emas 2015:1-3; Fukuda-Parr 2003:310-312; Parris et al. 2003:561,570&571,566-569,581; Parkes et al. 2009:669-672; UNDP 2020:1-6; UNDP 2021:94-98; USRID 2011:2-9). A development endeavour paradigm which is sufficiently holistic, inclusive, integrative and trans-generational, including the future in prospect is being referred to better fulfilling the aspirations SD.

SD has become not only a catch word but more so universal global aspiration and hence collective drive since the launch of the SDGs by the United Nations General Assembly in September 2015 (UN General Assembly A/72/684-E/2018/7 2017:2, 5-13). In fact, SD is the collectively governing paradigm of the contemporary civilisation. It will be impossible to attempt to address progressively positive health and social development responsiveness optimisation potential without anchoring upon such an important paradigm of the SD to the global community.

SD gets defined based on several traction points of views of different developmental domains. SD being a relatively recent feature among the collective global community, its definition has been evolving over the last three to four decades in particular (Ascione 2003:42-44; Emas 2015:2-3; Kironji 2018:8,50,55-56; Nwachukwu 2011:1,5-6,14; Parris & Kates 2003:560-570; van Zyl 2012:2; ver Lora 2011:10-16). Based on the classical foundational effort named “The World Commission on Environment and Development: Our Common Future” commonly known and referred to as “Brutland Commission Report”, SD gets defined as “a development that meets the needs of the present without compromising the ability of the future generation to meet their own needs” .

Obviously, it will be very important to recognise the prevailing considerable overlaps of the concisely described here above theoretical perspectives. SD may well be taken the inherent logical umbrella of the aforementioned theoretical frameworks as well. The Researcher is convinced that laying sound bridging across and hence constellation of the aforementioned foundational theoretical perspectives will enable effective guidance and implementation of the given complex research phenomena, namely progressively positive health and social development responsiveness optimisation potential among youth and their parents in Addis Ababa. Essential detailing elaborations of the aforementioned and related with contemporary knowledge get presented in much depth within the Chapter of the Thesis.

Even if, particularly, Parris and Kates (2003:559-586) have dwelt to rendering elaborate enough definition and taxonomy of sustainable development, several aspects of SD are being debated as it has been somewhat ambiguous, controversial, confusing and plural primarily due to its still evolving nature. Nevertheless, concerted advancement of SD has been proclaimed the global standard of practice since the endorsement and its launch by the United Nations General Assembly in September 2015. But the collective global concern about the desirable pursuit of SD has been in the dynamic discourse since the late 1980s with the launch of what is commonly referred as the United Nation's "*Brutland Commission Report – Our Common Future*" spotlighted above. According to what can be referred as the foundational document, sustainable development in the Brutland Commission Report was defined "development that meets the needs of the present without compromising the ability of the future generation to meet their own needs" (Ascione 2014:42). Right from its conception, the overarching goal of sustainable development is ensuring *intergenerational equity*.

Respectively, the Seventeen SDGs, along with the set of core targets and indicators for each, which were adopted by the United Nations Assembly emphasizes equity with its flagship statement of "NO ONE SHOULD GET LEFT BEHIND: TRANSFORMING OUR WORLD" (UN General Assembly A/72/684-E/2018/7 2017:2). The three overarching pillars of SD are bolstering economic development and growth, environmental quality and social equity along the life-course across generations. Even if subject for further clarification and elaboration, according to the Alternative Theories of Development or the Alternative SD, it is more about "to optimise local developments so that their influence could transcend special limitations and reach national levels becoming a project with global aspirations of the micro and macro levels" (Ascione 2014:81-82, 177).

Equally, SDG 3 (Ensure Good Health and Well-being for all across all ages) is believed to be essential enabler prerequisite of advancing progress across the rest of the sixteen SDGs. In connection, for instance, by accentuating on Ruff's quotation,

“There is an interconnectedness logic across goals and targets behind the SDGs. They were designed in such a way as to encourage cross-sectoral, holistic approach and this is how we should understand and analyze them” (Devex and Johnson&Johnson 2018:5-8).

On the overall, SD being the contemporary and overwhelming enough global philosophy as well as collectively governing principle is ought to remain a core subject to further concerted discourses and efforts to the unlimited future. To the very effect, the given research is envisaged to providing valuable empirical evidence with a conscious foundational focus to and hence through the sustainable health and social development lens in particular.

### **2.3. HUMAN DEVELOPMENT (HD)**

Human development is one of the cardinal dimensions of overall development. According to the Merriam Webster Dictionary (2015 Online), “human” gets defined as “relating to, or affecting people; typical of people; of relating to, or characteristics of humans; having human forms or attributes; susceptible or representative of the sympathisers and frailties of human nature”.

At the global scale, increased attention to HD has been evolving since 1990 as of which the United Nations Development Programme (UNDP) has launched its first ever Human Development Report (HDR) (Alkire 2010:2). “Human Development” coined as the “development of the people by the people for the people” with due recognition that “people are the real wealth of a nation” has been given more coherent emphasis by the global community by the launch of the “Human Development Report” by the United Nations Development Programme for the first time in 1990 (Alkire 2010:1-6). HD is not without its critiques and counter arguments, though (Alkire 2010:34-37). Essentially, the central mission of human development (HD) is to enlarge and widen peoples’ choices to be able to realising potentials to a



dynamically fulfilling life (ibid: 7-11). The consistent key features of HD (ibid: 15-16) across the years are:

- Peoples' lives placed at the very centre of any conceivable dimension of meaningful sustainable development;
- Elasticity, flexibility and plasticity;
- Creation of capacities and capabilities;
- People as the agents who create and maintain positive outcome in a sustainable system across time.

In recent years, Lerner and his colleagues have been rationalising on PHD, with due emphasis on relational developmental system and enduring changes as a meta-model or meta-theory on top of (over and above) the PYD (Lerner 2015:165-168; Lerner 2006:41-43). Furthermore, increasing dynamics of convergence is being recognised between resilience and positive development theories and researches and, also, among the various disciplinary orientations to the strengths-based or "positive" and "thriving" development paradigm (Ungar 2010:1).

Essentially, PYD is closely tied to/with the positive psychology and positive human development as a whole (Lerner 2015:165-16169; Lerner 2006:41-43, 47; Yates et al. 2004:522,529). Fairly much has been emerging pertaining PYD over the last two and half decades in particular (Bradshaw et al. 2006:1-3, 11&12; Christens et al. 2012:623&624; Eichas et al. 2010:213&214; Geldhof et al. 2013:163&164; Gestsdottir et al. 2011:766; Lerner et al. 2010:766; Shek et al. 2009:115-117; Shek et al 2010:41&42; Sun et al. 2012:1-5; Vella et al. 2011:33). The central premise of PYD is strengths-based holistic development through effectively and optimally capitalising on the commonly referred as the "Five/Six Cs" framework in relation to youth (see below).

According to the collectively authoritative United Nations Development Programme (UNDP), human development is the central pivot and crux of everything else (Alkire 2010:1-11; Fakuda-Parr 2003:302-308, 3010-312; UNDP 2020:1-6; UNDP 2021:B, 1-

17,94-98,110,127-131&156). It emerges from the very philosophy that “*people are the real wealth of the nation*” and thus effectively working on the person’s “*capabilities and functions ... by enlarging the choices*” will drive positive and optimal development. Further referring to and elaborating Sen’s original piece of work on this specific subject, Fukuda-parr, S. (2003:302-310) states that HD is “people being able to live in freedom and dignity, and being able to exercise choices to pursue a full and creative life ... enlarging people’s choices ... people are the real wealth of life” with the firm attestation that HD should be taken a human right issue under dynamic consideration.

This specific move was perceived a fundamental paradigm shift in view of the transformative potential from the basic needs services supply perspective to that of the recognition and nurturance of capabilities. The dominantly prevailing definition of HD is “ ... create enabling environment for people to live long, healthy and creative lives ... process of enlarging people’s choices for long and healthy life, education and decent standard of ... a process of widening people’s choices and the level of their achieved well-being” (Alkire 2010:3-4) (the emphasis by the Investigator). In this same reference source, it was noted that HD is presumed to be “forward gazing ... how well it can inspire and steer ... development of the people by the people for the people ... flourishing of human capabilities ... people as the purpose of development and their empowerment as participants in their development process” (1&6-8).

Also, by soundly capitalising upon the Universal Human Rights stipulations, the United Nations HD Policy outlines the core dimensions (Fukuda-Parr 2003:310-312) highlights the key aspects and thus considerations of what has been commonly called the “New York Consensus” of the UN Human Development Agenda:

1. **Ensure priority** to social development with the goals of expanding education and health opportunities;
2. **Promote** economic growth that generates resources for human development in many dimensions;

3. **Facilitate** progressive political and social reforms for democratic governance;
4. **Ensure** equity in the above three dimensions; and,
5. **Undertake** dynamic political and institutional reforms.

And, according to Lerner (2015:165-168) HD, PHD, is viewed from the RDS perspective proper. This aspect will be further getting discussed under HDP heading on its own right below.

In summary, whereas there seemed universal consensus around the importance of HD, the critiques and debates on what actually should constitute aspects of the HD continues to be active enough to date. Such may continue to the future too partly because of the dynamic deepening as well as expansion of the science of development itself and also partly as a result of the progressives of HD itself. Certainly, it will really be impossible to conceive progressively positive health and social development responsiveness optimisation potential without putting the HD theoretical grounding perspective right at the core centre and, equally, at forefront.

### **2.3.1 Ecological Theory of Human Development**

Ecological Theory of Human Development across the lifespan has been enjoying ever greater and wider acceptance since its introduction. Bronfenbrenner and his colleagues have been recognised as the original initiators of the Ecological Theory of Human Development and it is understood as “the nested tiers of the ecology of human development and, as well, on a model of development that involved person, context, process and time (i.e., the PCPT Model) (Australian Institute of Health and Welfare 2012:9-13; Bronfenbrenner & Evans 1979: 117&122; Bronfenbrenner 1994:37-43; Christens & Peterson 2012:624; Halfon et al 2014:344; Lerner 2015:169; Rosa & Tudge 2013:243-258). Ecological Model or Theory gets expressed by the complex and dynamic interactions of multiple or multi-level layers of environments, namely the micro-system, meson-system, ego-system, macro- and chromo-system

dimensions or domains proper. Similarly, specifically, dwelling on the echo-system approach to environmental health (Asakura et al 2015:1-7; Parkes et al 2003:669-673; ) draws due attention to the necessity of embracing the integrative research, policy and methodological synthesis convergence paradigm along the path of increasingly ably, effectively and efficiently addressing the overlapping problem fields of the biophysical and social echo-systems or environments of ecologically sustainable health, environment and development. Furthermore, increasing dynamics of convergence is being recognised between resilience and positive development theories and researches and, also, among the various disciplinary orientations to the strengths-based or “positive” and “thriving” development paradigm (Ungar 2010:1; 2021:1-11).

In general, the growing contemporary thinking as well as the increasingly building position of the referenced scholars here above is such that comprehensive enough analysis and understanding of the complex context and their dynamics. Social dimensions, wholesome synthesis rather than reductionist, moving away from the traditional and often prescriptive to the progressive empowerment innovation paradigm is ought to justify emphasis to be able to increasingly optimise. And, always, centring people as the positive agents of change are the essentials. It is with this specific context that the ecological theory of human development gets to guide the given research enterprise.

### **2.3.2 Positive Human Development (PHD)**

1. PHD is the derivative of the Positive Development Theory, which often is said to be strength-based development theory (Alkire 2010:1-11, 34-45; Mittelmark et al. 2017:1-21; Ungar 2010:1-7; Ungar 2021:1-11). In light of motivation, goal, action, context and time of the five dimensions, positive development and strengths-based development are viewed to provide enormous energy and potentials to the highest form (i.e., of optimal and sustainable)

development across the lifespan irrespective (Hodges et al. 2004:256-258; Jorgenson et al 2004:26; Yates et al. 2004:522).

PHD is a relatively newer dimension of looking at human development. PHD has been viewed as a “bold claim that development science can contribute to both enhancing positive development among diverse individuals across the lifespan and promoting social justice in their communities, nations and regions is supported by decades of theoretical, methodological and research contributions” (Lerner 2015:165; Lerner 2006:42-47). And, again, PHD is conceived meta-model or meta-theoretical phenomenon. As a form of positive development and PHD, positive deviance which, essentially, is all about curiosity, creativity, inspiring and related qualities can further inform progressive optimisation. “States role in facilitating positive development outcomes is the most important and the most problematic ... the actor best able to facilitate enduring alliances across the blundering of classes, ethnicity, race, gender, politics, and religion ...” (Woolcock & Narajan 2000:236).

### **2.3.3 Positive Youth Development (PYD)**

PYD which has been attracting considerable efforts over the last two decades is considered to be one of the comprehensive models of development and it is one of the very important aspects of looking at positive development (AIHW 2012:4-6; Bradshaw et al 2006:2-3; Edelstein et al. 2004:31-37; Liberman et al. 2004:506-507&517; Youngblade et al 2006:58). In this study, youth and their parents being priority eligible and thus primary targets and, sound understanding and application of the principles and methodologies of PYD will have paramount importance. Overall, PYD capitalises upon the blend of the biopsychoeological human development theory, human development model and positive psychology tracks (Bradshaw et al 2006:2-3; Bowes et al. 2010:721; Bronfenbrenner 1994:37-43; Christens & Peterson 2012:624-626; Rosa & Tudge 2013:243-258; UNDP 2021:B, 1-13,94-98,110&156), asset- and strength-based active roles of the youth to fostering healthy development

along the life-course. The specific features of what are known as youth “*positive assets*” or “*strengths*” are recognised to be the “*building blocks of healthy development.*”

PYD being defined: “as the growth cultivation and nurturance of developmental assets, abilities, and potential in adolescent ... in terms of strengths instead of problems or risky behaviours.” (Shek & Ma 2010:42) (The emphasis by the Investigator) Commonly, PYD gets defined based on which has been commonly referred the Five Cs, namely *Care, Character, Competence, Confidence* and *Connections* (NASEM 2019a:4-21). The *Context* dimension has rarely and yet increasingly been mentioned too. Again, by focusing on the hopeful future domain, Schmia et al (2011:45-46) have put an emphasis on “*adaptive developmental regulations ... select, optimize and compensate (SOC)*” dimensions of PYD. In spite of its dynamic development over the last two and half decades, at the same time, it is worth noting that PYD has still been evolving and that more understanding will have to be required to the future (Geldhof et al 2013:163).

Overall, though, as a developmental intervention paradigm or perspective (i.e. philosophy), PYD puts emphasis on “*what ... and how to ...*” effect positive developmental changes with the prime youth focus (Eichas et al 2010:213). Equally, rightly, “Both positive youth development advocates and prevention scientists now encourage attention to the importance of social and environmental factors that affect the successful completion of developmental tasks” (Catalano 2004:110).

Whereas PYD will have to put increased emphasis on enabling the youth to unleashing and hence optimisation of positive potentials to making successful transition to adulthood before problem behaviours occur (Catalano et al 2004:99-103), the following are considered the logically cardinal, clustered and multi-faceted objectives of it:

1. Promotes bonding;

2. Promotes social, emotional, cognitive, behavioural and moral competencies;
3. Fosters resilience, self-determination, self-efficacy, clear and positive identity, spirituality and belief in the future, pro-social norms and related;
4. Provides positive recognition for behaviour, opportunities for pro-social involvement.

From the aforementioned detailing, it becomes clear that forging webs of interactions, bolstering varied competencies, harnessing potentials and availing enabling environment are believed to facilitate optimal PYD with multi-faceted societal dividend at the centre of which lies the pursuit of progressively positive health and social development responsiveness optimisation capabilities. Therefore, PYD may well read as "... the themes commonly involved methods to strengthen social, emotional, behavioural, cognitive and moral competencies; build self-efficacy; shape messages from family and community about clear standards for youth behaviour; increase healthy bonding with adults, peers, and younger children; expand opportunities and recognition for youth; provide structure and consistency in program delivery; and intervene with youth ..." (Catalano et al 2004:114). The practical (i.e., policy and programmatic) dimension of PYD has been drawing an ever growing attention and hence emphasis in different contexts (Bowes et al. 2010:721; Catalano et al. 2004:99-102, 108-118; Christens & Peterson 2012:623-624; Lerner 2006:43; Shek & Ma 2010:42; Youngblade & Theokas 2006:58-59).

In light of the above, therefore, the mission of this research work takes PYD at its core. By consciously, specifically and targetfully focusing on the progressively positive responsiveness optimisation potential of the health and social development among youth and their parents, putting the emphasis on PYD becomes an inherent imperative.

## 2.4. POSITIVE HEALTH AND SOCIAL DEVELOPMENT

In spite of the very fact that the explicit definition of health by WHO has been in existence for well over half a century, the proper attention to the positive perspective of the health domain of human life can be considered relatively recent. This is simply because the dominant philosophy and thus practice of the formalised modern health care system has overwhelmingly been geared to responding to the already manifesting abnormalities, adversities, crises, deficits, disorders, hazards, risks, shocks, etc. instead. In connection, it is only over the last two decades that there has really been some degree of concerted focus and interest being exerted to the systematic inquiry of the positive health domain. “*The Contours of Positive Human Health*” by Ryff and Singer (1998:1-28) may well get considered as one of the pioneering classical works towards changing the course in respect. To the effect, the central argument is such that a philosophical shift towards multi-dimensional wholesome positive health and wellness will have to prevail forward (Ryff & Singer 1998:1-4).

Furthermore, Ruini et al (2004:372-378) put greater more emphasis on positive health as an imperative paradigm of the 21<sup>st</sup> century forward. Accordingly, active and conscious engagement in increasingly more and more well-being enhancing health theories, practices, and research in contrast to the risk-based biomedical concentration is viewed to providing greater positive impact (Ruini et al. 2004:372-378). Specifically, looking at positive health and respectively positive health development from the life-course domain can be as multi-dimensional as highly promising (Halfon et al. 2018:1-16&19-43; Halfon et al 2014:344, 348-355; Halfon et al 2002:433, 437; Huber et al. 2011:2,3; NASEM 2019a:4-21; PAHO 2019:IX-XII,14-33&49; UNDP 2020:3-6).

And more or less on parallel dynamics, positive social developmental framework as an umbrella and equally so as central to positive health development and beyond and vice versa has been re-emerging in recent years (Africa Union 2008:4,5&9;



Boyer et al. 2015:828-840; Davis 2004:13-14&52-57; Farber et al. 2013:484-502; Fukuda-Parr 2003:310-312; Huitt et al. 2011:1-6,18&19; unknown 2013:3-12; Parkes et al. 2009:669-672; UNDP 2015:1-3; UNRISD 2011:3-17). Health and social development is rightfully viewed an essential fabric of any form of development in any given setting and society at any given time; which, essentially, means that health and social development is a timeless fundamental and progressive prerequisite for any type of conceivable development and growth across time. Human development is largely about health and social development and it is strategic human development which in turn can generate enormous pool of prosperity and wealth to the society. Key dimensions of positive health development and positive social development get elaborated further below in own explicit right whilst, at the very same time, without loosing sight and compromising of the integral interconnectedness.

As already noted above, therefore, in this study, development refers to the progressive stride by the youth and parents towards ensuring positive health and social development responsiveness optimization potential; favourable positive advancement and making optimised health and social development progress potential along the life-course.

#### **2.4.1 Positive Health Development**

The World Health Organization in 1948 defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This definition has been disputed over the years; and, also, lately scholars appeared to be reformulating an alternative: “health, as the ability to adapt and to self-manage ... a strengthened capability ... positive interaction between the mind, the body and environment ... empowerment” (Huber et al 2011: 1-3). Again, health is being defined as the physical and mental wellbeing; soundness; normality of physical or mental functions; freedom from defect, pain, or diseases (Awofeso 2005:1-3; Huber et al 2011: 1-2), demands maximised possible investment both at the individual and collective levels. In a somewhat complementary dimension, health is

being conceptualised as the sum of biologically given partial potential and personally acquired potential throughout the life course (Bricher 2005:336-340). Furthermore, health development may get defined as “the process of continuous, progressive improvement of the health status of individuals and groups in a population” (Halfon et al 2014: 351-356) (the emphasis by the Investigator). As a positive capacity for life, health development is described by Halfon et al 2014: 351-356) as an emergent set of developmental capacity (physical, biochemical, psychological, social and cultural), which is sensitive, complex and continuously adaptive process over the lifespan mainly determined by evolution with the necessary resilience and plasticity in the face of the ever changing and not less constraining contexts and circumstances.

And, by capitalising upon the bio-psychosocial model with a clear departure from the often narrow, mechanistic and simplistic bio-medical model, recently health development has been defined as “a dynamic process that begins before conception and continues throughout the lifespan ... designed to support the optimal health development of the next generation, potentially transforming individual and population health outcomes ... health as a developmental capacity ...” (Halfon et al 2014:344-345, 355, 357; Halfon & Hochstein 2002:433-434). With this trajectory, health development is being viewed as the crucial “*positive capacity*” in all aspects of development across the life-course.

And likewise, “serious consideration of a positive conception of human health implies transformations in health practice as well” (Ryff & Singer 1998:20). Again, according to Halfon and Hochstein (2002:433-434), health and its development is the function of competing dimensions of multiple determinants and thus an adaptive transactional process by the context and over time indicating the “*changing understanding of health*” and health development in the 21<sup>st</sup> century forward. To the very effect, further re-conceptualization of health and health measurement by way of exerting sound redirection to “*full health*” population-based strategies has been recommended (Halfon et al. 2018:1-16&19-43; Halfon & Hochstein 2002:457-461; NASEM 2019a:S-2 – S-3&1-21; NASEM 2019c:219-22). Furthermore, maximized enough

investigation and application of individual's and societies "*health asset*" resourcefulness potential to the advancement of progressive optimization of health development cannot be an overemphasis (Morgan & Ziglio 2007:18-21).

As a case in point, health literacy can be one of the fundamental assets or resources. Health literacy being so fundamental to the pursuit of health development, "is the ability to actually engage with the health information and services" (Dodson et al 2015:1). As a whole, positively sustainable health development will have required multi-sector directed as well as guided framework and exactly on why health and social development are being treated as integral whole in this current research. The social dimensions of positive health and social development gets duly deliberated within the next section.

Being both an outcome and an enabler on its own right, health is a key positive asset in many ways as "Good health and well-being can help establish the foundation and condition for individuals, families and communities to prosper" (Devex and Johnson&Johnson 2018:1). Equally, SDG 3 (good health and well-being) is believed to be essential enabler prerequisite of advancing progress across the rest sixteen SDGs. In connection, again, by accentuating on Rueff's quotation, "There is an interconnectedness logic across goals and targets behind the SDGs. They were designed in such a way as to encourage cross-sectoral, holistic approach and this is how we should understand and analyze them" (Devex and Johnson&Johnson 2018:5-8).

#### **2.4.2 The Human Social Web and Social Welfare and Positive Social Development**

The Webster's New Twentieth Century Dictionary (2015) refers to "*social*" as having to do with human being's living together as a group in a situation that requires that they have dealings with one another in terms of culture, relationships and connectedness and how they live together as families, tribes, communities, races.

Sociologists commonly refer it to the human interactions and the complex phenomena involved in the interactions in various dimensions and forms, including efforts to improve the social conditions (Midgley 2013:4).

With clear theoretical, research, and practice implications, the webs of social interactions are fundamental prerequisites and hence necessities of progressive human and social development endeavour (Farber et al 2013:483-504). Accordingly, every society and nation as well as pertinent regional local and global institutions have been forging the necessary mechanisms to enhancing social development and well-being albeit at varying degrees. Among others, the relatively proximate illustrative instrument from the African point of view is the Social Policy Framework for Africa of the African Union Commission (AUC). In the AUC document, it gets stressed that it will be necessary to “promote human empowerment and development as a goal on its own right ... in holistic and human-centered ... collective public efforts aimed at affecting and protecting the social well-being of the people ...” (AUC 2008:4-5&9) to which Ethiopia and Addis Ababa are positioned at its core centre on legitimately tangible grounds.

As well, these days, it has been increasingly recognised that one of the fundamental gluing instrument of the webs of social interaction and ultimately social development is what has been commonly referred to the as social capital. There has been increasing dynamics of research around social capital largely in the industrialised countries in particular. In a rather simplistic but still a useful enough expression of social capital will be: “the norms and networks that enable people to act collectively” (Woolcock & Narayan 2000:225). Social capital is believed to play a catalytic value addition potential. “Successful and progressive societies are defined in their ability to improve the quality of life every successive generation” (Thompson 2013:79) to which social capital will have been the glue. And, along the same tone, Kironji (2018:4) has drawn due attention that “development in its broad sense is about improving people’s quality of life be it at work, at home, in transit ...”

It is not uncommon to find different definition versions of social development. Holtzhausen (2013:6) projects social development as "... process of building social capital namely creating and strengthening the bonds between people, organisation and systems". Social capital is believed to be as concept as phenomenon. According to Mohseni and Lindstrom (2007:1373-1374), social capital may get defined as "those features of social structures – such as levels of interpersonal trust, norms of reciprocity and mutual aid – which constitute resources, which may facilitate interactions between individuals and groups of individuals to achieve collective action". In the majority of the cases, however, social development is defined as "a process of planned social change designed to promote the well-being of the population as a whole within the context of dynamic multifaceted development process" (Davis 2004:13-14&52-57; Holtzhausen 2013:16; \_\_2013:12).

Among other related concepts, principled emphasis has been put on the process, progressive, multifaceted/social investment productivism, interventionist, people's well-being, productivist, and universalistic dimensions of social development in particular (Huitt & Dawson 2011:1-6, 18-19; Midgley 2013: 13-15; \_\_ 2013:12-17). The United Nations Institute for Social Development (UNRISD) defines social development as "a process of change that leads to improvement in human well-being, social relations and social institutions, and that are equitable, sustainable and compatible with the principles of democratic governance and social justice" and, also, accentuates on the vitality of "repositioning the social centrally in development debates and policies ..." (UNRISD 2011:2-4, 7-9).

Similarly, an elaborate case study in South Africa on the perception of social development by senior officials accentuates the relevance and hence concerted pursuit of progressive enhancement of human aspirations, capacities, and potentials towards improving and enhancing the quality of life of the individual and the society through the enactment of holistic, integrative, and overarching strategic social development framework at the macro planning level (Mohammed 2011:9-17, 75-89).

The connecting analytic point is that social development should be viewed as much more than the mere social security and welfare preoccupations is required to get integral central, farsighted, holistic, and along the life-course paradigm at all levels. Like, “ultimately the principal roots of social development - the ties that over time involve and commit to action in behalf of the well-being of others beyond own self-proposition ... In order to develop – intellectually, emotionally, socially and morally - a human-being whether child or adult, requires – for all of them – the same thing: active participation in progressively more complex reciprocal interaction with persons with whom he or she develops a strong, mutual, irrational attachment, and who, over time become committed to each other’s well-being and development preferably for life” (Bronfenbrenner & Evans 1979:122).

At the same time, it will be worthwhile to point to the lack of concrete consensus around social development, including on conceptualisation and definitions of it. In view of a recent concrete review case in point, Veenhoven (2012:4-7) by duly highlighting the debates has taken the discourse to even another different level in that there should be a clear distinction drawn between “*social*” and “*societal*” development whatever meaningful difference such may mean. In any case, ensuring good quality of life and thus well-being becomes the common denominator.

Having discussed the pertinent thematic dimensions, this study will attempt to bridge, build upon and forge connections along the positive human development, positive youth development, positive health, and social development through the advancement of progressively positive health and social development responsiveness optimisation potential among youth and parents in Addis Ababa, Ethiopia. The focused analysis underneath will specifically get focused on the progressively positive responsiveness optimisation potential domain proper.

### 2.4.3 Health and Social Development and Well-being Continuum Intersections

The ultimate goal of advancing progressively health and social development responsiveness optimisation potential is enabling sound quality of life and well-being. In the same token, despite lack of proper practice, the conceptualisation and hence the definition of health from the very outset back in 1948 has, essentially, been about wholesome *well-being* focused proper. And very same holds true the SDG3. It is by having this in mind that the scientific review will have to cover well-being in rather summarised manner. It, as well, is important to bring to the spotlight that whereas economic and social development are intricately interdependent, the most important aspect for both is supposed to be positive social capital in the progressive model in proper symbiosis (Davis 2004:13-14&52-57; Holtzhausen 2013:13,23; NASEM 2020b:26-47; NASEM 2020c:2-22,33-36&60-63).

Inarguably, at least since recently, even in the clinical discourse context, well-being together with the well-being theory (Ruini & Fava 2004: 371-376; Ryff & Singer 1998:1-28) has been drawing more and more interest mainly from both of the philosophical and psychological perspectives. Again, the growing interest transcends the *salutogenesis* research and practice being reflected in further testing and consolidating, namely along with the environmental mastery, personal growth, purpose in life, autonomy, self-acceptance, and positive relations with others (Bauer 2017:151-158; Mass et al. 2017:171-179; Mittelmark et al. 2017a: V,1-6; Mittelmark & Bauer 2017:7-14; Mittelmark et al 2017b:45-47; Sagy 2017:42-44; Sagy & Mana 2017:77-81; Vaandrager & Kennedy 2017:159-170).

In a way, such an aspect of the discourse around health and social well-being has been viewed more appropriate to advancing optimal level of development at least 21<sup>st</sup> century forward as opposed to the often prescriptive and the welfare governed paradigm which have been dominant for already far too long at now. In connection, "... diverse types of wellness, some of which are more fully personal and individualists, others more interpersonal and relational, and still others reflecting

capacities for deeply held purpose or for upholding the social order ... super-ordinate categories of the social goods ... and as such constitute core ingredients of positive human health ... ” (Ryff & Singer 1998:7).

Overall, it was explicated that human development, quality of life and thus well-being from the various contexts has been viewed as: “leading a life of purpose” and “self realisation” or “*salutogenesis*”, including “quality connection to others” (Bauer 2017:151-158; Eriksson & Mittelmark 2017:97-106; Golembiewski 2017:267-276; Idan et al. 2017:107-121; Mittelmark et al. 2017:45-47; Pelikan 2017:261-298; Ryff & Singer 1998:7-9). Moreover, “progressive stages of social development” is an infinite imperative (Kruger 2014:154). Likewise, the World Health Organization Commission on Social Determinants of Health (2008:2, 28, 111, 132, 163 & 174) makes it plain enough that:

- The “freedom to lead flourishing life and to enjoy good health” should be viewed “a prerequisite social good”.
- Progressively “better knowledge and better development” will require investment across the life-course.
- “Health equity” is required to get monitored as a “marker of social progress”.
- Endeavour to “maximise development potential” to be able to sustain development initiatives.
- “The right to health and social inclusion” and “the right to the conditions for health” have to be made integral parts of any of the development processes.

Therefore, consciously, continuously, soundly, and systematically guiding progressively positive responsiveness optimisation dimension of the population becomes an imperative; since human development is evidenced to improve the quality of human capital to holistic development and multi-faceted growth in prospect. Here onward, the specific emphasis gets focused the dimensions of progressive responsiveness optimisation potentials proper.



## 2.5. PROGRESSIVE RESPONSIVENESS OPTIMISATION POTENTIAL

“Successful and progressive societies are defined in their ability to improve the quality of life of every successive generation.”

– Thompson (2013:79)

Further unleashing individuals’ and society’s progressively positive health and social development potential and responsiveness optimisation of it in a metropolitan is the main drive of this specific project. “Deepening strategic foresight ... thinking systematically about the future is a necessary condition ... for dealing with change and uncertainties ... many choices and policies are complementary and generate positive spin-offs ...” Schunemann 2014:1-5). As pronounced clear and loud by Schunemann (2014:2), the “prospects for human development look brighter ... a reason for being optimistic to the future”. Also, acknowledging “change as a permanent condition of human life”, the optimal preparedness and readiness along exhibiting “*increased dynamism*” (Kruger 2012:155-156) towards ably and progressively unleashing potentials becomes paramount.

### 2.5.1 Progressiveness, progressive responsiveness, and responsiveness optimisation potential

‘*Progressive*’ or ‘*progressiveness*’ refers to the expressed conscious and continuous efforts (striving) toward the optimisation of health and social development responsiveness potentials pertaining to the specific research interest. In grossly simplistic mode, progressiveness may get referred as “complex transformation of continuity and discontinuity” (Oland 2012:561-563). Responsiveness refers to the quality/state of readiness and will-power to respond to, and to take responsibility and/or actions either individually or collectively in reasonable manner to the advancement of progressively positive health and social development optimization

potential. For instance, against all the variability, resilience is recognized to be one of the core instruments of responsiveness across family, community and social scale (Zautra et al 2010:5). Also, strong link has been evidenced between responsive parenting and health and development outcomes with due recognition of caring, interaction, observation, interpretation, and action dimensions of core functions of a caretaker (Eshel et al 2006:992-996).

In a coherent logical connection, there has been an increasing interest on what gets referred as “Progressive Modelling” and its distinct features in recent years (Ismail 2013:39-47). Accordingly, “Progressive Modelling” is considered to be distinct enough revolutionising philosophy, process, innovation, and governance logic to attaining dynamic optimisation. Being in a state of continuous development, including entertaining of novel approaches and methodologies, “Progressive Modelling” is poised to solving complex, harder and tougher societal problems in particular. Now, specifically, in the context of child-youth and parent relationships of the given research, “responsiveness refers to the parent’s and the child’s willing, sensitive, supporting, and developmentally appropriate response to one another’s signals ... committed compliance” which can manifest in the “willing, eager and wholehearted cooperation” and believed to dynamically “prompting the child’s positive mood” (Kochanskka 2002:192-194).

And thus by logically capitalising upon the University of South Africa’s (UNISA’s) Institute for Social and Health Sciences mission (2010:1-3, 11 & 26-27), it is the conviction of the Researcher that an increasingly expanded application of progressive responsiveness, specifically, to positive health and social development optimisation domains in tandem can be viewed an essential intervention ingredient along the active enhancement of peace building and well-being at all levels.

In general, effective and progressively positive health and social development optimisation potential is commonly looked from the responsiveness perspective through cultivating-nurturing positive psychology and development (development

assets), know-how mastery (competence) intelligence, reserve capacity and resilience functional attributes set continuum in particular (Alkire 2010:8-16; Arden et al. 2015:6; Bircher et al. 2007:336-340; Boyer et al. 2015:828-840; Bronfenbrenner 1994:37-43; Brown et al 2004:116-118; Eshel et al. 2006:992-994; Gestsdottir et al. 2010:764-672; Hodges et al. 2004:258-260; Jorgensen et al. 2004:16-22; Lee et al. 2012:1-5; Lerner 2006:40-43; Linley et al. 2004:3-8; Narvaez et al. 2012:2; Schoner-Reichl et al. 2010:138&139; Rosa & Tudge 2013:243-258; Staudinger et al. 1995:801-815, 830-832; Ungar 2021:1-11; Ungar 2010:1-7,10,13&14; UNRISD 2011:2-9; Windle 2011:152-165; Windle et al. 2011:1-3, 14-16; Yates et al. 2004:522-530).

Progressiveness and progressive responsiveness in health and social development in the utmost positive dimension (i.e. optimisation) is expected to be of prime interest to the individual and society alike (Boniwell & Zimbardo 2004:1165-173; Montavon 2010:1-3&5; Sheldon & Lyubomirsky 2004:128-130; Turner et al 2014:1-2, 9-12; Windle et al 2011:1-3, 14-16). For instance, by making due reference to the aspirations of the “*African Agenda 2063: The Africa We Want*” and the “*Sustainable Development Goal 2030: Leaving No One Behind and Transforming Our World*”, Turner et al (2014:9-12) spotlights the emphasis onto the “progressive responsive to the dynamics ... progressive social change to eliminate the political, social and spatial barriers” dimensions proper.

In summary, responsiveness is multi-dimensional phenomenon and may be looked from different perspectives (Davidou & Grusec 2006:44-48). The exclusive focus and hence concrete interest for this research being the positive responsiveness pertaining youth and their parents on health and social development and mutually positive responsiveness are believed to motivate or stimulate greater attachment, trust and cooperation for pro-social behaviour development consistent to the “Progressive Modelling” (Alder & Dagli 2012:31-35; Davidou & Grusec 2006:44; Kuchanska & Askan 2004:1657-1659, 1665-1674; Ismail 2013:39-47). In a nutshell, positive

responsiveness is considered valuable asset for social skills development and competency.

### **2.5.2 Human's Optimisation Potentials**

Potentials can get exhibited in either positive or negative direction. However, the exclusive interest in this study is the positive potential or optimisation trajectory. Optimism and optimisation are aimed at maximised enough positive outcome attainment through the consciously active efforts which can well get learned and practiced. Optimisation bears promising, positive maximisation future as the due pursuit of a chosen goal may get realised by using value compatible strategies. Building and actualising the human potential strength and virtue for optimal human functioning in order to ensuring peoples' lives become increasingly productive and worthwhile; and bears greatest importance in the quest to the pursuit of best quality of life.

In fact, as fundamental dynamic requirement, the principle and practice of optimisation are supposed to be everyday's life function without any exception (Alder & Dagli 2012:31-35; Bretherton & Orner 2004:421-427; Boniwell & Zimbardo 2004:166-168; Gestsdottir et al 2010:766; Halfon et al. 2018:1-5; Harrilall 2008:2-5; Helbig 2012:1-3&12; Jorgensen & Nafstad 2004:22-23; Joseph et al. 2013:128; Linley & Joseph 2004:3; Mazahrey & Shabani 2012:101-102; Nakajo et al. 2012:434&438; Peterson & Park 2004:435; Sun & Shek 2012:2-3; Taylor & Cotter 2006:36).

Optimisation is defined as the expressed interest, practice(s) and behaviours towards achieving the best or most favourable condition or status in health and social development in progressively responsive model (Halfon et al. 2018:1-5; Halfon et al 2014: 355,357). Also, optimism or optimisation can be referred as "*positive expectancy to the future*" to bolstering conviction and confidence (self-efficacy) and mastery (Sun & Shek 2012:1-3). And, in principle, dynamic (progressive) optimisation

whether in health or social development is supposed to be in the everyday's life interest along with the life-course (Helbiy 2012:1-3). "Generally, in population-based optimization method, it is desirable to encourage the individual to wander through the entire search space, without clustering around the local optima, during the early stages of the optimization. On the other side, during the later stages, it is very important to enhance convergence toward the global optima to find optimum solutions efficiently" (Lenin et al: 2015:128-129).

Optimisation may get looked at from different disciplines and perspectives and, certainly, clinical dimension is one of those; in which concepts like "baseline status", "alternative response threshold", and "optimised response threshold" have been entertained in the long course of clinical science and practice (Oudard et al 2012:1513-1517). Whilst there seemed common grounding around the due realisation that optimisation can get learned and practiced in view of the "universality of human potential", however, application of common "optimum" yardstick will not be found as easy, as simple and as straightforward as it may be desired. In fact, Coello (1999:270-273) spotlights the ever growing influence of "multiple-objective optimization" alongside the "multivector optimisation" principle/philosophy and testable hypotheses along the same line.

Since optimisation will have to involve trade-offs between the short-term and long-term costs vs gains in view of likelihood of competing interests or objectives, "progressive optimisation" or "successive optimisation" will have to heavily rely on "complex control system" of "a learning rule to adaptively adjust" (Altamem et al 2015:57-61; Cary & Fleming 2010:638-641; Ezepue ...:1-3-16; Joseph et al. 2013:289-291; Mark et al. 2004:661-662; Wan et al. 2012:171-174). In addition, Desbiens with colleagues (2007:1061-1066) and, also, Young with colleagues (2011:949-957), among others, do specifically characterise several optimisation related attributes such as:

- Optimisation factors;
- Optimisation process;

- Optimisation procedure;
- Optimisation techniques;
- Optimisation strategy;
- Methodology of optimisation;
- Optimisation parameter;
- Validation of optimisation;
- Global optimisation;
- Local optimisation.

With due advance acknowledgement that not necessarily all of the above listed attributes of optimisation will get researched by this proposed study, and still, sound appreciation and contextualisation of the multiplicity and complexity of the optimisation features will remain as useful. In addition, in view of the growing realisation of human-being's immense capacity to make the necessary adaptations in various dimensions and forms, it was pointed that "optimal adaptation results from some combination of the adaptation impulse size, its duration, and the number of stimulus application (cumulative adaptation) impulse" (Taylor & Cotter 2006:34-46) and with the possibility of characterising "acclimation specificity" which in turn may get expressed in genotypic adaptation (inherited), phenotypic adaptation (acquired) and regulatory changes as well as in "superior", "moderate" and "inferior" forms of adaptation possibilities.

Furthermore, being a form of cultivating, harnessing and nurturing positive psychological plus capital or potential, optimism and optimisation may involve different aspects such as cognitive, emotional, motivational and related others of both the intrinsic and extrinsic dimensions (Busby et al. 2010:170-171; Coteron et al 2011:5540-5551; Desbiens et al. 2007:1061,1066-1068; Ezepue 2005:1-16; Harrilall 2008:5; NASEM 2019a:S-2 – S-3&1-21). Now a day, it will really be impossible to think of a single discipline or field of practice wherein progressively positive responsiveness optimisation potential can get overlooked. Progressive optimisation

will have to necessitate dynamically ever sustained and multiple waves of stimulus directed at progressive responsiveness potentials. In the nutshell, optimisation is an on-going process functions resulting in the series of desirable outcomes along the life-course. In connection, the pursuit of progressive responsiveness optimisation potentials of health and social development, with due consideration of the key attributes in tandem, may be viewed somewhat a new direction or paradigm shift in the field.

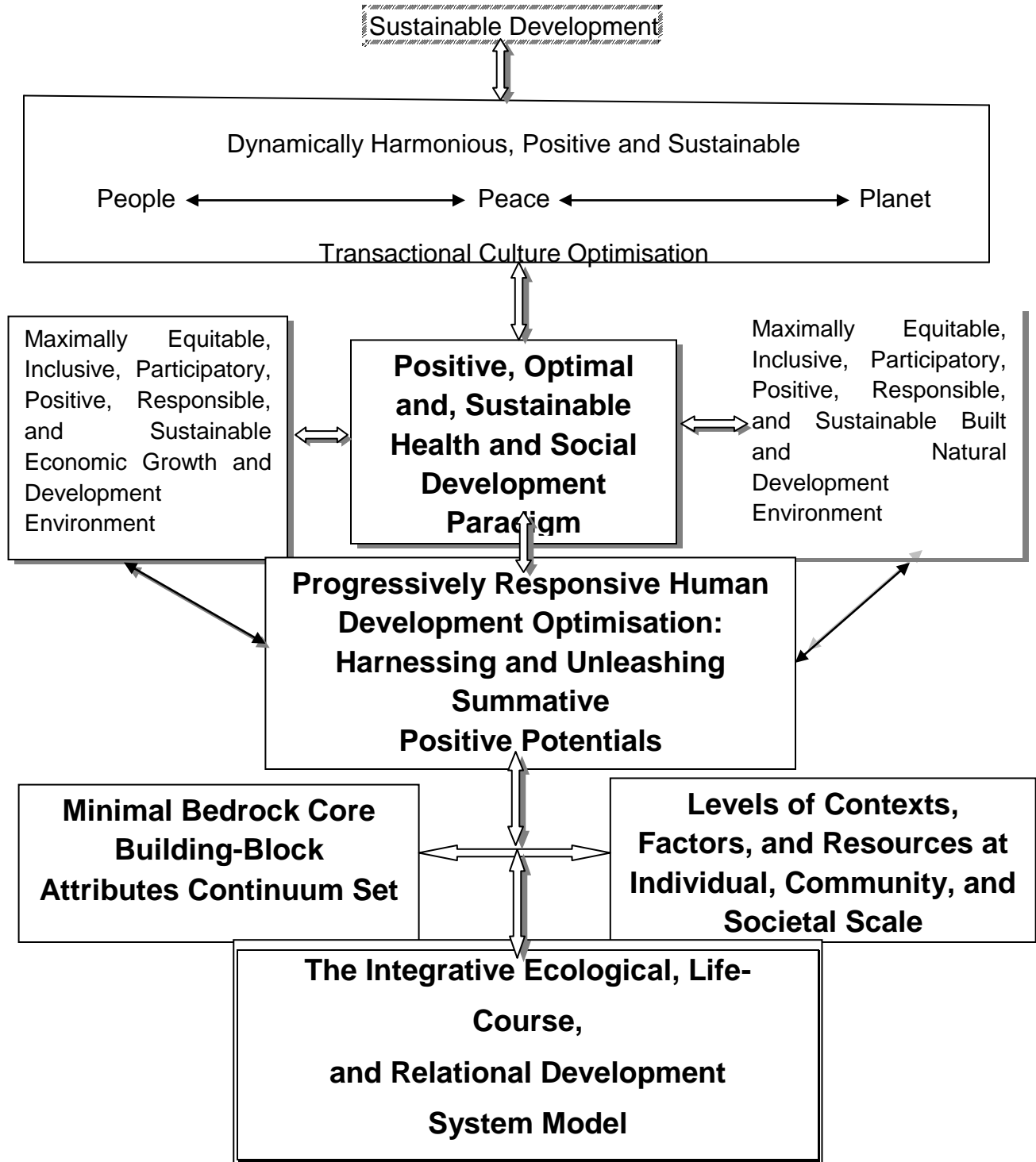
Potential refers to the expressed will-power and possibility (asset) along conscious pursuit of progressively positive health and social development optimization responsiveness among youth and parents in Addis Ababa which may be expressed either independently or in combination of know-how mastery competence/intelligence, reserve capacity, resilience, and positive human development assets attributes set continuum domain. According to Aristotle's *eudaemonia*, the full "*realisation of one's true potential*" must be considered "*the highest of all*" of the possible "*goods*" in human's life (Ryff & Singer 1998:3). This pretty simple and, at the same time, very much illustrative expression should justify the emphasis on optimisation potentials as the principal point of departure irrespective of the dimension. Overall, human potential is understood to be amenable to continuous or progressive development and enhancement (i.e., optimisation) of rich possibility of existence even under challenging circumstances (Bretherton & Orner 2004:421-422). Nonetheless, it can safely be claimed that it still is the less tapped, the less researched and the less practiced domain in light of the time span of modernity. And it has largely been more so pertaining health and social development matters in particular. This could have been the case for far too long partly due to the relative complexity and multi-dimensionality of addressing and advancing the attributes of optimisation potential whether in health or social development or else together (Narvaez & Gleason 2012:2; Ryff & Singer 1998:2-3). Regardless, due recognition of the complex interactions and transactions which do take place during the developmental course is very crucial.

In the view of Sheldon and Lyubomirsky (2004:137-138), the initiation, execution, and continuity of maximisation or optimisation of responsiveness potential is the function and process of choice, initiation, maintenance (perseverance and persistence), determination (resolve), and efforts. Here, the multi-dimensionality, progressiveness and temporality of optimisation efforts appeared illustrated enough. The same orientation holds true with elaboration by Boniwell and Zimbaro (2004:165-168) and Roznitskaya & Sternberg (2004:182-186). Based on the thorough enough analysis of the various scientific literatures, it feels possible to entertain potential(s) from two dimensions at least. Potential(s) can, at the same time, be well looked from the: 1) state of readily established and existing ability or assets or capabilities or capacities amenable for further development and, equally; 2) catalytic change agency instrumentation dimension proper. In both cases, however, futurity remains the binding knot (and note) proper. It will really be hardly possible to talk about potential(s) without the future in the proper foresight. As indicated above, it as well is possible to look to potentials from both the positive and negative development orientations and trajectories.

Again, the positive development responsiveness maximisation potential trajectory forms the exclusive concentration and focus of this research simply because such is believed to be the universal aspiration of every human-being whilst the variations in the ultimate outcomes mainly depending on the degree of appropriateness, effectiveness and timeliness of the actions. Essentially, the foundational prerequisite of every development endeavour hinges upon effectively and timely identifying the ranges of explicit and implicit potentials (Bretherton & Orner 2004:421-422; Jorgensen & Nafstad 2004:22-23; Nwachukwu 2011:4-6). Figure 2.1 presented below attempts to illustratively summarize the main tenets of the specific research endeavour. As illustrated, positive, optimal and, sustainable health and social development (i.e. at the core of human capital potential) paradigm is viewed the rightful traction point to whatever conceivable pursuit sphere may possibly be thought about.



## CONCEPTUAL MAP



*Figure 2.1: Abridged Overall Conceptual Map: Globally and Dynamically Transactional, Positive, and Sustainable Health and Social Development Optimisation Aspiration 2021 (as developed by the Researcher, MULUGETA Betre Gebremariam, based on the extensive Literature Digest).*

## **2.6. ELABORATION ON THE PROPOSED “MINIMAL BEDROCK CORE BUILDING - BLOCK ATTRIBUTES CONTINUUM SET” OF “PROGRESSIVELY RESPONSIVE OPTIMISATION POTENTIAL” TO THE PURSUIT OF POSITIVE HEALTH AND SOCIAL DEVELOPMENT**

Overall, it is in human-beings' innate characteristics to be able to aspire for and strive to achieving ever greater success along the life-course no matter in what. The demand and hence the quest for constant growth, development and optimisation has indeed been both biological and contextual. Accordingly, it has been in the prime interest of humanity's "constant strive for attainment of good form, better and harmonious fit with the whole ... willingness to face increasing complexity and skills improvement fostering growth and development ... optimal functioning and experience presents the realisation of one's true potential ..." (Bretherton & Orner 2004:421-422; Jorgensen & Nafstad 2004:22-23).

From the fairly expansive review of the existing scientific literature, it becomes apparent to distinctively distinguish what can reasonably be referred, by the Investigator of the given study, as the *critical or minimal bedrock core building-block attributes continuum set* (or constructs) of *progressively positive responsiveness optimisation potential*. Along the same thread, it is the logical rationalisation of the Investigator that "progressively positive responsiveness optimisation potential" may well be applicable to the positive advancement of health and social developments as well as to other dimensions of development in general. And hence, according to central critical argument and thus view of the Investigator of this study, the referred to the "*minimal core building-block attributes continuum set*" of 'potential' can well get explained, framed, organised and presented as the synergistically integrative functions of: overall positive psychology PS/strength-based orientation competence (know – how 'mastery') intelligence, PDA, RC, and RS domains; forming the essential continuum of the progressively positive human (health and social) development responsiveness optimisation potential whole.

Accordingly, each of the aspects of the essential constellation continuum whole of what was coined by the Researcher as *the minimal bedrock core building-block attributes continuum set* of human-being's "*progressively positive development responsiveness optimisation potential*" were systematically converged – aligned and discussed here below, essentially, by expansively tapping from and duly connecting the pertinent dots and pieces based on the extensive analysis of the existing scientific literature.

### **2.6.1 Positive Development Psychology and the Strength-based Approach**

It was evident that PS has been illustrated under many of the headings in this review. In doing so, equally, it was found useful to tap from the expansively instructive publications, namely "*Handbook of Positive Psychology*", "*Handbook of Life-Course Health Development*", "*Multisystemic Resilience: Adaptation and transformation in context of change*" and "*The Handbook of Salutogenesis*" in reasonable and responsible manner. This Thesis has essentially and largely been guided and informed by the pertinent scientific papers from these authoritative references' sources in the priority order (Bretherton et al. 2004:421-430; Halfon et al. 2018:1-5; Jorgensen et al 2004:16-22; Lerner 2015:165-168; Linley et al. 2004:3-6; Mittelmark 2017:V&1-7; Ungar 2021:1-11; Ungar 2010:1-5; van Zyl 2012:6). As a whole, positive psychology which has been evolving since the Aristotelian time is one of the proven effective theories which, specifically, accentuates and capitalises upon the strengths-based paradigm and thus pathways towards promoting health and social development and well-being both at individual and collective societal levels.

Focused interest on human-beings' positive experiences and positive characteristics as well as on the continued positive potential and possibilities of growth and development has been evolving quite early enough (Linley & Stephen 2004:16-22). Over the years, there has been growing realisation that PS and thereby strength-based approach to the promotion of health and well-being, both at individual and collective levels, will be highly promising to the future (Linley & Stephen 2004:1-14).

Overall, PS may well get looked as “the quest for optimal human functioning to making peoples lives more productive and worthwhile through building and actualising human potential strengths and virtues ... positive psychology capital” (Harrilal 2008:2-3).

However, it is not uncommon to find various forms of understanding of the theory, research and application continuum strands of PS. As a science, “positive psychology refers to the science of subjective experiences, positive interactions, and individual traits that improve the quality of life and prevents the onset of psychopathology, or in short the science of happiness” (Llewellyn 2012:1-2). According to Linley and Stephen (2004: xv), the science of PS is “the study about flourishing and fulfilment of health and well-being at individual, group and society levels”. The primer mission and hence the highest possible target of PS is “making people’s lives healthier, happier and more fulfilled” (Linley & Stephen 2004:7; Maddux et al 2004:322).

From the elaboration by the authorities in the field, it can easily be appreciated that PS, essentially, is about the “*fulfilment of human potential*” as an in-built “*inherent*” thread of attribute (Linley & Stephen 2004:3-4; Jorgensen & Nafstad: 20-21). Those same authors in the same source have noted PS as an instrument to responding to the huge and complex challenges of the present and the future (2004:25). In the description of Sheldon and Lyubomirsky (2004:128-130, 141, 172-176), PS is presented as the foundation to the progressive achievement or attainment of the highest possible happiness and well-being. Of course, one can rightfully argue that positive is not merely about the in-built “inherent” but, also, is about the acquired – trained and experienced dimensions.

Another dimension of characterising PS is from the hope or even what is referred as the “hope theory” perspective. PS bears inherent futuristic dimension. Therefore, looking at PS from the hope theory perspective by way of finding hope, profiling hope, bonding hope, enhancing hope, sustaining hope and so forth will be worthwhile

(Lopez et al 2004:388-392). Despite the relatively re-emergent or resurgence nature in light of the modern scientific discourse, PS is getting solidly established in its various forms. The ever growing recognition of the theory, research and application of PS has been viewed as important milestone in the history of psychology simply because it was perceived to be a more promising pathway as compared to the consumer, pathology- guided, reactive form of psychological theory, research and application which has been the dominant feature for far too long (Kasseri 2004:64).

Furthermore, PS may get described from different angles and forms. Such has very much depended upon the scholars' respective orientations as well as the specific timing proper. For instance, PS may get expressed through its five positive development dimensions, namely context, motivation, goal, action, and time respects in particular (Jorgensen & Nafstad 2004:26). On the other hand, by referring to Schwartz's Model, Sagiou et al (2004:71) has described what is referred as "*the structured personal values*" of well-being expressed in: *conservation* (conformity, security, and tradition), *openness to change* (hedonism, self-direction, and stimulation), *self-enhancement* (achievement and power), and *self-transcendence* (benevolence and universalism) in particular. One can spot frequent reference of "*healthy values*" alongside the aforementioned "*value pathway*" in this very same scientific piece of work.

In fact, the "*value pathway*" appears applicable more or less universal irrespective of the life domain. Kasseri (2004:64) has also stressed the intrinsic and extrinsic goals and values of well-being and good life. And, by the very point of Brown and Ryan (2004:105-109), positive psychology is looked from the "*self-regulation and self-determination theory*", with due emphasis on autonomy and motivation (intrinsic and extrinsic), being an important asset to regulating healthy behaviour and psychological well-being. Strength-based outlook is another one (Maddux et al 2004:322). Likewise, mindfulness as the high-order quality of on-going consciousness to autonomous motivation and self-determination was spotlighted (Brown & Ryan

2004:115-117). Similarly, it has been recognised that positive psychology builds upon the “*Theory of Strength-based Development*” (Hodges & Clifton 2004:257).

At the same time, it is very worthwhile to note that there have been critics and counter-arguments surrounding the pursuit of PS trajectory. Among the host of criticisms being tabled are such that PS is idealism, utopian, perfectionist, not contextualised and the likes (Jorgensen & Nafstad 2004:25-28; Reznitskaya & Sternberg 2004:186,194; Wood & Tarrier 2010:820-827). The central argument as such is that decisions surrounding one’s life is viewed extra complex far from the perimeters of the PS alone per se. Such argument may hold some degree of truth at least partly. At least unless supported with other complementary measures, PS in itself as such may not be sufficient enough to be able to ensuring optimal outcomes in every aspect of human’s complex life.

Nevertheless, PS will be one of the first-order prerequisites among the core set of the minimal bedrock building-block attributes continuum set of progressively positive optimisation responsiveness potential. Also, whereas “positive” may well get perceived as collective universal value, the likelihood of its cultural and social contextualisation cannot be disputed (Jorgensen & Nafstad 2004:28; THRIVE Project 2004:3, 25). As an example, the THRIVE Project has pointed out to the four resilience clusters and the factors as follows:

- Built environment with the specific set of attributes;
- Services and institutions with the set of attributes;
- Social capital and its set of attributes;
- Structural (cross-cutting system-wide) factors and its set of attributes.

From the position of PS and “*dynamic/sustainable happiness*”, the key determinants identified and the relative importance were as: circumstances (10%), intentional activity (40%) and set point (50%) (Sheldon & Lyubomirsky 2004:131-135); the meditational effects of effortful practices for such were found consistent. As important are the person – activity fit, appropriate effort, and positive efforts, the authors draw

the pertinent attention that it will be equally worthwhile to duly appreciate the relevance of the social support and dynamicity of the contexts, including the “*future achievement orientation*” and factors (ibid:139-140&168). Along the same line, the authors highlighted that it was possible to identify correlation of the time of action and reaction and the density of “*future zone*” with well-being (ibid: 166,168,173&176).

Furthermore, by building upon PS and Seligman’s “*Signature Strengths*”, “*positive and transformational leadership*” resulting in “*positive effect*” is evidenced to harness one’s potential to bolstering well-being (Sivantan et al 2004:241-248). According to the latter, people’s needs, values, aspirations, preferences, choices and so forth can get influenced and shaped by the quality of the *transformational leadership* approaches. *Transformational leadership* was characterised as: idealised influence, inspirational motivation, intellectual stimulation and individualised considerations, including self-efficacy. In turn, *self-efficacy* is expressed in; inspiring to greater heights, exhibiting positive behaviours of/for emulation, challenging for perseverance and confronting with courage, and provision of positive supportive climate of stimulation/motivation (241-249). Equally, focusing, understanding and applying the strength-based development trajectory is believed to fostering the greater fulfilment of one’s potential in dynamic model (Hodges & Clifton 2004:256-257; Maddux et al 2004:322).

Specifically from efficacy and effectiveness points of view, it was noted that applied PS will highly likely result in (contribute to) utmost best outcome if interventions get initiated early enough and also get maintained across the life course. Highest possible functioning and achieving or unleashing of the optimum potentials may get attained through instilling, cultivating and nurturing positive emotions in concert as opposed to the conventional passive disease, hazard, risk, etc. and hence the guided provider-recipient model of intervention in particular (Llewellyn 2012:1-13; Yate & Masten 2004:529). PS capital and positive point of departure bear enormous optimisation potential practically in anything and at the any of the levels. However, achieving it should not be considered easy, simple and straightforward enough as it

has already been very well recognised that “the crux is the identification and nurturing of the strongest qualities that people have, and helping them uncover ways in which they can best utilise these strengths” (Harrilall 2008:2). This means that strongly and strategically aimed, evidenced, focused, concerted and systematic enough efforts will remain ever required along the course.

Also, quite additionally useful learning may get generated, specifically, from the work of Wood and TARRIER (2010:822) pertaining “positive psychology” and “positive psychology movement” of the direct extract piece of which reads as here underneath:

“The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic.”

Therefore, from the aforementioned it is possible to put an emphasis that PS alongside its time dimensions are foundational to the persons’ choices and actions and such may facilitate effective penetration, regulation, shaping, etc. of our respective perspectives, choices and activities. Active, effortful planned and sustained practice of PS is believed to facilitate optimised development (Boniwell & Zimarde 2004:165-167; Brentherton Orner 2004:421; Harrilall 2008:2-3; Jorgensen & Nafstad 2004:25-28; Joseph & Sagy 2017:82-88; Lerner 2015:165-168; NASEM 2019b:121; Sheldon & Lyubmirsky 2004:128-135; Yates & Masten 2004:529).

In summary, effective harnessing of PS understandably heavily capitalizing on its strength-based orientation is understood to be the foremost *minimal bedrock core*



*building-block attributes continuum* set to the pursuit of progressively positive realisation of human potentials no matter whether in health and social development responsiveness optimisation or in other conceivable dimensions of human life. It is exactly with this rationale that the Investigator of the study has identified positive psychology with its exclusive strength-based orientation as the first-order of the minimal “bedrock core building-block attributes set” along the essential continuum.

### **2.6.2 Positive Health and Social Development Know – How (“Competence” or “Mastery”) Intelligence – Intellect and Positive Developmental Asset**

Competence Intelligence (Know – How Mastery) from the progressive responsiveness optimisation potentials perspective has been under study for sometime already (Arden et al 2015:6; Kunzmann 2004:508,512). Based on the readily available evidence, intelligence is believed to playing mediating influence along the life-span (Arden et al 2015:6). The discourses around human intelligence and human intellect have been of great scientific interest for long already. And, most significantly, the importance, possibility and feasibility of augmenting human intellect as viewed from the “system of systems (SoS) of several “complex adaptive systems (CAS)” and “multi-agent systems (MAS)” (Agrawal & Dagli 2013:21-23) is being dynamically emphasised over time.

Intelligence and cognitive ability happen to be applied interchangeably enough across scientific disciplines, including in health where cognitive ability or intelligence and health outcomes of men and women alike were found associated in gross terms (Singh-Manoux et al 2005:831, 835-836, 838). “One possible, partial explanation of these results is that intelligence enhances individuals’ care of their own health because it represents learning, reasoning, and problem-solving skills useful in preventing chronic disease and accidental injury and in adhering to complex treatment regimens” Gottfredson and Deary (2004:1) have indicated. Intelligence can be characterised from the different domains.

Often times, though, we read about one of the core aspects, mainly “*emotional intelligence*”. And, certainly, emotional intelligence can be taken one of the most important considerations pertaining harnessing progressively positive health and social development responsiveness optimisation potentials proper. In connection, it will not be by coincidence that an over emphasis gets sensed in the analytic description of intelligence here forward. Reviewing the various sources, it is possible to identify self-awareness (perception of) and understanding of one’s emotions, self-regulation of emotions, motivation, empathy, social skills competence, utilisation of one’s emotions to growth and enhancement and related attributes (Kunzmann 2004:505-508; Lee et al 2012:3; NASEM 2018:14-143; NASEM 2019a:4-21; NASEM 219b:20&309; Salovey et al 2004:450). The review by Lee et al (2012:3) has specifically identified what were characterised as the “*five core individual competencies*”:

1. Cognitive ability (competence);
2. Emotional competence of self-regulation;
3. Moral competence of positive self-perception;
4. Behavioural competence;
5. Social competence.

The power of strengths attributes such as autonomy, competence, and related features have considerable potential to enhance greater more attainment possibilities towards the desired ultimate goal of fully functioning person. (Lenin et al. 2015:127-128; Ruini & Fava 2004:372). Specifically, emotional competence or intelligence was evidenced to have strong associations with health and social coping and related matters of development (Kluemper 2008:1409). Furthermore, though, these days, in the face of the increased automation, digitalisation, interconnections, globalisation and so forth of the everyday life communication coupled with progressive enhancement of competence, it also is becoming regular to encounter of what has been commonly referred as ambient intelligence (Aml) including in the health and social fields.

On the other hand, ambient intelligence (Aml) gets defined as “a new paradigm in information technology, in which people are empowered through a digital environment that is aware of their presence and context, and is sensitive, adaptive, and responsive to their needs, habits, gestures and emotions” (Riva 2003: 295). Explicit in this concept is multi-faceted and dynamic enhancement of competence or intelligence through the optimal use of the digitalized resources and systems. Even if still emerging and more so within the less developed country settings like Ethiopia, such trending phenomenon is believed to exert both direct and indirect health and social development influence implications. In connection, the relationship between intelligence and health and also social dimension has been increasingly explored as well as emphasized (Singh-Manoux et al 2005:832; Riva 2003:838-839).

And unlike with all other living things, human-beings are believed to command the “ability to be conscious of ourselves and to choose how we relate to ourselves” (Bretherton & Orner 2004:4220). Also, talent is recognised to be an aspect of intelligence and competence. Talent refers to the innate inherent dimension of competence within the person; talent identification or self-awareness and talent integration towards behaviour change maximisation comprise useful interventions (Hodges & Clifton 2004:257-258). Overall, awareness is perceived a fundamental prerequisite to a meaningful as well as viable enough engagement (Zautra et al 2010:7).

Competence or mastery being a composite attribute of intelligence – intellect, talent and know – how, may get described as the state of conviction and confidence expressed by having the desire and can attain the desired (Kashdan & Fincham 2004:485-486). Furthermore, Yates and Masten (2004:522) have characterised competence from the perspective of resilience as the “*adaptive use of all the available potential and resources to achieve positive outcome.*” With the aforementioned description, the overlaps of competence and resilience potentials can be appreciated very well enough. The same authors put emphasis on human

competence promotion from early human years onward in order to be able to foster enduring positive adaptive pathways (ibid.: 2004:529).

And being able to developing participatory competence as a way of promising framework of empowerment to gaining control of one's own affairs has been given ever greater more emphasis (Christens & Peterson 2012:623). Some scholars made the point that mindfulness as an expression of emotional and social competence can promote optimism and positive affect (Kimberly et al 2010:138&139). Boyer and Nelson (2015:828-830) have pointed to the foundational mediating influence of social competence to parental and offsprings' health and well-being trajectories, essentially, through the effective ability to navigate the social situation and building supportive social skills. Also, it is possible to characterise intelligence (i.e., intellectual ability) from at least two dimensions, namely the "*crystallised*" ("wisdom") and "*fluid*" ("mechanics knowledge) (Ursula et al 1995:811-812).

At the same time, according to Salovey et al. (2004:447-4500), it is possible to differentiate emotional intelligence into at least four aspects of the complex functional continuum, namely:

1. Perception of one's emotions;
2. Utilisation of one's emotions to the facilitation of thoughts (thinking)'
3. Understanding of one's emotions;
4. Management of one's emotions to the future growth and enhancement.

Being learnable, emotional intelligence can facilitate progressively positive response and optimisation possibilities across the life-course. Understandably, however, such a logical systematic layout of the functional continuum must not render a misleading reasoning in that emotional competence will always be simplistic and straightforward enough. More or less the same will hold true to social competence as well. Often than not emotions are the hardest to get governed. Promotion of early childhood competence enhancement interventions is perceived to be highly likely to fostering and hence bolstering positive emotional intelligence competence adaptation

possibilities along the lifespan (AIHW 2012:14-17; Boyers & Nelson 2015:828-830; Camilli et al. 2010:581,602-605; Catalano et al. 2004:103; Schonert-Reichi & Lawlor 2010:138-148; Yates & Masten 2004:529). And among the ranges or varieties of the competencies, the “social competence” is rightfully considered foundational to the health and well-being trajectory in particular. In a rather simplified presentation, social competence may get understood as the “ability to navigate effectively social situations ... build supportive social skills” (Boyers & Nelson 2015:830). Social Competence is a social capital towards attaining a collective “positive sum” to the parties involved (Woolcock & Narajan 2000:225-236).

It is viewed worthwhile to specifically draw attention to Agarwal & Dagli’s perspectives (2013:21-23) pertaining concrete importance of cultivating human cognition, intellect and mastery in particular. In connection, it is viewed realistically learnable and doable along the dynamic (progressive) adaptation in view of the varieties of the “System of Systems (SOS)” of the several “complex adaptive systems (CAS)” and “multi-agent systems (MAS)”. Such is understood to enhancing the integrated approach to augment human cognitive capability, including the recent “adaptive automation (AA)” through and with the concerted research on “highly complex and interactive systems” and the “scenario-based situational awareness (SA)”.

Given the pertinent systematic descriptions here above, both the importance and significance of know-how (competence – mastery) intelligence are viewed apparent along the concerted pursuit of the minimal bedrock key (core) building-block attributes continuum set of progressively positive health and social development responsiveness optimisation potential of the life-course at all levels.

### 2.6.3 Reserve Capacity (Plasticity)

Reserve Capacity (RC) consideration is one of the minimal bedrock core building-block attributes continuum set entry of the human plasticity potential. Presenting RC as a construct of the Lifespan Theory, some scholars define it the “*functional plasticity*” of change and development, especially, of one’s potential for growth (Lerner 2006:42-45; Ursula et al 1995:801-802, 830). Again, according to Ursula et al, RC or plasticity could get characterised as baseline and developmental as well as internal and external. Furthermore, scholars like Halfon and Hochstein have been drawing due attention to what is referred as “*behavioural plasticity*” form of reserve capacity by highlighting that bio-behavioural plasticity and/or RC gets decreasing over time leading to the increased option of selective optimisation (2002:447).

Whereas such can be relevant enough, it may as well be necessary to have clear perspective on the potentials of what may be called “*social plasticity or reserve capacity*” which in a way might play some degree of offsetting role against what has been lost due to the inherent bio-behavioural plasticity or RC over the life-course. According to Lerner (2006:45), RC may well get described as “The potential for systematic intra-individual change (i.e., plasticity) across life – fundamental strength of human development”. Obviously, the definition can equally reasonably apply to the inter-individual dimension too. In general, plasticity or RC is understood to be “*experience expectant and experience dependent*”.

And Napolitano et al (2011:23-25) expressed RC as “resources to be developed ... ability to promote one’s own development is a central concept in a relational developmental systems theory (RDST) ... mutually influential relations between an individual and his or her context ... create the potential for systematic change (for plasticity) across ontogeny ... plasticity makes multiple developmental trajectories possible ... optimistic about the possibility ... may promote healthier, more positive development ... must identify, allocate, refine and deploy both internal and external

resources as a means or strategies for goal achievement ... *Optimization* behaviours are the strategies and resources ...”.

From the “Life Span Theory” construct point of view (Staudinger et al. 1995:801), RC gets expressed as “the individual’s potential for change, and especially, his or her potential for growth” which often gets equated to the “functional plasticity”. Similarly, RC or “Plasticity Reserve” can be described along the human-beings’ capacity to make the necessary adaptation in various contexts, dimensions and forms to advancing positive development (Schroon 2021:349; Staudinger et al. 1995:807-808,830; Taylor & Cotter 2006:34-36).

In fact, Staudinger et al Staudinger et al. (1995:801,807-808&830) render explicit elaborate enough in that RC (Plasticity Resource) can be perceived from two complementary domains, namely “internal cognitive capacity” and “external” such as the social network and financial status, and, also,, from the “baseline” and “developmental” or “progressive cumulative” ones. In connection, “...Plasticity makes multiple developmental trajectories possible ... may promote healthier, more positive development ...” (Napolitano et al. 2011:23-25). Health and social development are increasingly being considered “positive capacity for life” whereas the varieties of “plasticity’s” such as biological, behavioural, and social plasticity’s get being equated to enduring the changes across the human life (Halfon et al 2018:1-5; Halfon et al. 2014:357-358; Lerner 2015:167; Schroon 2021:349).

It, also, is not uncommon to having the RC (plasticity) and resilience being looked under the same prism or else as overlapping phenomena (Lerner 2006:42-45; Schroon 2021:349; Saudinger et al. 1995:808; Zautra et al. 2010:6). However, unlike the “Resilience” phenomenon proper, “RC” is not necessarily oriented to responding to and overcoming the adversary encounter domain per se and alone. At least two things can be said indisputably clear about RC: (1) it is an important attribute of responsiveness optimisation potentials, and (2) it is likely meditational role of one or more of the minimal bedrock core building-block attributes continuum set. And, in

whatever case, from the above rather concise but still instructive enough description, it becomes clear that RC or plasticity should be presumed to playing a crucial role in unleashing the potential of the various levels towards the advancement of progressively positive responsiveness optimisation potential of health and social development in a given context.

#### **2.6.4 Resilience**

Over the last several decades, resilience has been given increasingly prominent place not only in psychology but practically in all spheres of life, including biology, development, environment, health, industry, sociology and many else (Liebenberg et al. 2017:4-8,14-17&34-40&47; Yates & Masten 2004:522; Zautra & Hall 2011:33; Zautra & Murray 2010:1-3). In fact, at present, it will be hardly possible to find any scientific discipline or normative policy wherein resilience is not being discussed active enough. It may as well be claimed that resilience is the overwhelmingly dominant preoccupation particularly as of the second half of the twentieth century. The term resilience originates from the Latin word “*resilire*” which literally translates in English to “*to leap back, re-bounce, re-coil or spring back*” indicating to the recovery and regaining of the structure & functions (Windle 2011:153-154).

Like PYD, the theoretical and methodological framework of resilience has been receiving increasing attention from both the process and outcome dimensions with extra more emphasis on youth in particular (Bottrell 2009:321, 336&337; Lee et al. 2012:1-5; Lerner 2006:41-43; Miller et al. 2010:2-4, 7, 16&17; Staudinger et al. 1995:801&810; Ungar 2021:1-11; Ungar et al 2008:166-168, 173-175; Windle et al. 2011:1&2, 14-17; Windle 2011:153-155, 163; Yates & Masten 2004:522; Zautra et al. 2010:2-5). Resilience gets defined differently by different disciplinary scholars and at different times. For instance, from the developmental psychology perspective, it gets conceptualised both as “a dynamic process of adaptation to adversity ...” and as “an outcome of successful adaptation to adversity ... recovery ... sustainability” (Windle et al 2011:2; Zautra et al. 2010:3-4). For instance, Windle et al. (2011:1-2) do



acknowledge that resilience being an important factor for lifelong health and well-being and that “assets and resources within the individual and environment facilitate this capacity of adaptation and bouncing back in the face of adversity across the life-course”.

In fact, the aforementioned scholars have claimed resilience as being equivalent to “*the new definition of community’s and populations’ health*”. At least according to Yates and Masten, the “Resilience Theory” (2004:522, 529) is posited as the transformational process of promoting competence towards positive development across the lifespan. Ungar, M. (2010:6) defines: “... a dual process of navigations and negotiations, resilience is the capacity of individuals and communities to access resources that enhance their well-being, and the capacity of their physical and social ecology to make those resources available in meaningful way”. Once again, here, it is made evident that resilience is a capacity potential at the various levels; and that not only availability but equally so access to the various resources such as advice, information – knowledge, skills, finance, services, technologies and so forth will be required. Among others, proper recognition of the possible assets or resources, complexities, contexts, challenges, interplays, overlaps, temporality, variability and so forth of resilience becomes vital requirement.

With due analysis of the trends over the recent couple of decades, it has been becoming clearer that resilience gets recognised as one of the core competencies promoting and empowerment tools. A particular dimension in resilience theory and research is the relationship to PYD. A recent work (Lee et al. 2012:3-5) posits resilience the possible forerunner of PYD expressible in either a “*condition*” or a “*contributor*” or a “*determinant*”, or an “*indicator*” of “*a common cause*” or “*common effect*”. Furthermore, Ungar, M. (2010:1-7) by capitalising on the strength-based thriving, elaborates resilience on the fundamental basis of the Theory of Positive Development and points to the convergence of research and theory across the various disciplines such as ecology, psychology, sociology and others. As people will have to continue to challenge the changes, resilience is perceived to serving both as

an intermediate and as an outcome crucial instrument of constant navigation, negotiation, evaluation and so forth (Ungar 2010:5,13-14).

Whilst there are varying perspectives where for quite long the dominant being bouncing back from adversities, however, the commonly presented and increasingly growing theoretical framework evolution in recent years has been what is referred as the ability of effectively mobilising both internal and external resources in negotiating, managing and adapting for the dynamically positive development forward (Lee et al. 2012:1-5; Miller et al. 2010:2-8; Ungar 2010:5-7; Windle 2011:1-2). For instance, the operational definition proposed by Lee et al. (2012:2) read as “a process of effectively mobilising internal and external resources in adapting to or managing significant sources of stress or trauma”. Resilience framework or model or theory is being considered unique, most importantly, in that it puts particular emphasis on positive adaptation use of all the available potentials and resources to achieving positive outcomes in the likelihood of adversities, challenges, risks, vulnerabilities and the likes (Yates & Masten 2004:522-539).

However, it, also, is worthwhile to acknowledge that there still prevail active enough contentions, debates and disagreements in several respects about resilience (Bottrell 2009:321, 325, 336; Liebenberg et al. 2017:4-8,14-17&34-40&47; Ungar 2010:7, 13-14; Ungar et al. 2008: 166-167, 174-175; Windle 2011:152-165; Zautra et al. 2010:3&4). First and foremost, conceptualisation and definition of resilience has remained controversial and still evolving on dynamic mode. Secondly, whether or not it is a trait remains less resolved. Thirdly, whether resilience is a process or an outcome or both should require further elaboration. Fourthly, the perception of resilience from a response to adversity dimension vs holistic has been debatable. Fifth, the on-going discourse of consideration of community and societal resilience beyond the individual person has yet been unsettled.

As resilience can be looked from different disciplinary perspectives possibly with both the broad and narrow working definitions, so is the characterisation of the features,

including whether as “capacity” or “process” or “result” or else “combined” phenomenon (Lee et al. 2012:1-2; Miller et al. 2010:2). At least, for those perceiving resilience as “a higher order process”, it is a powerful instrument of positive as well as sustainable pursuit of purposeful gainful life trajectory and also quite broad and complex “stimulus” and “possibility” towards “unleashing potentials and talents” (Richey & Zautra 2011:32-34; Zautra et al. 2010:23-43). In fact, the latter scholars have endeavoured to elaborate the “recovery”, “sustainability” or “continuity” and “growth” dimensions of resilience as well.

Again, Zautra et al (2010:6-11, 39&40), by emphasising on the importance of looking at resilience as the high-order course of response process by way of provision of higher level of stimulation and opportunity in sustaining the pursuit of the positive “*identify, capacity, thoughtfulness, planning and forward-leaning orientation*”, including “*attainable goals and a realistic vision*” to protect and defend from any possible harm and move forward and extend the reach toward positive aims for the community as a whole – a powerful instrument of “*positive and sustainable pursuit of purposeful and gainful life trajectory*”.

Nevertheless, a relatively recent review along the four waves of research on resilience (Lee et al 2012:1&2) has drawn attention to the still on-going debates around the concept itself, variability of definitions by the various disciplinary orientations, whether or not capacity or a process or a result which may actually get expressed with the outcome or product. Likewise, Miller et al (2010:2-4, 7-9, 15-17) have pointed to the different epistemological traditions across the different disciplinary domains and thus incoherencies between the respective theoretical and the empirical methodological approaches requiring further reframing considerations. Regardless, again, most notably, the defining hallmark of resilience theory, research, and practice thus far has really been the individual’s and/or group’s (or else society’s at large) response ability or capacity in the event of adversity (Ayanore et al. 2019:1-15; Brown 2021:771-780; Bush & Roubinov 2021:35-51; Bush & Rudasill 2016:1-3; Liebenberg et al. 2017:4-8,14-17&34-40&47; Masten 2021:113-134; Masten &

Barnes 2018:1-16; Masten & Motti-Stefanidi 2020:1-12; Mittelmark 2021:153-164; OECD 2020:5-21; OECD 2021:15&145-154; Schroon 2021:337-338; Shean 2015:10-13; Ungar 2021:1-11; UNDP 2020:2-3; Wald et al. 2006:1-14)

The Social Theory of Resilience is another dimension which renders greater place to the “social identities and collective experiences” of resilience through the “transactional ecological framework” (Bottrel 2009:321, 325). Against all of the possible ambiguities, debates, and disputes, resilience can well be considered one type of RC or plasticity and that RC the potential to resilience (Ursula et al 1995:808, 813-815). This points to the degree of multi-factoriality and overlaps between these two constructs in particular. The statement by Windle (2011:165) and Zautra et al (2010:10-11) can be illustrative enough in that resilience being “interlaced with normal, everyday life ... capacity for ‘ordinary magic’ and the opportunity for positive adaptation should be an option for everyone” through and as the “course of response ... higher order process”, respectively.

Specifically, over the last two and half decades, though, sizable enough studies have been focusing on the resilience of the youth population mainly in the industrialised settings but some also within the less industrialised contexts (Lee et al 2012:2; Liebenberg et al. 2017:4-8,14-17&34-40&47; Ungar et al 2008:173; Ungar 2021:1-11; Windle 2011:152-165; Yates & Masten 2004:522, 529). Once again, whilst drawing the attention about the necessity of further improved definition, Zautra and Murray (2010:6-7) stresses on resilience to get conceived as “sustaining pursuit of the positive as the continuum of reserve capacity ... a change in the nature of the relationship among those core elements of human response”.

And still, increasing dynamics of convergence is being recognised between resilience and positive development theories and researches and, also, among the various disciplinary orientations to the strengths-based or “positive” and “thriving” development paradigm, including the “double dividends” of the “social and ecological resilience” and “dual process of navigation and negotiations”, “positive psychology”,

“reserve capacity”, etc. (Lerner 2015:165-168; Lerner 2006:41-47; Parkes et al 2003:671-674; Ungar 2021:1-11; Ungar 2010:1-14; Ungar 2008:166-180; Windle 2011:1-2; Windle 2011:152-165; Yates & Masten 2004:529; Richey & Zautra 2011:32-34; Zautra et al 2010:23-43).

Despite the relative positive dynamics in recent years, particularly, the community, cultural, contextual and social dimensions of resilience have been receiving considerably little attendance as opposed to the individual perspective of it; and, therefore, the resilience study to the future will necessitate cross-cultural, multi-variable and multi-level framework in view of the complexity and dynamicity of the system (Liebenberg et al. 2017:4-8,14-17&34-40&47; Ungar 2021:1-11; Ungar 2010:1-14; Zautra & Hall 2011:33-36). Overall, the dominant and overwhelming emphasis and thus focus to date has been pertaining positive psychology and resilience in health and social development dimensions proper. Also, it certainly is the resilience domain per se of what gets consolidated as the “minimal bedrock core building-block attributes continuum set” here which has been comparatively better researched as well as programmatically applied thus far.

From the elaboration as here above, it is becoming increasingly realisable that trying to look to the positive psychology, know-how mastery (competence) intelligence, reserve capacity, and resilience dimensions in isolation will be insufficient and may even be misleading at least in respect to the pursuits of harnessing progressively positive health and social development responsiveness optimisation potential. The emergent convergence, inter-dependence, inter-relationships, and reciprocity overlaps’ across the attributes and the respective constructs are becoming increasingly apparent over and through time. The binding common glue across all the four bedrock core building-block attributes continuum set is the responsiveness optimisation potential or positive potential element or feature in particular.

Most importantly, each are anchored upon the central notion of increased maximisation of the inherently existing tappable potentials, opportunities, possibilities

and capabilities of ensuring good quality of life and well-being to the future. Accordingly, it may well be more important to endeavour pursuit in an integration and wholesome model with due recognition of the essential continuum of human responsiveness potential. Like it commonly gets stated as “connecting the dots” idiom, complementing, forging and converging functional logic to knitting together the pieces towards the accomplishment of maximal optimal responsiveness possibilities may well be considered a plausible novel frontier prompting insightful inquiry, intelligent innovation and industrious implementation roadmap proper. Progressively positive responsiveness optimisation potential in health and social development along with the here given continuum is viewed existential central core of it. Such will also be in congruence with the aspirations and ideals of the contemporary “*Sustainable Development*” trajectory. The section here below addresses the reasoned integrative dimension of the composite “*minimal bedrock core building-block attributes continuum set*” construct proper.

#### **2.6.5 Overall Intersections and Overlaps of the “*Minimal Bedrock Core Building-blocks Attributes Continuum Set*” Constructs segments: Strengths-Based Approach and Progressively Positive Development Responsiveness Optimisation Potential**

Whereas it might not have been emphasised upon as desired clear, concrete, definitive, distinct, explicate, succinct and unifying enough theoretical reference orientation right up to now, it, however, feels convincingly scientific that the essential constructs such as positive psychology, positive developmental asset, know-how mastery (competence) intelligence, reserve capacity and resilience attributes get treated in an integral continuum. As such becomes equally useful towards bolstering progressively positive development responsiveness optimisation potential proper. Considerable degree of multi-faceted overlaps across the attributes is becoming increasingly evident and important.

As well, irrespective of the extent and intensity, each of the pertinent constructs does signify the pursuit of the strengths-based aims, objectives, efforts, processes, etc. According to the elaboration by Sivanathan et al., even self-efficacy in particular can well get expressed by certain core dimensions, namely:

- Inspiring to greater heights;
- Exhibiting positive behaviours for/of stimulation irrespective circumstances;
- Perseverance with courage against continuous challenges and confrontation;
- Provision of positive supportive climate of future motivation and stimulation towards the ultimate enhancement of well-being.

Obviously, being one of the strengths-based phenomena, “self-efficacy” draws from and also capitalises upon the essential features of what gets distinctively coined as the minimal bedrock core building-block attributes continuum set in this research enterprise proper.

Similarly, “resilience” in recent years has been increasingly viewed as a potential from a much broader positive development dimension both at the individual and societal levels (Bottrell 2009:321-337; Lerner 2006:41-47; Ungar 2010:1-14; Ungar 2021:1-11; Windle et al. 2011:1-7 & 11-14) than just rebounding and recovering from encounters of the adversities perspectives of the earlier years in particular. Just citing Ungar’s (2010: 11-14) pertinent elaborations as here below can make the claim clearer and illustrative enough:

- Peoples’ physical and social ecological complexities offer the potential for growth;
- Definition of well-being is a negotiated construction; and
- Families enhance their capacity (i.e., potential) to navigate and negotiate by being provided the tools to sustain fair well-being over time.

The indicated here above illustrative cases of the multi-dimensional intricate inter-feeding interconnectedness, interdependence features and thus prominent overlaps would have to warrant commensurate degree of innovation too (Askura et al. 2015:1-7; Lerner 2015:165-173; Morgan & Ziglio 2007:17-18; Parkes et al. 2003:668-671; van Zyl 2012:6-15). In connection, it is believed that the consolidated wholesome continuum can better explain the complex progressively positive development responsiveness optimisation pathway. The commonly shared “strengths-based” positive development orientation by all of the aforementioned constructs (Masten & Barnes 2018:1-2&7-9; Joseph & Sagy 2017:83-92; Mittelmark et al. 2017:45-56; Mittelmark 2021:153-164; NASEM 2019a:26-28; NASEM 2019b:9,16-17,20-21,32-33,93-113,121,283-309; Sagy & Mana 2017:77-82; Shean 2015:7-10&26-27; Ungar 2021:1-11) will justify such theoretical, research and programmatic approach.

Overall, the “theory of strengths-based development” or “strengths-based development theory” approach is believed to result in multi-faceted direct and or indirect positive outcomes. In the same line, being a conscious stride, the science of positive psychology can facilitate progressive fulfilment and flourishing potential objectives. In fact, positive psychology can be claimed inherently foundational cross-cutting and transcendent responsiveness potential whilst “self-efficacy” guided practice is at the core of positive psychology and strengths-based approaches. Positive psychology and positive developmental asset in isolation cannot be expected to yield the desired responsiveness accomplishments short of appropriate know-how and mastery as integral complement and hence continuity.

Similarly proper appreciation and application of the reserve capacity and resilience potential may get constrained without logical alignment and effective mobilisation of the positive psychology, positive development asset and know-how and mastery potential continuum in particular. The aforementioned descriptions explain the intricately inter-feeding complementarities, inter-linkages and synergy of the minimal bedrock core building-block attributes continuum set.

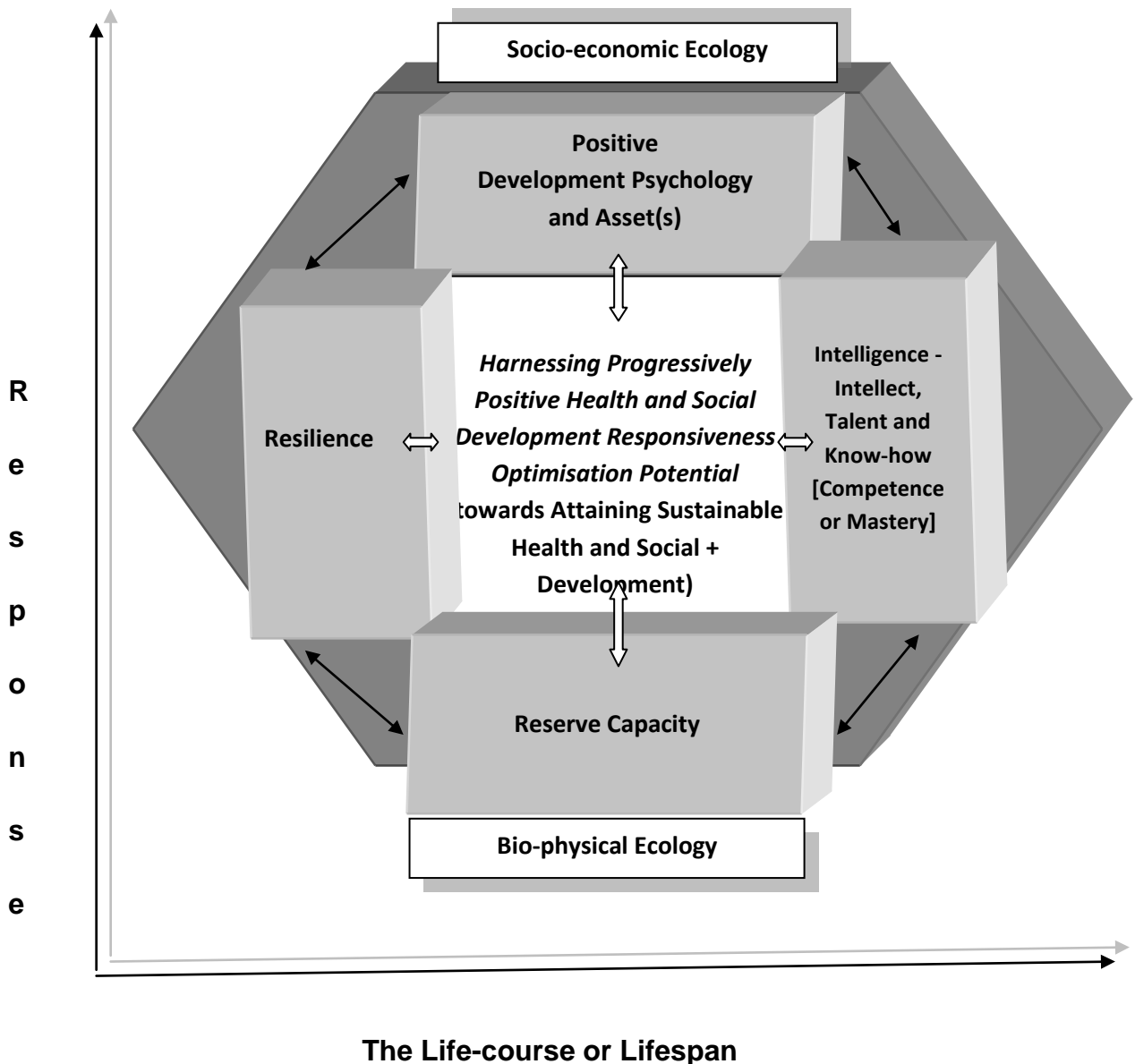


In respect, conscious departure from the dominantly conventional deficit's isolated, reductionist and simplistic model to the complex wholesome strengths-based practice is believed to be as extra promising as higher order human goal pursuit instead. Notwithstanding the fact that both the deficit's prescriptive reductionist and the strengths-based models are to remain drawing considerable interests, however, striking the right balance ahead coupled with sustainability considerations should warrant extra more efforts (Askura et al. 2015;2-7; Bradshaw et al. 2006:2-4,11-12; Hodges & Clifton 2004:257-260,266-268; Jorgensen & Nafstad 2004:39-47; Lerner 2015:165-173; Lerner 2006:41-47; Linley & Joseph 2004:XV; Maddux et al. 2004:294-322; Morgan & Ziglio 2007:17-21; Parkes et al. 2003:670-674; Sivanathan et al. 2004:245; Ungar 2010:1-14; van Zyl 2012:6-15; Windle et al. 2011:1).

And most of all, the specifically noted composite "*minimal bedrock core building-block attributes continuum set*" construct get directed to the pragmatic nurturance of progressively positive responsiveness optimisation potential and capacity to the future in particular. Again, forging "convergence" and "synthesis" innovation towards optimisation of sustainability rather than "reduction" are increasingly required in view of the ever growing ranges of complexities (Parkes et al. 2003:670-674 Askura et al. 2015:1-7; Lerner 2015:165-175; Morgan & Ziglio 2007:17-18; Parkes et al. 2003:668-674; van Zyl 2012:6-15). Along the same, schematic summarisation of the logically convergent, interfeeding and integrative transaction of the composite "*minimal bedrock core building-block attributes continuum set*" construct of the "*progressively positive responsiveness optimisation potential*" to attaining sustainable health and social development gets concisely illustratively presented under *Figure 2.2*.

Now, based on the reasonably expansively extensive digest of the wide ranges of literature together with the Investigators philosophical imaginations, an integrative conceptual framework was developed (see *figure 2.2* with concise description below).

## Convergent Dynamics of Positive Responsiveness Optimisation Potential



*Figure 2.2: OPTIMISATION: Dynamically Convergent Minimal Bedrock Core Building-Block Attributes' Continuum Set Framework: Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation Potential to Attaining Sustainable Health and Social Development* (as logically conceptualised, aligned-framed and proposed by the Researcher, **MULUGETA** Betre Gebremariam, 2016).

In light of the expanded and focused scientific literature analysis, *Figure 2.2* gets conceptually framed, illustrated, and presented in a concerted attempt to bringing together, making connections, summarising, and depicting the integrative conceptualisation of the proposed progressively positive health and social development responsiveness optimisation potential research enterprising. It is recognisable that each essential construct of what gets here framed as the constituent of the composite “*minimal bedrock core attributes or building-blocks continuum set*” construct, namely positive psychology - competence, development asset, reserve capacity, and resilience in relation to health and social development have been under extensive exploration from the theoretical, research and practice dimensions for considerable period already on their own right albeit in isolation of each. What can possibly be considered the meaningful paradigm innovation (novel) enough shift in this given specific piece of scientific work are:

- 1) Pursuance along the establishment of holistically integrative understanding of the potential roles of the minimal bedrock core building - block attributes continuum set.
- 2) Incorporation of the minimal building block bedrock core attributes continuum set to the logical service of essential complementarities to harnessing progressively positive responsiveness optimisation potential as the common denominator.
- 3) The integrative study (research) of the referenced attributes along the progressively positive responsiveness optimisation potentials to health and social development (i.e., well-being) dimension in tandem.
- 4) The concerted emphasis on progressively positive responsiveness optimisation as the promising alternative model of bolstering, harnessing and unleashing development potentials to the way forward.
- 5) Explicitly clear consideration of the life-course temporality of the potentials.

6) Not less, in this study, sound optimisation of health and social development potential, via the minimal bedrock core building-block attributes continuum set, is viewed essential prerequisite to any form of foreseeable growth and development efforts as a whole.

7) Due recognition and alignment of the broader dynamic bio-physical and socio-economic interactive influence interfaces proper.

By expanding and enriching the scope as well as the depth of the scientific discourse on the composite “*minimal bedrock core building-block attributes’ continuum set*” construct of the optimisation potentials (OP) or positive potential (PP), the approach is viewed in reasonable concurrence with recent enough scholarly trends of the theoretical frameworks such as: positive human development, positive youth development, convergence paradigm for environmental health, sustainable development and the likes which have already been elaborated within the pertinent sections of the scientific literature analysis of this document. In addition, as illustrated in *Figure 2.1 & 2.2*, it as well feels worthwhile to pinpoint to the conceptualisation itself. Moreover, whilst intricately interrelated and interdependent, the proposed logical sequencing continuum rationalisation of one to the other core attributes may get proven sound enough consideration as well.

## **2.7. FAMILY, YOUTH AND PARENTS IN HEALTH AND SOCIAL DEVELOPMENT**

Inarguably, progressively positive responsiveness optimisation potential pertaining health and social development proper should not have limits of any form and scale along the whole lifespan; and such is expected (envisaged) to be the concrete practical case scenario to the future in particular. In view of the somewhat modest beginning, including that of the financial and time feasibility considerations at this point, however, the exercise of a certain degree of limit was inescapable. Accordingly, this study was made to have the conscious and exclusive focus on

youth and their parents of the metropolitan Addis Ababa. In connection, it was important to make targeted digest of the pertinent scientific literature.

### **2.7.1 Family and Parents**

Family is an important societal institution, among others, in shaping attitudes, normative guidance or principles, beliefs and values which will equally apply to the health and social development domain. Whereas parents and children do form the central elements of the family dynamics, this study is made confined, specifically, to the youth and their parents proper and accordingly so the scientific literature analysis in this section. The critical and strong links between the quality of parenting and the resulting health and social development outcomes cannot be disputed (Benson et al. 2012:5-6; Edelstein et al. 2004:31-37; Eshel et al 2006:992-996; Evenboer et al 2012:2304, 2308-2309; Kochansaka 2002:192; Megerssa 2014:53-54; Trivette et al 2010:3-4 & 14-15).

The degree of attachment among constituent members of the family can mediate or moderate the extent and intensity of the shaping roles and ultimately the outcomes. Also, whereas dependent on the experiences, patterns, quality and so forth of the interactional dynamics over time, in general, the direct relationship of parental well-being and further development has been evidenced (Lewis & Lamb 2003:212-217; Trivette et al 2010:11-13). Most importantly, the family system primarily and essentially being led by the parents remains the critical instrument to the dynamic “intergenerational transmission of human capital” development (El Nokali et al 2010:988-1002; Guryan et al 2008:44). In their capacity of prime functional bridges, parents are recognised to serving key actors as well as pathways to societal development, practically, in all of the conceivable dimensions of human life systems.

Like any of the aspects of life, family and parenting systems are dynamic and, therefore, are subject to undergoing series of changes too and it also is becoming ever complex (Guryan et al 2008:23; Kumar & Quisuming 2015:406-407); we have

been witnessing a variety of family structures and systems these days overall, though, it is possible to identify two major features, namely traditional extended and modern nucleus. Even if with the changing face of the family system and parenting functions, to the very minimum, though, positive parental circumstances across time are desired and hence expected to foster positive relationship returns (Davidou & Grusec 2006:55-57; El Nokali et al. 2010:988-1002; Evenboer et al. 2012:2008-2010; Guryan et al. 2008:25-28; Kumar & Quisuming 2015:406-408 & 420-421; Megerssa 2014:53-54; Napolitano et al. 2011:19-20; Ngubeni 2013:1-3; Taye 2008:37; Trivette et al. 2010:3-6) such as:

- Positive Modelling;
- Positive Nurturance;
- Positive Motivation;
- Positive Mutual Responsiveness;
- Positive Mutual Behaviour, Health and Social Development.

At the same time, it is worthwhile to acknowledge the two-way or bi-directional transformation dynamics taking place within the family cohort in particular (Stenberg 2001:1-7, 16). In the specific contemporary context of Ethiopia, the Revised Family Code of the Federal Democratic Republic of Ethiopia (FDRE Family Code 2000; Kumar & Quisuming 2015:406-408, 420-421; Megerssa 2015:53-54) is recognised to be progressive and instrumental enough to facilitating positive family development dynamics in general terms.

### **2.7.2 Youth**

Whilst inherent enough, parents and offspring (progenies) attachment, bondage, relationship, responsiveness and so forth can get further cultivated, nurtured and trained within the dynamic social context. The uniqueness of the changes manifesting particularly during the second decade of human life has been drawing ever greater

attention by parents, family members, and the society at large for ranges of reasons. From scientific research and practice points of view as a whole, the main focus has been on how to better enhance and thus ensure young peoples' healthy and positive development to adulthood. At the same time, the second decade of human life does exhibit distinct enough phases by ranges of developmental parameters (Christie & Viner 2005:3-1-304; Koniston 1970:631-654; Steinberg 2001:1-19).

According to the commonly held international normative guidance or taxonomy, it is customary to differentiate childhood, adolescence (with early, middle and late), young people, youth and adult primarily based on the chronological age as the key reference (El Nokali et al. 2010:988-1002; Evenboer et al 2012:2008-2010; Halfon et al. 2018:1-5; Napolitano et al. 2011:19-20; Ngubeni 2013:1-3; Trivette et al. 2010:3-6, 13-15):

- Children/childhood: 0 – 17 years of age;
- Adolescence or late childhood: 10 – 19 years (commonly with early 10 – 13 years, middle 14 – 16 years and late 17 – 19 years) of age;
- Young people: 10 – 24 years of age;
- Youth: 15 – 24 years of age;
- Emerging Adult: 18 - 23 years of age;
- Adult (collective whole): 18 years of age and above.

Looking at these sub categorisations and segmentations, what comes first in mind is the degree of overlaps across the age brackets pointing to the complexity and difficulty even if yet just focusing on one single attribute namely chronological age per se. According to the Federal Democratic Republic of Ethiopia National Youth Policy (2004:4, 25-36), youth is defined 15-29 years of age. Ethiopia's ratification of the pertinent international conventions and normative guidance and ultimately integration of those into the ranges of the national policy instruments are conceived to be

important and useful to the extent of the practical implementation (Kumar & Quisumbing 2015:420-421; Megerssa 2014:53-54).

Even if taking place in varying degrees as well as dimensions, the commonest denominator across these groups is the development phenomenon proper. The transition dynamics and intensity are typical of the development process. Ensuring skilful and effective care, guidance and nurturance during the transition remains the primary responsibility of the family and parents whereas ensuring scientifically reasoned and productive development becomes the primary societal agenda. The degree of responsiveness and associated with factors are known to have profound effects on the scope and scale of the ranges of intergenerational developmental transitions (Christie & Viner 2005:301; Edelstein et al 2004:31-37; Kochanska 2002:192; Lieberman et al. 2005:506-508). At the same time, youth is not only a distinctive but also complex bio-societal phenomenon in many ways.

For this particular study parents (35 - 65 years) constitute the biological or step mother and/or father of the enrolled youth residing within the sampled household in Addis Ababa. Such an approach is fairly consistent to what has been “*Youth – Adult Bridging of Generations*” model as a result of which it will be possible to maximise or optimise the collective gains by bolstering the distinct possibility of various layers of generations working together for a common noble cause (Zeddin et al 2013:385). Accordingly, youth population category will encompass any person of age 15 – 24 and one or both parents within the 35 – 65 years limits, respectively, residing in the sampled household in Addis Ababa.



## **2.8. CONTEXTS, PERSPECTIVES, AND PROSPECTS OF HARNESSING PROGRESSIVELY POSITIVE HEALTH AND SOCIAL DEVELOPMENT RESPONSIVENESS OPTIMISATION POTENTIAL AMONG YOUTH AND THEIR PARENTS IN THE METROPOLITAN ADDIS ABABA, ETHIOPIA**

It is assumed that the positive health and social development optimisation responsiveness potentials of the youth and their parents will be the reflections of the aforementioned complex and dynamic transactions. Investigating and thereby harnessing progressively positive health and social development responsiveness optimisation potentials among youth and their parents in Addis Ababa is believed to have wider implications.

The naming of Addis Ababa originating from the national official language *Amharic* literally will have translated to the English as the “New Flower”. From historical point of view, Addis Ababa is among the relatively youngest urban settlements be it within Ethiopia or across Africa and abroad (Addis Ababa City Administration 2015:1-5). Addis Ababa with just hundred plus years since its establishment is the capital and the largest city of Ethiopia. Also, being the permanent seat of the Headquarters of African Union Commission (AUC) and the United Nations Economic Commission for Africa (UNECA) as well as for the well over a hundred diplomatic representations, it serves the diplomatic and political capital of Africa. In fact, from diplomatic and political dimensions, Addis Ababa is being increasingly recognised as one of the most important and vibrant metropolitan cities next to New York, Brussels and Geneva (oral communication).

Even by just taking its own in-house population proper, Addis Ababa exhibits diverse representation complexities. According to the last National Census Report projections, the city is home to over 3.5 million residents. Addis Ababa has been experiencing not only fast but, equally, radical changes since the last nearly one decade in particular. Some of the scholarly authorities would even dare to call it the

“changing DNA” and “rebirth” of Addis Ababa (Addis Ababa City Administration 2015:1-5; Elias et al. 2014:7-8,15-16; UNDP 2015:69, 71). It is in light of these actively on-going apparent profound ‘modernisation’ schemes of the metropolitan Addis Ababa that the proposed study was planned and implemented (Tenth AA Master Plan specifications) (oral communication). Quite disappointingly, though, neither the Master Plan nor the other plans exert and render the required scale of focus on the wholesome Health and Social Well-being Development in particular.

## **2.9 CHALLENGES AND POSSIBILITIES OF MEASUREMENT AND ANALYSIS OF THE COMPOSITE “*MINIMAL BEDROCK CORE BUILDING – BLOCK ATTRIBUTES’ CONTINUUM SET*” CONSTRUCT OF PROGRESSIVELY POSITIVE HEALTH AND SOCIAL DEVELOPMENT RESPONSIVENESS OPTIMISATION POTENTIAL AMONG YOUTH AND THEIR PARENTS IN ADDIS ABABA**

Since the last decade, Addis Ababa’s population is conceived to experiencing what has been often referred to as massive and radical changes with wider economic, health, and socio-cultural implications (Addis Ababa City Administration 2015:1-5; Elias et al. 2014:7-8,15-16; UNDP 2015:69, 71). Despite the notable progress over the recent years, however, Ethiopia “still ranks 173<sup>rd</sup> out of the 186 countries in the latest UNDP Human Development Report” (UNDP 2015:1,4,7-8) which is more or less applicable to the Addis Ababa’s population. Again, for instance, for all its indisputable multi-faceted development and growth engine harnessing potentials, ICT up-take of the Ethiopian has been ranked one of the lowest even by the Sub-Saharan standard (UNDP 2015: 18, 96). Of course, there have been some progresses over the recent years. According to Petrikova, I. (2014: 1161) much is still desired to get developed and improved around health and social well-being particularly of youth and parents in Ethiopia. Again, the latest Human Capital Report depicted Ethiopia positioned just 127<sup>th</sup> of the 130 eligible countries (UNGA Economic and Social Council 2017:2&5-13).

The bond and connectedness between youth and their parents play a vital role to positive achievement of health and social development among them which continues to be noted as evidence gap in the context of study. In parallel, health and social responsiveness pressures have been increasing. Specifically, the youth and their parents are being challenged to becoming increasingly healthy and socially responsive enough for better quality of life. However, insufficient efforts by government, non-government or academia have been rendered in respect to the systematic consolidation of evidences pertaining progressively positive health and social responsiveness optimization dynamics and potentials in Addis Ababa. Research activities and, policy and service responses' domains are required to continue to contributing along refining the increasingly better set of alternative solutions towards promoting progressively positive health and social responsiveness based on optimisation potentials among youth and their parents.

Certainly, the given research in no way can and should be considered easy, simple and straightforward and such was not the intention or the presupposition from the very outset either. Equally, science is not necessarily always about the easiest, simplest, and straightforward business affairs. More so, a doctoral philosophical research orientation is supposed to add new dimensions of knowledge with novel innovations, including through tackling possible layers of challenges. It is in view of these contextual realities and hence with due appreciation of same that the given research get pursued towards generating additional knowledge alongside the elaboration and expansion trajectories.

## **2.10. CONCLUSION**

The given scientific literature review illustrates the complexity, confluence, dynamicity, multi-dimensionality, overlaps, pluralism (plurality), transcendence, etc. of the theoretical grounding of the research issue being pursued. The commonly shared pertinent features and thread about all of these theoretical frameworks, therefore,

may get summarized as the due emphasis on the advancement of progressively empowering, holistic, integrative and positive nurturance pathway towards unleashing the fullest potentials of the individual and collective systems alike. Accordingly, in so much ultra concise sentence, all of these theoretical frameworks may get subsumed into/within the contemporary post-modernity meta- or trans-theoretical philosophical orientation envelope of an increasingly inclusive, integrative and sustainable development (Emas 2015:1-3; Linley et al. 2004:3-6).

And, more importantly, this study brings new dimension by integrating and treating the core dimensions as the essential continuum potential whole. To the effect, the research enterprise gets pursued from the broader, convergent, integrative, larger, positive progressive, sustainable, and transcendental dimension of health and social development responsiveness optimisation potentials of the individual and collective alike across the life-course (i. e., youth and parents) in perspective. The Ethiopian “National Science, Technology and Innovation Policy” (2012:9-10), research among others is expected to “address the resolution of major economic and social problems ... contribute to the achievement of national development objectives”. Also, according to Fonn (2015:s47-s48), in a nutshell, “development is seen as a country’s capacity to understand, interpret, select, adapt, use, transmit, diffuse, produce, and commercialize scientific knowledge in a way appropriate to its culture”.

It is the solid conviction of the Investigator that its effective implementation will have produced the desired sound evidence-base towards further improved strategic policy dialogue and programme design considerations. Accordingly, the research while endeavouring to expanding knowledge, at the same time, will also strive to inform sound choices toward the establishment of a realistic model of progressively positive health and social development optimization responsiveness potentials as applicable to the Addis Ababa and other metropolitan populations with typical characteristics. It is envisaged that the output of the research will motivate informed decisions and thereby actions across the individual, family, community and, at large, the societal scale continuum.

As well, the proposed, by the Investigator, the integrated alignment of “*progressive health and social development responsiveness optimisation potential*” along the life-course of the DS, PHD and PDY Conceptual Frameworks are believed to inject new dimension in the field, including by converging the pertinent different constructs such as intelligence/competence, positive psychology, positive developmental asset, reserve capacity and resilience forming the composite “*minimal bedrock core building-block attributes continuum set*” construct in an inter-feeding and interdependent dynamics (figure 2.2). In addition, with the purposeful emphases on unleashing responsive potentials of progressively positive optimization of health and social development through the broadly convergent model, the specific research is expected to contribute to further expansion and enrichment of the global scientific discourse in the subject area at large.

Based on the set of objectives and, respectively, by employing the assumptions of critical realism and as consequent the mixed-methods research track, the study endeavoured to describe and explain the progressively positive responsiveness potentials of youth and their parents in Addis Ababa on health and social development optimization. The measurement of the composite phenomenon of “potential” through the ranges of the proxy constructs and thus variables will have capitalized upon robust implementation of methodological pluralism through the sound inter-marriage of the structured and unstructured data collection techniques. Likewise, the analyses and interpretations will have been correspondingly rigorous enough.

Lack of a clearly defined “*gold standard*” to the measurement practice whether for the composite or its constituent constructs is understood a notable limitation. Being a composite phenomenon and thus construct, measuring potentials is quite a complex undertaking. Also, the findings of the proposed research are presumed primarily applicable to the confines of the Addis Ababa’s formal residential youth and parents’ population in particular.

Overall, despite appreciable challenges of complexity, scale, scope and so forth, studying progressively positive health and social development among youth and their parents in the metropolitan Addis Ababa is viewed in order as well as timely. The conscious emphasis on the responsiveness optimisation potential pathway in such holistic model is believed to bear paramount paradigmatic shift value addition importance and significance to policy, programme and scholastic practices in prospect. Part of the effort is to consolidate reasoned enough innovation guidance framework to harnessing progressively positive health and social development optimisation potential across the life-course with the possible broader implication ahead.

**CHAPTER THREE:**

**METHODOLOGY AND THE METHODS**

### 3.1 INTRODUCTION OF THE METHODOLOGY AND METHODS

“We need to mobilise the power of ideas in order to influence the idea of power that is to say the ideas of those with the power to make decisions.”

- Gilson (2012:13)

This study used a Mixed – Methodology and Multi - Methods approach, combining both the qualitative and quantitative approaches to explore optimisation of responsiveness and social development potential among youth aged 15-24 and their parents aged 35-65 years, respectively. Quantitative and qualitative research approaches represent the two ends of the research continuum. Both approaches have their own strengths and weaknesses in their design and application. The bridging and reconciliation alternative of the two dimensions is what has been referred as the integrative Mixed – Methodology or Critical Realism. Which approach should be used when planning a research depends on several factors such as the type of questions asked, the researcher’s training or experiences, and audience (Yilmaz 2013; 325). The blend of the observational and analytical spectra form the integral thread of the quantitative wing whereas focus group discussion (FGD) and in-depth individual interview (ID) domains form the qualitative strand.

In the face of addressing inherently complex phenomena of the specific interest, this Research Project cannot think of more sensible option other than to drawing from both the quantitative and the qualitative traditions with sound balance (i.e., Mixed-Methods) (Venkatesh et al. 2013:22- 27; Yilmaz 2013:11-18, Zacharidias et al. 2013:1-9). Also, it is very well known that both the quantitative and the qualitative traditions comprise ranges of methods subsumed within each. For instance, the quantitative domain commonly implements the broad variety of the observational and or experimental methods whilst the qualitative commonly implements conglomerate ranges of its own methods such as the case study, ethnographic, phenomenological,



and many more. The Mixed-Methods as well as Multi-Methods endeavouring provides better empirical evidence consolidation possibility relying on meta-inferences (Venkatesh et al. 2013:22-24 & 35-42, Yilmaz 2013:312-317). The concrete set of combinations from each of the traditions in this Research Project gets elaborated under the pertinent subsections of the given Chapter. Immediately here below, however, given are the very introductory descriptions of the two traditions.

### **3.1.1 Quantitative Research Tradition Segment of the Concurrent Mixed-Methods and Multi-Methods Approach**

Whereas there indeed have been dynamically varying degrees of conceptualizations and thus definitions, here gets presented the notably concise and at the same time reasonably explanatory enough understanding of the specific tradition. Yilmaz (2013:311) provides such specification. Accordingly, by citing, particularly, Creswell (1994) and Gay & Airasian, (2000) sources, Yilmaz (2013:311), has defined quantitative methods tradition as “a type of empirical research into a social phenomenon or human problem, testing a theory consisting of variables which are measured with numbers and analysed with statistics in order to determine if the theory explains or predicts phenomena of interest”.

Again, Yilmaz (2013:311-312), including by making the cross-reference to Creswell, 1994 and Gay & Airasian, 2000) elaborates further as:

What is quantitative research? It can be defined as research that explains phenomena according to numerical data which are analysed by means of mathematically based methods, especially statistics. From a broader perspective, it can be defined as a type of empirical research into a social phenomenon or human problem, testing a theory consisting of variables which are measured with numbers and analysed with statistics in order to determine if the theory explains or predicts phenomena of interest.

Quantitative research is informed by objectivist epistemology and thus seeks to develop explanatory universal laws in social behaviours by statistically measuring what it assumes to be a static reality. It emphasises the measurement and analysis of causal relationships between isolated variables within a framework which is value-free, logical, reductionist, and deterministic, based on *a priori* theories.

And, also, *UNISA Policy on Research Ethics* (Article 2.4:1-2) summarizes as: “This is research that focuses on concise concepts as well as on variables. It collects information under controlled conditions, and uses structured and established procedures to do so. It uses objectivity in the analysis of information. It analyses numerical information using statistical procedures, it involves logistic and deductive reasoning, and the investigator does not interact with the event being researched.”

From the given here above definition, it is reasonable to deduce about the prime scientific orientation as well as purpose of the quantitative methods. Essentially, the specific method will be justified to the empirical measurement of variables with numbers (i. e., quantifying) and analysing with statistics to explain and or predict the phenomena of interest. In view of its concrete purpose and aim, the given research project has employed ranges of methods of the quantitative tradition as an essential integral body of the Mixed-Methods and Multi-Methods implementation. Again, given the complexity of the phenomena of interest and the subsumed within constructs, it was found essential to endeavour for the chosen multifaceted approach proper.

### **3.1.2 Qualitative Research Tradition Segment of the Concurrent Mixed-Methods and Multi-Methods Approach**

Like in the very case of the quantitative tradition, by specifically tapping from the related works of, particularly, Creswell, (2007), Denzin & Lincoln (2005), Miles & Huberman (1994) and Patton (2002), an elaborated enough definition gets presented that qualitative methods tradition as “an emergent, inductive, interpretive, and

naturalistic approach to the study of people, cases, phenomena, social situations and processes in their natural settings in order to reveal in descriptive terms the meanings that people attach to their experiences of the world” Yilmaz (2013:312). And as already clearly stated, the typical features of the qualitative methods, therefore, are such that [i] there is no a predetermined hypothesis, [ii] exemplify emergent process in the very natural context and setting, and [iii] aim at revealing peoples meanings in elaborated narrative descriptive form.

And according to the *UNISA Policy on Research Ethics* (Article 2.4:1), “This is research that attempts to understand phenomena in their entirety. It comprises research to understand social and cultural problems, and focuses on interactive processes to collect subjective information that is not structured numerically, but intuitively. It attempts to understand human experience and analyses thematic and narrative information. The investigator interacts with people in a sustained manner.”

Like in the concrete case of the quantitative description, Yilmaz (2013:311-315) characterizes in more detail the qualitative with due cross-referencing to the pertinent sources as:

What is qualitative research? Although it is deemed ‘difficult to define’ because of its multifaceted nature underpinned by different paradigms (Hitchcock & Hughes, 1995: 26), a working definition has been provided by some researchers. Strauss and Corbin (1998) offer this definition: ‘By the term “qualitative research” we mean any type of research that produces findings not arrived at by statistical procedures or other means of quantification’. But this definition is simplistic since it focuses on procedures and techniques used to collect and analyse data, ignoring other aspects of research design. It also tends to define the term from a quantitative perspective rather than focus on its characteristics.

Gay and Airasian (2000:627) define qualitative research as ‘the collection of extensive data on many variables over an extended period of time, in a

naturalistic setting, in order to gain insights not possible using other types of research'. But this definition also suffers from an identical problem, since it uses a quantitative concept to define a qualitative term (Qualitative research is based on the epistemological assumption that social phenomena are so complex and interwoven that they cannot be reduced to isolated variables, so it is not appropriate to use the term variable when defining qualitative research).

Hence, qualitative research needs to be comprehensively defined to do justice to its key characteristics. Drawing on the research literature (Creswell, 2007:37; Denzin & Lincoln, 2005:3; Miles & Huberman, 1994:6–7; Patton, 2002:39–41), I define it as an emergent, inductive, interpretive and naturalistic approach to the study of people, cases, phenomena, social situations and processes in their natural settings in order to reveal in descriptive terms the meanings that people attach to their experiences of the world.

It should be noted that qualitative research is not based on a single methodology and does not belong to a single discipline (Denzin & Lincoln, 2005:3). It 'draws on philosophical ideas in phenomenology, symbolic interactionism, hermeneutics and other traditions to support the attention on "quality" rather than "quantity".' (Brewer, 2003:239). Therefore, the term is used as 'an overarching category, covering a wide range of approaches and methods found within different research disciplines' (Snape & Spencer, 2003, p. 3). There is a wide variety of theoretical paradigms, methodologies, research strategies and methods in qualitative research traditions, ranging from descriptive study, case study, field research, ethnography, participant observation, biographical method, life history, oral history, narrative inquiry to phenomenological research, ethno-methodology, symbolic interactionist study, grounded theory and action research (Yilmaz 2013:311-312).

“The quantitative research paradigm has been practised for a long time, so its defining characteristics are well known. But that is not the case for qualitative research design.” (ibid.315)

Qualitative research is based on a constructivist epistemology and explores what it assumes to be a socially constructed dynamic reality through a framework which is value-laden, flexible, descriptive, holistic, and context sensitive; i.e. an in-depth description of the phenomenon from the perspectives of the people involved. It tries to understand how social experience is created and given meaning. From a qualitative perspective, reality or knowledge is socially and psychologically constructed. The qualitative paradigm views the relationship between the knower and the known as inextricably connected (ibid.312).

Unlike quantitative studies which are concerned with outcomes, generalisation, prediction, and cause-effect relationships through deductive reasoning, qualitative studies are concerned with process, context, interpretation, meaning or understanding through inductive reasoning. The aim is to describe and understand the phenomenon studied by capturing and communicating participants' experiences in their own words via observation and interview. What is emphasised is the examination of the context that influences people's actions or interactions and the meaning that people ascribe to their experiences. People can elucidate how they make sense of the world around them and their experiences through interviews with open-ended questions (ibid.313).

Purposeful sampling plays a key role. Irrespective of the kind of unit of analysis, the main aim of purposeful sampling in qualitative research is to select and study a small number of people or unique cases whose study produces a wealth of detailed information and an in-depth understanding of the people, programmes, cases, and situations studied. But, this sampling procedure limits the possibility of generalising research findings to other settings or situations, i.e. it does not provide parsimonious

information about the research topic studied (ibid.313 & 315; Denzin & Lincoln 2005:3; Patton 2002:39-41; Woolcock 2000:225-247).

And still in as much as the appropriateness of concisely describing each of the aforementioned, it equally is important to putting due emphasis that ensuring sound complementarities and hence combination of the two traditions in an integral whole along the Mixed-Methods and Multi-Methods do form the foundational traction of this Research Project.

### **3.2 PARADIGMS AND ASSUMPTIONS**

Scientific research differs from the common sense and everyday life observation because it is planned and is done in a systematic way (Bull 2015:217). Scientific research interrogates the body of knowledge and analyses the methods used (Yilmaz 2013:312-315,319). Scientific research can be descriptive, exploratory, explanatory and analytical in nature. The researcher could also use a combination of the designs depending on the research questions (DeForge 2010:1254).

According to Gelo (2012:111), paradigms (philosophical traditions) are set of interrelated basic values, assumptions and beliefs which do guide the how and why of the scientific research undertaking. Whereas, assumptions are realistic principles and expectations often based on empirical logic and reason and not necessarily on evidenced proofs. Paradigms and assumptions are essential research planning considerations (Gelo 2012:110-111&119; McGregor & Murnane 2010:419-420).

### 3.2.1 Paradigms

Paradigms are widely accepted worldview traditions given the state of knowledge at the very given time. Research principles or worldviews are the scientific paradigms. Based on Krauss (2005:759) “a paradigm can be defined as the basic belief system or worldview that guides the investigation ... philosophical assumptions or a theoretical paradigm about the nature of reality are crucial to understanding the overall perspective from which the study is designed and carried out”. Another plausible conceptualisation is that “... scientific paradigm may be defined as a set of interrelated basic values, assumptions, and beliefs regarding what science should be and how we should carry it out ... The values, beliefs and assumptions of a scientific paradigm are usually concerned in the methodology” (Gelo 2012:110-111).

Alternatively, Ponterotto et al (2013:43) has defined it as “set of interrelated assumptions about the social world which provides a philosophical and conceptual framework for the organized study of that world”. Particularly Gelo (2012:111 -113 & 123) spotlights what are referred as the “*scientific paradigm*” and “*critical ideological paradigm*”. Whilst it was not the scope of the research to look into the depth of these concepts, in general though, it may not be always possible to demarcate distinct enough lines between these two perspectives.

A theoretical paradigm can be taken as “the identification of the underlying basis that is used to construct a scientific investigation; or a loose collection of logically held together assumptions, concepts, and propositions that orients thinking and research ...” Whilst closely inter-related, it is a convention to differentiate *ontological*, *epistemological*, and *methodological* dimensions of a paradigm (ibid). These dimensions are closely interrelated ontological, epistemological and methodological paradigm dimensions get concisely characterised below.

And in this study, the ontological, epistemological, and methodological paradigm will guide the researcher with the essential underpinnings of critical realism, respectively

(Christians 2005:183-184; Denzin et al 2009:183; Yilmaz 2013:311-317). Paradigm or philosophy or worldview or doctrine should occupy a central position in research endeavour.

### **3.2.1.1 Ontology**

Ontology is “about the knowledge of reality” or “about the philosophy of reality” (Ahmed 2008:2; Gelo 2012:111; Kraus 2005:758). The reality meaning of anything and everything bears practical research implication. Ontological considerations are looked as to what works, and for whom it works and under what circumstances does it work. The design of the current study was aligned to perspectives such as:

- Health and social development optimisation responsiveness potentials are dynamic and progressive;
- Progressive health and social development optimisation responsiveness potentials can exhibit multiple attributes or features;
- Progressive health and social development optimisation responsiveness potentials can get influenced by various factors;
- It will be possible to generate more complete and holistic perspective and/or reality;
- Youth and parents alike can exercise adaptive, flexible and positive features.

### **3.2.1.2 Epistemology**

Epistemology which is derived from the Greek word ‘*episteme*’ means knowledge, essentially, is “the philosophy of knowledge or how we come to know” (Ahmed 2008:3; Gelo 2012:111; Kraus 2005:758). It is a science of inquiry that generates knowledge (Babbie 2010:4). It is within this premise that this approach was used in the study based on the following beliefs.

- Human phenomena are complex and hence require integrative inquiries;
- Integrative scientific approach can yield better scientific evidence;



- As such it will be possible to come better closer to the scientific reality;
- It will be possible to better addressing complementary, completeness, confirmatory/corroboratorion and explanatory dimensions of evidences consolidation; generation of strong inferences; and, diversity considerations (Venkatesh et al. 2013:24-26);

### **3.2.1.3 Methodology**

Methodology is “the philosophy of practices pertaining attainment of knowledge about and to the reality” or “the strategy, plan of action, process, or design lying behind the choice and use of methods to the desired outcome” (Ahmed 2008:5; Kraus 2005:759). According to Gelo (2012:111), as the underlying logic of the methods of research methodology “specifies the rules and formal conditions for scientific investigation, with the specific reference to its aims, logic of inquiry, quality criteria and, finally research methods”.

In connection, this study has taken into due account the ontological, epistemological and methodological considerations. Accordingly, the methodological formulation and design of the proposed research get aligned as:

- Given the contexts and dynamics, youth, and parents will be able to express their potentials through different methodological alternatives;
- Triangulation of both the deductive and inductive spheres (abduction) will play mutually complementary and reinforcing evidence consolidation advantages;
- Mixed-methods research approach can bolster increased evidence generation possibilities;

Methodological focuses and addresses the systematic use of scientifically accepted research methods and procedures of scientific investigations (Babbie 2010:4). Having taken the critical realism paradigm, the methodological consideration of this proposed research is sound integration and application of the deductive and

inductive approaches in tandem (Gilson 2012:33; Ponterotto et al. 2013:54-56) which will bolster strong evidence consolidation possibilities.

On the overall, the fundamental philosophy of this study revolves around the meta-theoretical life-course DS, SD, PHD, and PYD model based on the ecological systems trajectories (Asakura et al 2015; Emas 2015; Halfon et al. 2014:344; Halfon et al. 2002:433-437; Huitt et al. 2011; Jorgensen et al 2004:15&16; Lerner et al 2015:1-3; Lerner et al 2005:12-13; Linley et al. 2004; Midgley et al 2013; Parkes et al 2003:669; UNRISD 2011). At the very core of these theories is such that people have positive relations with their parents or people in their social world, they will make positive contributions towards their societies for better quality of life. Again, these theories suggest that if young people and the parents or the people at large have positive relations in their social world, they will make positive contributions towards their societies for better quality of life and well-being to all.

At the same time, it is useful to be able to understand the social phenomenon. In connection, it will be worthwhile to be very mindful of same (Krauss 2005:759). It is also assumed that the researcher plays an important role in the choice of the methods because “the underlying belief system of the researcher (ontological assumption) largely defines the choice of the methods (methodology)” (ibid). One of the defining features of critical realism is the use of multiple methods which precisely translates into mixed-methods research. The use of multiple research methods is justified in order to be able to increasingly optimise the breadth and depth of the research enterprise (Ahrens et al. 2014:3-42,473-524; Farquhar 2014:419-438; Morabia 2014:43-74) and thereby the emergent evidence out of it.

### 3.2.2 Assumptions

Assumptions are realistic principles and expectations often based on empirical logic and reason and not necessarily on evidenced proofs. In this research the assumptions get guided by the ontological, epistemological and methodological paradigms; with the essential underpinnings of the elements of ecological development science, SD, PHD, and PYD theoretical models and the critical realism framework respectively. The mixed-methods and multi-methods alternative was followed. In connection, concurrent quantitative measurements and qualitative interpretive explanations were viewed to better enriching the evidence scope of the mixed-methods research process (Gilson 2012: 54; Guest 2012: 141-144; Ponterotto et al 2013: 54,56; Tashakkori et al 2009: 284; Venkatesh et al 2013:21-22).

And, any given study hypothesis or proposition is supposed to duly inform and guide the research design and type of dimensions together with the methods and analysis specifications primarily commonest in the positivist research worldview. One way of looking at hypothesis is as “an explanation of or to the probability of rejecting the null hypothesis” as well as “... research hypothesis is a formal statement about the expected relationship between two or more variables in a specified population” (Chou 2010:1260; DeForge 2010:1253; Denis 2010:12). In a more simplified expression, hypothesis is a logically researchable or testable and verifiable proposition. The given research spans beyond and more than just testing certain hypothesis. In fact, with the reasonable implementation of the Critical Realism pathway, the investigation pursues the deductive and inductive dimensions in balance. Also, prototype model Innovation Guidance Framework will be consolidated based on the triangulated emergent evidence set.

### **3.3. RESEARCH SETTING**

Addis Ababa is the major metropolitan and the capital city of Ethiopia; and, at the same time, Addis Ababa is serving the permanent seat of the African Union Commission (AUC) and the United Nation's Economic Commission for Africa (UNECA). According to the Growth and Transformation Plan (GTP) II Ethiopia (2016:39&183), Level I urban gets specified as having more than 1 million population whereas Addis Ababa's current official residential population is estimated standing at approximately 3.5 million (CSA and ICF 2016:12-13). Notwithstanding the critics about the gross underestimation of the quoted figure is being voiced by the scholars and lay residents alike. Overall, Addis Ababa is recognised being Africa's diplomatic and political capital. Founded as well as named by the Father of Modern Ethiopia as well as the Patriotic Leader of the famous Victory of Adwa Emperor Minilik II and his Patriotic spouse Empress Taitu some 130 years ago, Addis Ababa in the native Amharic language literally would translate to "New Flower" of the English equivalent. Addis Ababa is located at the strategic heart of the country (figure 3.1) and conventionally considered to be resided, on average, by a comparatively enlightened population.

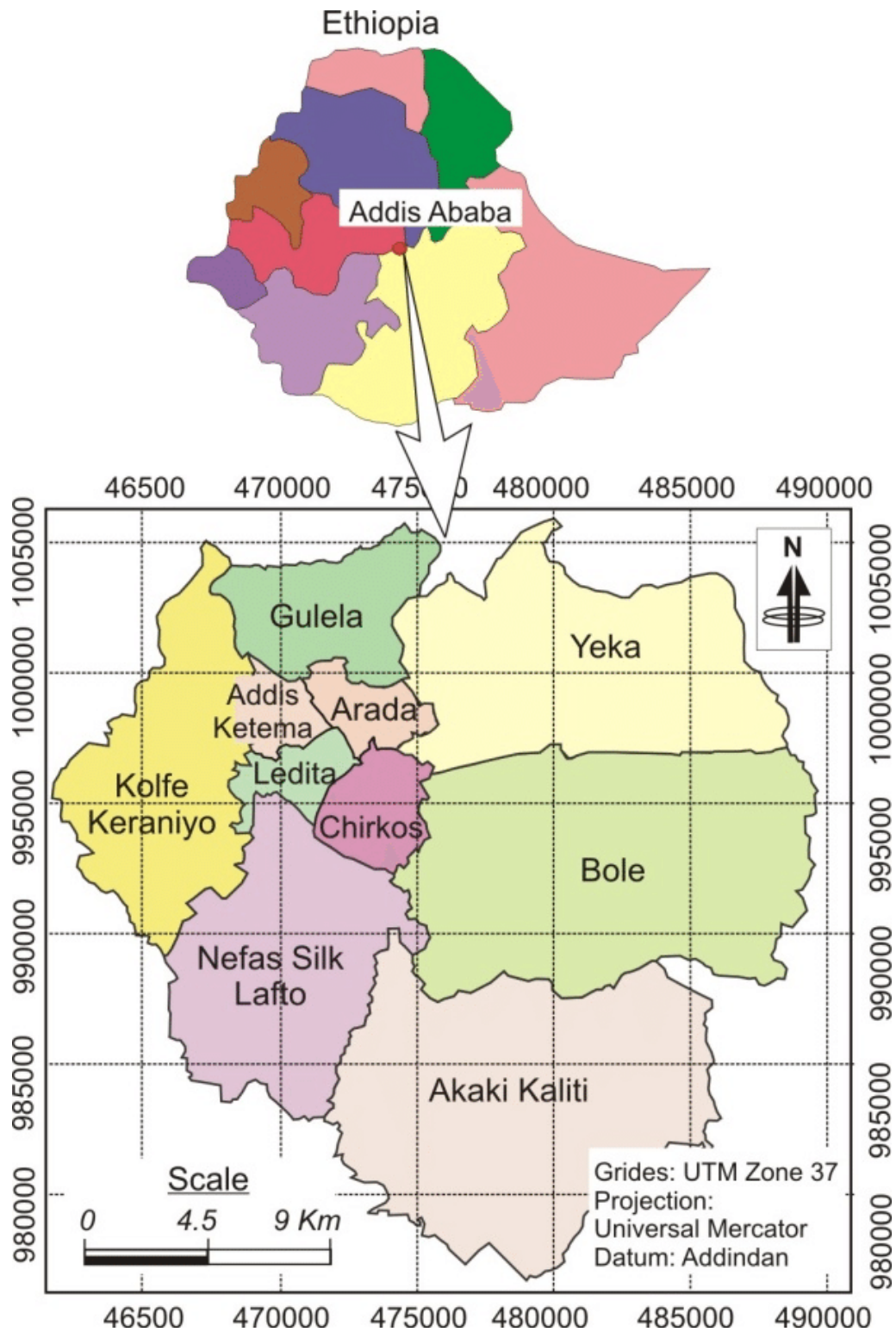


Figure 3.1: Addis Ababa City Map with the Sub-Cities at the time of the field activity in 2017 and 2018 (Source: Google Maps 02/062020)

Addis Ababa, the capital city of Ethiopia is one of the largest African metropolitan with a radius of 40-50 kilo meters and estimated population of nearly 3.5 million (on official account) at the time. At the time of the rounds of field level implementation, the City was administered by the City Council, which is divided into ten Sub-City Administrations (Figure 3.1) and 116 Woredas (equivalent to a counties or districts) Administration units. The number of Woredas within a Sub-City ranges between 10 and 15 whereas the total population of a Sub-City in between 211,380 and 500,163 (Addis Ababa City Administration 2015:11-12,445, 446). Furthermore, in the respective order of size, Ketenas (Zones), Villages, and Blocks are being identified under each of the Worde Administration setup. Depending on the relative household density and size, a Worde may have an average of 8 - 15 Ketenas or zones and respectively, again, a Ketena comprises somewhere 4–6 blocks. A block may have up to 25 to 60 households and with the assumption that a household will have an average of 4.5 persons, it is possible to rationalise for in between 112 to 300 (an average of 150) persons residing within a given block. As this is a community based research and study samples were recruited from this community. All of Addis Ababa City's ten sub-cities were made randomly eligible.

### **3.4. RESEARCH METHODOLOGY AND METHOD DETAILS**

Methodology is a broad plan underlying the conduct of the piece of applicable scientific work proper. Research methodology, essentially, forms the integral foundational starting point of the specifications of the research's overall philosophical rules, design, and research methods (Ahmed 2008:5; Ahrens & Pigeot 2014; Ahrens et al. 2014:3-42,473-524; Farquar 2014:419-438; Gelo 2012:110-111; Haig 2010:1326; Krauss 2005:758-759; Moriba 2014:43-74; van Zyl 2012:11-16; Yilmaz 2013:312-315 & 319). "Scientific *methodology* denotes the general study of scientific methods and forms the basis for a proper understanding of these methods" (Haig 2010:1326). Positivist or constructivist or else relativist and accordingly quantitative or qualitative or mixed methodological orientation traditions are differentiated. When

used properly methodology can differentiate between quantitative, qualitative and use of mixed methods approach.

As indicated in one of the above sections, methodology is about the overall comprehensive scientific planning pathway or philosophy underlying the choice of methods whether in the distinctive quantitative or qualitative or else the mixed-methods tradition and related with elements for undertaking a research. Whereas the existence of alternative methodological approaches bears arrays of advantages, making the appropriate choice needs to receive due attention by any given researcher because such has to get soundly reasoned in advance (Yilmaz 2013:311-317). Primarily, it is the type of the research question which should guide the choice of the methodological pathway and consequently the set of methods under the methodology. In connection, it was worthwhile to characterise the distinctive focus of the quantitative and qualitative approaches (Yilmaz 2013:311-312) as follows.

### **3.4.1 Mixed-Methods**

The Mixed-Methods research doctrine (methodological approach), also, commonly referred as the “Critical Realism” is believed to be the useful alternative by realistically falling in between and hence tapping from both the “positivist” and “constructivist” doctrine domains proper. Therefore, Critical Realism or Mixed-Methodological approach, essentially, is about the discovery of observable and non-observable structures and mechanisms, independent of the events they generate as “a core goal irrespective of complexity involved” (Vankatesh et al. 2013:22-24)

#### ***3.4.1.1 Justification for Using the Mixed-Methods Approach***

As a matter of principle, the core justification and rationalisation (Ponterotto et al 2013:45-57) around the pursuit of the mixed-methods research are:

1. Compelling and convincing rationale about the appropriateness of implementing the mixed-methods research pathway.

2. Clear explication of the research paradigm and philosophy.
3. Demonstrated expertise.
4. High multicultural awareness.
5. Highest possible ethical vigilance.
6. Strong writing on all dimensions.

Also, according to Guest (2012:142-145), the five prominent purposes or reasons for pursuing clearest possible typology of mixed-methods research are:

1. Help researchers design their studies in a coherent mode.
2. Establish appropriate common language.
3. Provide clear structure of the methodological approach.
4. Ensure increased legitimacy and quality of evidence.
5. Serve useful pedagogical tools.

#### ***3.4.1.2 Advantages of Using Mixed-Methods Approach***

Mixed-Methods research approach is recognised to have a number of advantages (Ponterotto 2013:47-50; Venkatesh et al 2013:24-25):

- Promotion of widely representative sampling potential;
- Value addition to investigate a wide variety of psychological topics of diversities;
- Provision of multiple windows of looking at an issue;
- Possibility of making meta-inference; ability to provide stronger inferences;
- Ability to address confirmatory and explanatory research questions simultaneously;
- Opportunity to greater assortment of divergent and/or complementary views; more holistic and accurate understanding of the phenomena;
- Increased reliability potential and theory verification;
- Bolstering effects of interpretations and summarisations;
- Possible shedding of better light on complex societal dynamics.



#### **3.4.1.3 Quantitative Approach**

*Quantitative*: “research that explains phenomena according to numerical data which are analysed by means of mathematically-based methods ... a type of empirical research into a social phenomena or human problem, testing a theory consisting of variables which are measured with numbers and analysed with statistics in order to determine if the theory explains or predicts phenomena of interest.” (Yilmaz 2013:312)

#### **3.4.1.4 Qualitative Approach**

*Qualitative*: “an emergent, inductive, interpretative and naturalistic approach to the study of people, cases, phenomena, social situations and processes in their natural settings in order to reveal in descriptive terms the meanings that people attach to their experiences of the world.” (Yilmaz 2013:311)

#### **3.4.1.5 Feasibility and Implications**

Understandably, in as far as reasonably rationalised, indicated and feasible, the combination of methodologies and methods will have greater implications. The Mixed – Methodology and Multi – Methods use in the given scientific research is justifiable for the indisputable complexity of the phenomenon of interest. As such the triangulated set of findings is believed to better enrich the scientific discourse and the programmatic implication thereof.

#### **3.4.2 Research Design and Strategies (Types)**

According to DeForge (2010:1253), “research design is the plan that provides the logical structure that guides the investigator to address research problems and answer research questions”. It, certainly, is one of the most important methodological dimensions in research. A research design deals with the essential architectural

technical framework and logic of inquiry of the proposed research which ultimately should guide the research methods proper. Core aspects (Gilson 2012:47-54) which, essentially, guide and hence comprise the design of the study are: (1) the purpose of the study, (2) the focus of the research question and the theory to be used in the study, and (3) the study type and method(s). Included in these are the population, the sample and sampling strategy, data collection and analysis strategies and related. Research strategies vary and can be descriptive, correlational, quasi or semi-experimental, experimental, and meta-analytical (Ahrens, et al. 2014:3, 473-524; Baldwin 2010:1174-1175; Berslow 2014:293-324; Bray & Parkin 2014:187-258; Dawes 2010:1544-1546; DeForge 2010:1253-1260; Frazer & Galinsky 2010:4-5; Gilson 2012:47-51; Kass 2014:325-363; Ponterrotto 2013:51).

Essentially guided by the critical realism domain, this study implemented the expanded descriptive, correlational analytical, analytic case-control, and quasi-experimental designs for the quantitative aspect (Baldwin & Berkeljon 2010:1175; Franceschi & Plummer 2014:365-388; Ward et al. 2012:166-195). Furthermore, descriptive and explorative design was used for the qualitative domain proper (see *table 3.1*).

**Table 3.1: Summary of the Key Design and Mixed-Methods and Multi-Methods Research Approaches and Expected Publication Outputs (MULUGETA B. G/M.)**

Research Question/Objective	Research Design	Chosen Specific Methods Type	Expected Publication Outputs
What are the characteristics of the minimal bedrock core building block attributes continuum set and what could be the plausible factors	Quantitative: Observational Segment	Cross-sectional Analytical Descriptive  Multi-variate Analysis to identify potential determinants	Bedrock core building block attributes continuum of progressive health and social development; status of index responsiveness optimisation potential and preparedness; <u>PLUS</u> a methodological sub-set article
		Case-control	Factors of progressive responsiveness optimisation potential; <u>PLUS</u> a methodological article
Would an intervention yield potentially plausible effect towards developing guiding norms?	Experimental or Interventional Segment	Quasi-experimental	Plausible effects of an intervention on progressive and responsiveness optimisation potentials; <u>PLUS</u> a methodological sub-set article
How can it be possible to explain the set of phenomena? And why?	Qualitative: Exploratory & Explanatory Segment	Focus Group Discussion	Community perceptions, Meanings and explanations; <u>PLUS</u> a methodological sub-set article
		In-Depth/Key Informant Interview	
Innovation guidance framework to harnessing of progressively positive health and social development responsiveness optimisation potentials ...		Prototype Model Innovation Guidance Framework	Anchoring Health and Social Systems Research;  Prototype Model Innovation Guidance Framework and A Monograph

The cross-sectional descriptive (Bray & Parkin 2014:187-258) segment was found appropriate for measuring the specified phenomena set of interest at a point in time with a relative ease. The analytical unmatched case-control and quasi-experimental types (Franceschi 2014:365-388) have complemented the observational cross-sectional research strategy (type). The in-built case-control based subsample analysis is believed to help to determine some of the salient determinants or factors of responsiveness optimisation potential proper. Application of the quasi-experimental (Franceschi & Plummer 2014:365-388) is aimed at determining the possible influence or effect of the piece of interventional action. The judicious use of the focus groups discussions and individual interviews expanded and strengthened the richness of the set of the evidences. Researchers (Baldwin & Berkeljon 2010:1172-1175; DeForge 2010:1258) are of the opinion that the quantitative approach, particularly, the quasi-experimental gives rise to extra research planning and implementation challenge. It was with due attendance to the set of concerns as well as possibilities that the broad set of the research design was rationalised.

Equally, it was found useful to reiterate the description made by Gelo (2012:111-112) in that "... training and practice of both quantitative and qualitative research have focused heavily on research methods at the expense of the philosophical assumptions underlying them. This situation, which reflects a lack of critical self-reflection thinking, is problematic because it reduces the likelihood that scientists will self-correct or conceive viable alternatives". In view of the elaborated here above methodological understanding of the given research, therefore, the methods details get formulated as here forward.

### **3.4.3 Research Methods**

Research methods, essentially, constitutes the critical subset of the research methodology under which the specific dimensions such as population, population sample, sample size, sample technique, data collection, and data analysis practices of the proposed research undertaking get soundly clarified. As such, it duly

characterises and lays the respondents/participants, the process, procedures, techniques, instruments/tools, data collection and related attributes of the research undertaking (Ahmed 2008:5; Gelo 2012:110; Morabia 2014:43-74; Neta et al. 2014:525-576). For instance, by making due reference to Crotty, Ahmed (2008:5) spotlights that “methods are the techniques or procedures used to gather and collect data related to some research questions or hypothesis”. In a more or less related expression, Gelo (2012:110 & 111) has put it as “the set of techniques or technical procedures required for the implementation of empirical research approaches (paradigms) are called research methods ...” A research method, essentially, focuses on the “*what*” and “*how*” of the empirical research and scientific (research) paradigms about the “*why*” of the given research inquiry providing the research methods its basic philosophical foundation. Haig (2010:1305; 1326-1330) offers genesis that “the term *method* derives from the Greek *meta* and *odos* meaning *following after*”, suggesting the idea of order.

“Applied to science, method suggests the efficient systematic ordering of inquiry. Scientific method, then, describes as sequence of actions that constitute a strategy to achieve one or more research goals”. Whilst the given sample of definitions may not be viewed comprehensively exhaustive, but can better be considered fairly informative enough. In general, four theories of scientific methods get differentiated as (1) inductive method, (2) hypothetic-deductive method, (3) Bayesian hypothesis testing, and (4) inference to the best explanation (Haig 2010:1326-1327).

At the very essential minimum, critical dimensions as well as factors of the formulation of the research “*method*” proper will have to take into account:

- Research question(s)/objectives;
- The overall research philosophy and its plan or design as the guiding foundation of the method(s);
- Population and sampling procedure(s);
- System of measurement instrumentation, data collection and analysis; and,
- Measures of rigour, validity and reliability, including ethical responsiveness.

To date, no single scientific method is recognised to be complete, comprehensive, effective and productive enough in order to enable optimal evidence establishment. Such understanding has been increasingly and repeatedly stressed by the various scholars in the different technical streams. Judicious combination of methods from the different paradigms as well as within the very same paradigm (i.e., triangulation or methodological pluralism) or else the integrative adaptive alternatives have been found more useful and also recommended approach (Heyvaert & Onghena 2013:660-672; Jick 1979:602-608, Vankatesh et al. 2013:21-24; Yilmaz 2013:312-315; Zachariadis et al. 2013:10-11).

In connection, guided by the critical realism assumption gradient, this study implemented the mixed-methods and multi-methods approach (Brown & Bala 2013:21-22; Gilson 2012:54; Guest 2012:141-144; Heyvaert & Onghena 2013:660-672; Ponterotto & Raughley 2013:54-56; Tashakkori 2009:284; Vankatesh et al. 2013:21-24; Yilmaz 2013:312-315) on a large enough population sample. Mixed-methods research or sometimes referred to as: the “*third methodological movement (paradigm)*”, essentially, is all about implementation of the possible various combinations of the quantitative and qualitative paradigms as integral whole. Distinctive features and advantages (Christians 2005:158, 198-199; Gilson 2012:54; Tashakkori 2009:287&288; Venkatesh et al 2013:22) of the mixed-methods research approach are possibilities of: triangulation of different techniques; triangulation across data sets; asset to complementary data set and analysis; and elaboration of results from different dimensions, and guiding further depth of inquires.

The main concern of the mixed- methods dimension is its implementation complexity, including the “apple and oranges” mix case scenario in particular. Nonetheless, the implementation far outweighs the potential concerns. Convergent concurrent implementation of the quantitative and qualitative dimensions of the mixed-methods and multi-methods research pathway in the context of the critical realism (Guest

2012:144; Heyvaert & Onghena 2013:660-672; Venkatesh et al 2013: 26, 37 & 41) has formed the main thread.

Therefore, consistent to the specifications made already, cross-sectional descriptive, case-control, and quasi-experimental cohort types domain form the integral dimension of the quantitative wing whereas focus group discussion and in-depth interview domains form the qualitative wing of the mixed-method and multi-methods approach of the proposed research undertaking (Yilmaz 2013:312-315; Ahrens & Pigeot 2005:4-5, 18-19). Accordingly, application of the mixed-methods as well as the multi-methods tracks were made integral features of the given research undertaking.

#### **3.4.3.1 Population and Sample Selection**

Specification and characterisation of the research population is among the basic requirements. According to the Merriam Webster Dictionary (2015 online), population gets described as “a group of individual person, objects or animals of a particular kind that live in a place; a group of individual persons, objects or items from which samples are taken for statistical measurement (or else)”. In a somewhat pure technical terms, “Population from a research design and statistical analysis perspective comprises the universe of entities to understand and to seek an inference about” (Litt 2010:1053). The given definition gets reinforced by Ward et al. (2012:218) too. Accordingly, it becomes absolutely vital to be able to define the population of research interest as clear and explicit enough as possible.

Based on here above understanding, therefore, the pertinent description of the population and the characteristics of the necessary samples were defined as here under.

- *Universe:* Residents of Addis Ababa City Administration.

- *Reference/target population:* Resident Youth and Adults of Addis Ababa City Administration.
- *Study population:* Sampled youth and their parent adults within the randomly sampled 36 stratified clusters of the Addis Ababa City Administration.
- *Inclusion criteria*
  - Addis Ababa dwelling Ethiopian citizen;
  - Male and female youth (15-24 years) and their parents (35-65 years);
  - Identification of the proof of formal Addis Ababa City Admin resident status;
  - Being home-based residential;
  - Receipt of consent and assent of willingness to participate.
- *Exclusion criteria*
  - All those who did not fulfil the set of the inclusion criteria.

All aspects (the quantitative and qualitative mix) of the study were implemented within the premises of the sampled 36 clusters limit. Interviews and discussions have taken place in and around the residential environment with due observance of the required ethical standards.

#### **3.4.3.2 Sample and Sample Size**

The sample and sample size planning considerations constitute of paramount importance and significance in any scientific study. Sound enough planning of the sample and the sample size estimation are believed to have profound implications. Because, unlike in the case of a census, it often is impossible to enrol all members of the population of interest in research endeavouring, it is important to consider to selecting a sample of the population. In general, whether for the quantitative or qualitative tradition a sample is the sub-set of the population of research



consideration. “A sample is a subset of a population ... can be set of people, animals, or things” (Blastoff & Lemeshow 2014:1023-1056; Huck 2010:1296). Accordingly, sample-based inference is believed to have two main objective or goals, namely estimation and hypothesis testing (ibid). Like the overwhelming majority of research enterprises, this research has defined the sample of the population of interest through scientifically rationalised technique. Samples are rationalised by the quantitative and qualitative domains of the mixed-methods and multi-methods research endeavouring.

Once the research undertaking was determined to opt to a sample-based implementation, it was important to estimate the scientifically rationalised sample size planning proper. Sample size planning and sample size itself may get characterised in several ways (Acheson 2010:1300; Elashoff & Lemeshow 2014:1023-1056; Huck et al. 2010:1296; Kelly 2010:1302-1303; Litt 2010:1053; Ward et al. 2012:240-241). Just by taking one of the pertinent characterisations, “sample size is the estimated number of subjects in the study” (Acheson 2010:1300). As a very crucial scientific method, the conventional essential considerations (Acheson 2010:1300; Kelly 2010:1302-1303) in order to be able to having sound sample size estimation are:

- Study design;
- Rationalised sample and data variability within the population;
- Level of desired statistical significance or threshold (accuracy in parametric estimation or AIPE) ( $1-\alpha$ );
- The desired confidence interval;
- The desired statistical power ( $1-\beta$ ).

Nonetheless, the reasoned implementation of the aforementioned guiding principles may encounter some degree of variability simply because sample size estimations often is about striking good balance of all the possible considerations. Among others, the number and type of research questions, the specific assumptions, the research goal(s), cost and feasibility will have to affect the sample size planning practice. According to Kelly (2010:1302), “sample size planning is the systematic approach to

selecting an optimal number of participants to include in a research study so that some specified goal or set of goals can be satisfied”.

Therefore, by having in mind the ranges of research questions and objectives and consequently the variety of research design types being employed, the given research has entertained different sample size estimation alternatives with the required degree of reason. As mixed-methods and multi-methods research, reasonable enough sample size estimation practices were entertained for the quantitative and qualitative domains or paradigms. Also, equally importantly, the quantitative portion is supposed to perform optimal measurement along with sound integration of the qualitative measurement portion in the interface (Gilson 2012:36, 37; Maxwell 2009:224).

*Quantitative portion:* the rationalisation to the sample size estimations has taken in to due account the foundational assumption that the research is going to involve ranges of statistical sub-analysis across the set of core measurement variables (Lipsey & Hurley 2009:61). Accordingly, for the cross-sectional descriptive and explorative specific measurements per se, randomly selected 36 clusters (blocks), with an average of approximately 3 persons/household and 30 households per cluster get sampled (enrolled) in Addis Ababa’s metropolitan making a potential maximum estimate of 3,240 persons’ coverage. The random selection of 36 clusters (blocks) and, respectively, the study units get implemented with the stratified multi-stage appropriation consideration (UNDP 2015:46) as the dominantly (largely) lower (24 clusters or 2,160 persons), inter-mediate or middle- (8 clusters or 720 persons), and higher (4 clusters or 360 persons) socio-economic residential neighbourhood settings respectively. The given classification is somewhat based on the Investigator’s experiential observation and hence conventional wisdom since a reliable enough official standard of categorisation did not exist in Addis Ababa at the time. It is believed that the large sample size can enable maximum analysis flexibility.

It, also, was possible to get a total sample size estimates of 3,384 study population, specifically, by applying the Epi Info 7.0's StatCalc – "*Sample Size and Power - Population Survey or Descriptive Study*" estimation rationalization, specifically, with consideration of 95.0% confidence interval, 50.0% expected frequency, 2% confidence limits, design effect of 2, clusters of 36, and with confidence level (study's power) of 90.0%. There is a difference of only 140 persons between the 3,240 and 3,384 which should not be a cause to notable worry about. In view of the very fact that sample size estimation is supposed to be reasonably substantiated enough rationalisation proper, both of the approaches came with a comparable enough sample size estimates.

For the quasi-experimental (quasi-intervention) (Franceschi & Plummer 2014:365-388) portion proper, however, one-fourth of the earlier, namely Phase I Survey, from each of the defined strata gets enrolled making a total of nine clusters, 270 households and 810 persons. And, therefore, it gets rationalized as: six clusters or 540 persons for the dominantly lower, 2 clusters or 180 persons for the intermediate or middle, and 1 cluster or 90 persons with the higher socio-economic residential setting neighbourhoods respectively. Alternatively, it was possible to obtain a maximum of 872 study subjects by employing the Epi Info's 7.0 "*Sample Size and Power – Unmatched Cohort and Cross-Sectional Studies (Exposed and Non-exposed)*" with specifications set at: two-sided confidence level of 95.0%, power of 85.0%, ratio (exposed – non-exposed) of equal to 1, % outcome in an exposed group of 17.5%, risk ratio 1.5, odds ratio of 1.65, and % outcome in exposed group of 25.90%. The two estimated figures here above do tally to each other. Even though, not a purely controlled and randomised experiment (Dawes 2010:1544-1547), this specific intervention is believed to provide valuable proxy evidence toward formulating pertinent innovation guidance framework, including for the conduct of the true experimental research forward.

In respect to the case-control (Breslow 2014:293-324) portion of the study, in order to be able to identify some of the salient determinant factors, the sample size was

estimated on 1 case to 3 controls rationalization, a total sample estimate of 736 (184, 552) was obtained by using following specifications of the Epi Info 7.0 StatCalc's "Sample Size and Power – Unmatched Case-Control Study (ILL – NOT ILL)": confidence interval of 95.0%, power of 90.0%, ratio of controls to case 3, percent of controls exposed 10.0%, odds ratio 2.25, and percent of cases with exposure. As such the case-control analysis gets generated from and builds upon the readily available survey sub-sample per se. Overall, by integrating the natural continuum of the descriptive, case-control and experimental (intervention) dimensions, this research was believed to have implemented the essential natural continuum of the quantitative domain or tradition of the critical realism paradigm adopted for this study.

As such, in all of the study types described here above, it was in the Investigator's constant radar that ensuring maximum possible control of all forms of errors and thereby optimisation of the unbiased estimates to have been the prime attention as well as attendance at all times along the research process continuum (Litiera 2010:1575-1580; Wabed 2010:1584-1585). Similarly, observance of accuracy in parameter estimation (AIPE) (Kelly 2010:3-5) was considered important and hence useful technique towards optimisation of sample size estimation towards achieving maximised enough confidence interval in view of the relatively large enough sample size. Again, among the cardinal considerations for the optimisation of sample size estimation are ensuring sound enough statistical confidence interval, effect size, significance level, and power size of the study (Kelly 2010:3-5; Kelly 1302-1303; Vo & James 2010:1066-1067). With due account to the multi-stage nature of this study, it is presumed that by enrolling reasonably large enough sample along the pertinent levels (cluster, sub-cluster and household) could have allowed the conduct of optimal sample size planning and estimation, statistical analyses and inference possibilities in this research.

*Qualitative portion:* for both the focus group and in-depth interview domains, theoretical, emergent sample/sampling which gets guided by the saturation phenomena was taken into due account. On the other hand, the notion of data

saturation based-sample size determination for qualitative research tradition has been debated somewhat illusive and, also, that arbitrary practices are not uncommon (Marshall et al. 2013:11-13&21). With due balance of the various perspectives as well as considerations, therefore, the Researcher has opted to enrol 18 each of the focus group discussion and in-depth interview session respectively. It was rationalised that each focus group discussion will have involved six to twelve person discussants with the estimated range of 108 - 216 total participants.

Like it was done with the quantitative segment, reasonable enough sample enrolment rationalisation has taken into account the largely lower, inter-mediate or middle class and higher socio-economic residential neighbourhoods' settings considerations. *Table 3.2* and *Figure 3.1* here below do provide the summarised presentation of the variety of samples and sampling techniques, respectively.

**Table 3.2: Summary of the Estimated Sample Size and Sampling Rationale Profiling (MULUGETA Betre Gebremariam)**

Paradigm	Design Methods	Sample size	Sampling
Mixed-Methods and Multi-Methods (Critical Realism)	Cross-sectional descriptive	3,240 study units	Stratified multi-stage
	Case-control	736 study units (sub-sample)	Unmatched probability sampling
	Quasi-experimental	810 study units (sub-sample)	Non-controlled probability sampling
	Focus-Group Discussion	Theoretical emergent (18 FGDs:108-216 par)	Non-probability purposive sampling
	In-Depth Interview/ Key Informant	Theoretical emergent (18 IDI: 18 participants)	Non-probability purposive sampling

Overall, the research was made to exclusively rely on the reasonable triangulation of the originally first-hand primary data sources guided by the interviewer-administered direct face-to-face data solicitation proper (Persual 2010:1095-1098). At least, in

terms of determining the set of salient variables, originally primary data source is believed to have a comparative advantage over the secondary one. And here below presented are further elaborations of the sampling approaches and techniques in further detail.

### **3.4.3.3 Sampling Techniques**

Sampling comprises a fundamental scientific research process of the research methods dimension. Among others, it can get expressed as “the process of choosing/selecting a sample as an integral part of designing sound research ...” (Fritz & Morgan 2010:1303). However, there are two types of sampling processes, namely probability and non probability techniques (ibid: 1304-1305). There, certainly, should be clearest possible indication of the specific choice(s) one or the other domain. Overall, in the quantitative research paradigm, the accepted rule has been for the probabilistic whereas the non-probabilistic domain has mainly been the dominant alternative in the qualitative research domain.

Probability sampling (Afflec 2010:1110-1113) is the random and fair sampling procedure/technique during which each of the potential participant pool will have equal chance and which necessarily will not be the case with the non-probability category sampling alternative per se. Probability sampling gets planned in order to be able to ensure equal chance of being selected from the research source population thereby to be able to control occurrence of sampling error. Discretionary approach(es) or procedures are not supposed to be allowed in the probabilistic sampling approach. Prudent enough sampling design and practice must be ensured throughout the research process. Accordingly, the sampling design and planning will have to determine the probability sampling process making it a fundamental prerequisite. Again, there are several probabilistic sampling design alternatives such as simple random sampling, systematic sampling, cluster sampling, stratified sampling and multi-stage sampling (Affleck 2010:1110, Chao 2010:340; Fritz & Morgan 2010:1303-1305; Huck et al. 2010:1296; Lemm 2010:1452-1453; Litiere 2010:1572-1580; Lipsey

et al 2009:65-66; Salkind 2010:159-160). And reasoned degree of blending of the aforementioned has not been uncommon. Pertaining probabilistic sampling, the commonly accepted samples are:

- Identification of the theoretical or source and or target population;
- Determination of the accessible study population;
- Definition of the actual sample population.

Overall, though, being recognised among the probability guided techniques, implementation of stratified multi-stage approach will have attended to the relative geographic representational homogeneity advantages whereas the stratification could have effectively addressed the sound balancing to the prevailing socio-economic heterogeneity considerations (Henry 2009:99, 100).

In this study, both the probabilistic and non probabilistic variants of sampling were entertained because, for all conceivable reasons, it could not have been possible to enrol the entirety of the youth and their parents residing in Addis Ababa. In view of the mixed-methods (i.e., critical realism) and multi-methods research track, therefore, the investigation has entertained judicious application of set of sampling methods from both the quantitative and qualitative domains. The mixed-methods research sampling has involved selected set of the following:

- Stratified multi-stage probability sampling techniques for the quantitative domain; probability sampling was necessary in order to be able to ensure equal chance of being selected from the study source population – considered a more precise and objective or fair probability (likelihood) of being included (selected) in the sample (Huck 2010;1296-1298).
- Non-probability purposive sampling techniques for the qualitative domain.

The necessary specifications on both domains get elaborated within the respective headings as here below.

#### *3.4.3.3.1 Quantitative portion*

Quantitative refers to the measurement using direct counts and statistical numbers in the description of the phenomenon under investigation. Probability sampling is an essential precondition and thus prerequisite consideration to enable sound enough statistical analysis and make valid statistical inference about the population characteristics in reasonable standing. As already elaborated above, probability sampling, essentially, is all about objective, random and unbiased likelihood (probability) of sample selection process for every member of the given population of interest (Affleck 2010:1110). The quantitative portion has pursued multi-stage random sampling which was rationalised in view of the politico-administrative as well as the prevailing socio-economic residential settings of Addis Ababa's metropolitan population. The qualitative domain has relied on purposive and theoretical sampling technique, again, duly informed by the relevant socio-economic strata. This research, essentially, has to capitalise on stratified multi-stage cluster sampling. Commonly referred as "geographic sampling", cluster-based sampling is a probability sampling with the prime focus on random selection of the natural groupings in the first order. Such is considered relatively cost and time saver and efficient enough. Stratification was indicated due to the apparent varying socio-economic status prevailing in the AA. At the same time, given the existence of several levels within the stratified clusters of the given research undertaking proper, it became a must to entertaining the multi-stage sampling process with the use of different probability techniques.

And, therefore, based on the explication here above, in this study, the stratified multi-stage random sampling was rationalised in view of the politico-administrative as well as the dominantly prevailing socio-economic setting of Addis Ababa's metropolitan population. First, the sample selection was made to soundly cover all of the City Administrations. Next, the metropolitan and non-metropolitan Woredas/Ketenas (zones) got differentiated and stratified to the three socio-economic strata, namely the lower, middle, and higher socio-economic residential neighbourhood settings; the sample 36 blocks (clusters) for the descriptive portion got randomly proportionally

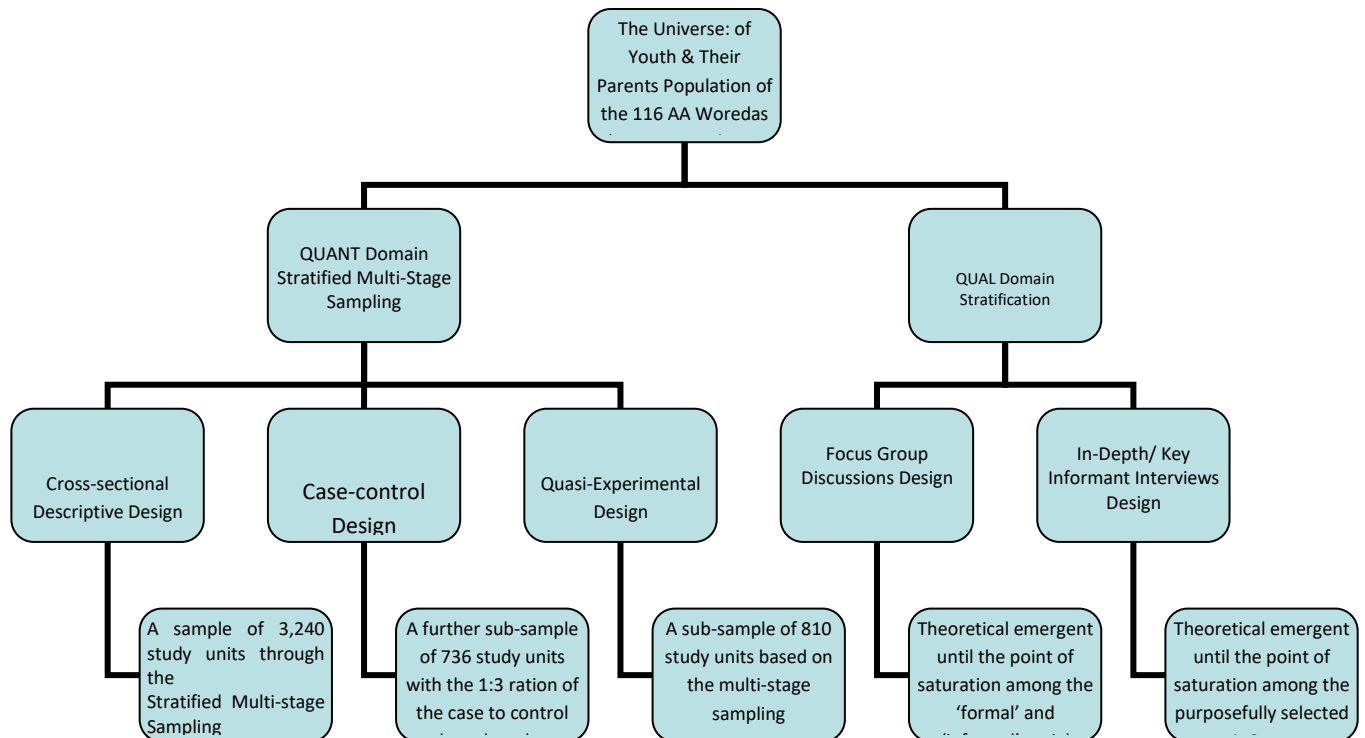


sampled by the predominantly lower, intermediate or middle, and higher socio-economic residential neighbourhood setting clusters; systematic sampling technique was implemented to enrol the 30 households in each cluster and the eligible parent(s) and youth (three persons on average but possibly ranging 2-4 per the sampled household) got enrolled in randomly equitable participation of household members under which the rationalised male and female as well as of adult and young person pair participation balance was observed all across.

Except for the differences in relative sample size proper, similar sampling principle was applied to the case-control and quasi-experiment portions of the quantitative portions of the integrative study. Overall, the Census Unit and Election Enumeration Unit sampling framework track approaches (principles) were adapted to randomly sample the required number of clusters. The entire research sampling gets illustratively presented in *Figure 3.2* below.

#### *3.4.3.3.2 Qualitative portion*

In this study concurrent integration of the qualitative research tradition is viewed important because it will be possible to attain better explanation and understanding of the complex phenomena of research interest. Qualitative research tradition, in contrast to the quantitative, takes the non-numeric interpretive alternative description of a phenomenon under investigation. On the overall, as inherently similar, practically, for the entire qualitative paradigm, the sampling technique for the qualitative portion of this research undertaking was emergent theoretical, purposive and saturation guided (Henry 2009:82; Maxwell 2009:224). In light of the evolving theoretical sample size, governance committee members of the *Idir(s)*, which is the indigenous popular local self-help association, got enrolled into the focus group discussion on purposive model. Essentially similarly, the enrolment of the in-depth interview participants was purposive upon solicitation of prominent enough local opinion makers. Focus group discussants and in-depth interview participants alike were sampled and enrolled based on uniformly applicable clear set of criteria across the specified strata of research interest.



**Figure 3.2: Schematic Summary of the Integrative Sampling Technique Framework of the Mixed-Methods and Multi-Methods Research on Progressively Positive Health and Social Development Responsiveness Optimisation Potential among Youth and Their Parents in Addis Ababa, 2017-2018 (MULUGETA BGM).**

### **3.4.3.4 Measurement**

Measurement is a critical area of any research undertaking (Buzas et al. 2014:1241-1282). This research was designed to investigate and understand the progressive responsiveness optimisation potential of the youth and their parents in Addis Ababa; and, essentially, revolving around the measurement of the following key set of questions:

- How do youth and their parents in Addis Ababa fare in respect to the key (minimal bedrock core building-block) attributes continuum set of the progressively positive health and social development responsiveness optimisation potential? The how and why of the important

perceptions/perspectives? What does the vital proxy trace index preparedness-readiness look like?

- Does observable variability prevail on progressively positive health and social development responsiveness optimisation potential among the youth and their parents in Addis Ababa?
- What are the major determinants of progressively positive health and social development based on responsiveness optimisation potential of the youth and their parents in Addis Ababa? Vital tracer preparedness and readiness status?
- Will prototype model intervention guidance on progressively positive health and social development among youth and their parents' possibly facilitate bolstering of positive responsiveness optimisation potentials across the youth and their parents' life-course in Addis Ababa?
- What innovatively plausible prototype model guidance framework can get proposed?

Understandably, measurement of the above complex set of variables will demand realistic and reasonable enough clarification; and hence realistically clear and coherent enough definition and operationalisation of the measurement together with the set of variables constitute the core of the given research undertaking. The research conceptualisation and operationalisation will definitively have direct implication on subsequent ways of measurement, analysis and interpretations. To the effect, ensuring clearest, explicit, and specific enough definition of the key research variables cannot be emphasised enough (Bandalos 2010:972-974; Brown 2010:1604-1607; Buzass et al. 2014:1241-1282; Durlak et al. 2010:294-306; Greenland 2014:685-706; Guftanson & Greenland 2014:639-658; Krauss 2005:762; Parker & Bull 2015:217-218; Parkes et al. 2003:669; Pearce & Greenland 2014:659-684; Raiphea 2015:435-438; Rukmana 2010:1075-1076; Yilmaz 2013:318).

Similarly, selection, and definition of the set of variables of research interest bear distinct measurement implication. A variable is “a measurement of something that holds at least two distinct values” (Brown 2010:1604) and which can vary. In respect to the key set of study variables, therefore, it was set to measure:

- *Dependent or measurement or outcome variables:*
  - (1) “*Minimal bedrock building-block core attributes continuum set*” of the progressively positive responsiveness optimisation potential expressed by the positive development psychology know-how mastery (competence) intellect/intelligence, positive developmental assets, reserve capacity, and resilience constructs continuum; measurement of the four core segments (constructs) separately does form subsidiary dependent outcome variable.
  - (2) “Vital proxy tracer of plausible positive development preparedness-readiness index” of progressively positive responsiveness optimisation potentials expressed by the aggregated index or tracer vital events vital statistics system and related parameters;
  - (3) Researching “Progressively Positive Responsiveness Optimisation Potential” Minimal Set.
- *Descriptive or explanatory or independent variables:* Selected demo-socio-economic status variables; as well as the core bedrock (building-block) attributes continuum set of the progressively responsiveness optimisation potential treated as cross-functioning independent explanatory alternatives.
- Comprehensive (Phase I) and Quasi-Experimental (Phase II) measurements were implemented on the above.
- *Qualitative explanations, interpretations, meanings and perceptions*

Measurement and data collection processes have followed technically sound and ethically responsive guidelines in order to ensure optimal scientific rigour, trustworthiness and validity of the entire undertaking. Focused elaboration of the rigour, trustworthiness and validity aspects is given in separate section below. Data collection was implemented with the triangulation of the structured questionnaire-based survey and the semi structured open-ended interview techniques. Again, realistic operationalisation of the measurement variables did form the cornerstone consideration to the measurement. In order to ensure maximised research quality and rigour (Gilson 2012:55-60), therefore, the following methodological dimensions were rendered cardinal technical safeguard considerations:

- Reasonable account to the social values and favourable risk – benefit ratio analysis;
- Overall judicious methodological specifications;
- Assurance of sound scientific validity and trustworthiness
- Adherence to the independent review system and clearance standard of practice;
- Due exercise of fair selection process;
- Implementation of informed consent and due respect of participants and communities.

Accordingly, the measurement and the data collection of the progressively positive health and social development responsiveness optimisation potential (PPHSDROP) of youth and their parents in Addis Ababa has implemented the sets of modules:

*Multi – Methods Quantitative Module 1*, the focus was on the measurement of the following:

- Key demo-socio-economic background characteristics domain;

- Positive health and social development know – how (competence) mastery intelligence psychology potential domain construct;
- Positive development potential or “positive developmental assets” or “thrive” potential domain. This specific construct domain cuts across several dimensions of the positive psychology and the overall strengths-based dimensions of the minimal bedrock core building-block attributes continuum of progressively positive responsiveness optimisation potential construct;
- Reserve capacity potential domain construct;
- Resilience potential domain construct;
- Preparedness-readiness to concrete vital proxy tracer index (vital events vital statistics system institutionalization) potential domain;
- Researching the overall progressive health and social development optimization responsiveness applicability and feasibility potential domain.

In respect, researcher’s primary focus is required to be ensuring maximal possible valid measures of constructs and scales (Eid M 2010:255-256; Greenland 2014:685-706; Neta et al. 2014:525-576; Thorkildesn 2010:1592; Wabed 2010:1584-1585). The accuracy, credibility, consistency, precision, reliability, and validity dimensions of any given research enterprise, among others, will hinge upon the quality of principles, processes, instruments or tools, and techniques of the measurement functions proper. As it was underscored (Thorkildesn 2010:1592), “At best, new researcher can offer improvements in the accuracy with which phenomena are explained, and measurement is the step in the research process whereby investigators describe what they understand ... Formulating strong validity arguments involves a continual revision of constructs and their measurements until all the measurement ambiguities are eliminated”. Therefore, the measurement continuum will have to get elaborated sound enough. Four classic scientific hierarchy of measurement scales (commonly referred as Steven’s Hierarchy) get differentiated as the nominal, ordinal, interval, and ratio on the basis of the complexity as well as amenability to ranges of statistical analytical functions (Bandalos 2010:972-974; Brown 2010:1605-1606; Lai & Ing

2010:1450; Raiphea 2015:435-438). This research has implemented overwhelmingly ordinal measurement scale across the pertinent constructs.

*Multi – Method Qualitative Modules 2 and 3:* Equally, the qualitative interpretative measurement and explanation was in-built integral element of the mixed-methods and multi-methods undertaking of the specific study. With the concurrent qualitative measurement dimension, modules 2 and 3, namely focus group discussion and in-depth interviews have focused on soliciting deeper insights, perceptions and perspectives of the sampled participants as applied to the progressively positive health and social development responsiveness optimisation potential. Essentially, the qualitative measurement dimension has explored the prevailing local health and social development dynamics, responsiveness participation, usefulness, practicality, concrete applicability and feasibility aspects of the optimisation potential construct.

*Operationalisation:*

Consistent to the pertinent highlights above, the realistic measurement operationalisation of the key variables are elaborated here. The **main measurement variable**, *progressive responsiveness optimisation potential*, gets explained (operationalised) through the integrative composite “**minimal bedrock core building-block attributes continuum set**” construct as the functionally aligned equation continuum of: (1) *overall health and social development know – how mastery (competence) intelligence*, (2) *positive developmental assets (positive psychology and strengths-based) domain*, (3) *reserve capacity* and (4) *resilience*. And the **explanatory or independent variables** get described by the commonly generic *demographic, economic and social attributes*. Thematic elaboration of the pertinent constructs was given in Chapters 1 and 2 already.

In connection, therefore, the *demographic, economic and social* attributes of the commonly generic **explanatory or independent variables** get measured with a set of twelve variables: sex, age, marital status, religion, education, occupation, income and selected household functional assets. Regarding the **main dependent variable**

of the integrative compositive “**minimal bedrock core building-block attributes continuum set**” construct, measurement of the *overall health and social development intelligence and competence* attribute has covered a set of fifteen variables evaluated by the Likert’s five items of strongly disagree, disagree, uncertain (not sure), agree, strongly agree scales. In view of the Search Institute’s specific perspective, *positive developmental assets (positive psychology and strengths-based)* attribute get operationalised by several sub-categories and has covered (a) external assets categorised under the support (six), enabling (four), boundaries of rules (six), time use (four) and (b) internal categorise the life-long learning (five), positive assets (six), social competence (five), positive identity (four), people (three), place and environment (seven), and equitable opportunity (two) dimensions making a total of fifty two variables set evaluated by very low, low, medium, high, and very high, ordinal scales. *Reserve capacity* attribute is explained and operationalised by a set of fifteen variables evaluated by the very low, low, medium, high, and very high ordinal scales. *Resilience* attribute consistent to the Connor-Davidson Resilience Scale is explained and operationalised with a set of twenty eight variables evaluated by strongly disagree, disagree, uncertain (not sure), agree, and strongly agree ordinal scale.

In addition, in view of the **vital proxy tracer index** to advancing progressively positive health and social development **responsiveness optimisation potential**, selected dimensions were incorporated specifically pertaining *vital events and vital registration (statistics) social functions’ system* and *prioritisation appropriateness* as well as *applicability of researching the health and social development responsiveness optimisation potential* proper in Addis Ababa within the quantitative domain of the mixed-methods research undertaking. The *vital events* domain has covered ten variables set evaluated by strongly agree, agree, uncertain (not sure), disagree, and strongly disagree whereas *researching the prioritisation appropriateness and applicability of overall health and social development responsiveness optimisation potential research* is explained and operationalised by fourteen variables, which were evaluated by very low, low, medium, high, and very high ordinal scales. Summing it



up, more than 150 primary variables pool comprises the structured closed - ended questionnaire of the quantitative domain.

The qualitative empirical research arm is designed to the collection and analysis of exclusively first-hand primary data source (Perusal 2010:1095) through quantitative and qualitative triangulation.

#### **3.4.3.5 Data Collection and Instruments**

The data collection of this research has followed the aforementioned above essential paradigm, design and methods. The quantitative domain has incorporated the descriptive cross-sectional, case-control and quasi-experimental cohort data collection methods whereas for the qualitative the expansively descriptive interpretive method has comprised the data collection. Accordingly, both close-ended structured questionnaire and unstructured mix of data collection instruments were rationalised and implemented concurrently. The data collection tools were developed based on an expansive digest of both the thematic and methodological literature pool.

The interviewer-administered structured questionnaire, which was closed-ended technique, was found appropriate for the quantitative aspect (portion) whereas the unstructured open-ended technique was suited for the qualitative aspect (portion) of the research. The structured portion was envisioned to help to 'numerically' and systematically organising, describing, identifying, determining, measuring, and predicting phenomena of particular interest, including testing of hypothesis(es) and the unstructured open-ended version was viewed more useful for clarification, explanation, interpretation and understanding of phenomenon(-na) (Fink 2014:577-612; Gilson 2012:52-55; Tashakkori 2009:284-287).

Measurements of the composite "*minimal bedrock core building block attributes continuum set*" construct of positive responsiveness optimisation potential status, vital proxy tracer responsiveness preparedness-readiness indices, factors, and

effects of the intervention were addressed mainly with the structured model whereas the explanatory in-depth insights, perceptions, perspectives, and related were covered with the unstructured open-ended alternative. In integration, the structured and unstructured mix was believed to enhancing the improved explanation of the composite complex nature of the phenomenon of interest (Ahrens et al. 2014:473-524; Fink 2014:577-612; Rukmana 2010:1075-1076; Windle et al 2011:2-4&16-17).

In line, the measurement and the data collection has implemented the desired sets of modules. Consistent to the pertinent highlights within the above paragraphs, the quantitative structured questionnaire domain, which forms Module 1 proper, the focus as on the measurement as per the following main domains:

- Key demo-socio-economic background characteristics;
- Positive health and social development know – how mastery (competence) intelligence psychology potential;
- Positive development potential or “positive developmental assets” or positive “thrive” potential;
- Reserve capacity potential;
- Resilience potential;
- proxy tracer preparedness-readiness index [vital events and vital statistics system institutionalization] potential;
- Researching overall progressively positive health and social development optimization responsiveness applicability and feasibility potential.

To the effect, *Module 1* questionnaire was structured under seven sub-modules of which the six sub-modules were in the Likert Scale format (Sullivan & Artino Jr 2013:541-542). The closed-ended questionnaire version was recognised advantageous to focusing and framing the systematic flow of the data collection interaction. Again, the largely Likert Scale modules were found appropriate in view of the phenomena of inquiry and the specified set of items incorporated within each of the domains. The Likert’s five scale were applied and depending on the nature of the domain together the specified set of items in it, the Strongly Disagree, Disagree, Not

Sure, Agree, and Strongly Agree and where indicated as Very Low, Low, Intermediate, High and Very High. The pros and cons of using the Likert-Type Scales format were taken into proper account (Sullivan & Artino 2013:541-542). The specified scales do fall to the ordinal domains. The questionnaire or Module 1 was administered using the national working language Amharic whereas the preparation was both in English and Amharic languages. The interview questionnaire and guides were prepared first in English and then translated to the national official working language Amharic and then back translated into English by soliciting series of technical support from both language and technical experts in balance. A mix of high calibre technical and language professionals has assisted the translation and back translation processes.

The qualitative unstructured domain per se, *Module 2 and 3*, of the investigation has focused on implementing the series of:

- open-ended individual in-depth/ key informant interviews;
- open-ended focus group discussions.

The Focus Group Discussion and In-depth/ Key Informant Interviews were considered particularly useful to elucidating the deeper (inner) explanations, interpretations, meanings, perceptions and perspectives towards harnessing progressively positive health and social development responsiveness optimisation potentials of the youth and their parents in Addis Ababa both. Like in the quantitative domain, all interviews and discussions were implemented using only the national working language Amharic. The implemented data collection instruments are annexed in the Thesis in full in both English and Amharic versions.

For the comprehensive Phase I quantitative domain, as a whole, 36 trained data collectors, with previous hands-on house-to-house population based field experience, got recruited and paired two persons in a team under the close follow up of the six field coordinators – supervisors and the researcher. Six trained field coordinators - supervisors with one field coordinators - supervisor for four clusters arrangement

have formed the research team. The six field coordinators - supervisors were with postgraduate (Master's degree holders and PhD Candidates) background whereas the 36 data collectors were with the mix of first degree, diploma, and 12<sup>th</sup> grade completed levels (*annex 7*). The data collectors during the comprehensive (Phase I) have comprised eighteen each of males and females equal membership by each team; the Quasi-Experimental (Phase II) employed one-fourth of the former.

All of them were trained on the theoretical and hands-on field level practical essentials processes of the pertinent ethical principles, the credible data collection process, and how to avoid contamination and bias minimisation. Also, specifically, for the qualitative domain, a professional Team of duly trained and supervised six persons with relevant previous experience were deployed with the moderators and note-takers pairing arrangement. The qualitative portion has focused on systematic facilitation or moderation, note taking, and recording of the direct expressions of the focus group discussion and in-depth interview participants alike.

In order to ensure maximum quality of implementation (Buzas et al. 2014:1241-1282; Fink 2014:577-612), therefore, thorough training of data collectors and field coordinators - supervisors and then pre-testing of the entire methodology was conducted prior to the commencement of the full scale implementation. The series of pretesting processes have informed the revision and finalisation of the data collecting instruments. Two levels and two phases of pretesting were implemented. In the first phase, the six field coordinators - supervisors were deployed to undertake pretesting with six interviews by each field coordinator - supervisor making a total of 36 sample pre-tests. The first round of the pretesting phase was planned to guide the fine-tuning of the questionnaire right before the trained data collectors and supervisors were to get deployed for the second pretesting.

Right before the second phase, the field coordinators - supervisors were convened to share the concrete experience to the data collectors under training. During the second round of the pretesting, the entire field coordinators - supervisor and data

collectors' pairs were deployed to complete three interviews each giving the total of 108 sample pre-tests. Again, the second round of the pretesting has helped to further refine the contents of the questionnaire for final printing. With the two levels of the pretesting, it was possible to administer one hundred forty four interviews exercises making approximately five percent of the largest sample size estimate. During the Phase II, quasi-experimental, six Data Collectors (organised under three teams) were deployed with the day-to-day support by a Field Coordinator and Supervisor and the Investigator.

In addition to the intensive enough training, the field coordinators - supervisors and data collectors were supplemented with the easy-to-refer-to field implementation companion guide/manual. Alongside with the use of the companion field manual, maximum possible field level oversight standard of practice was ensured through the day to day intensive supervision, mentoring, and review across the actual full data collection process. The Investigator has been rendering the necessary overall oversight and technical support during the whole process. During Phase I, the comprehensive component of the quantitative data collection, on average, 90 respondents in 30 sampled households making a total of 3240 respondents were targeted. In Phase II, the quasi-experimental, quantitative component of the data collection domain, with similar principle, 810 respondents (in nine cluster localities) were targeted. Sensible bracketing was implemented to avoid contamination of data with the data collectors experience, knowledge or assumptions.

The quasi-experimental portion was implemented with due consideration of the respective pertinent residential settings as well as the seasonality factoring in proper context. In connection, comprising one fourth of the observational sample portion, the nine randomly selected cluster localities were distributed by six, two, and one proportional shares by and from the respective dominantly low, middle and high socio-economic residential neighbourhood settings. It is recognised that particularly sizable portion of the youth are supposed to make active movements to the different locations in the country mainly in pursuit of university level education and can only be

expected to get back to their usual residential setting during either January – February or July and August breaks of each year. The data collection of the Phase I comprehensive portion, has taken place in July – August, 2017. In order to be able to account to the concrete situation, the Phase II, the quasi-experimental portion, had to get pushed to July – August, 2018. This was a revised from what was assumed during the Research Proposal phase.

The quasi-experimental portion comprised uncontrolled post-hoc quasi-experimental design enterprise in order to evaluate the gross (or crude) the possible degree of influence of the experimental on harnessing progressively positive health and social development responsiveness optimisation potential. A specifically targetful concise set of information slip (*annex 8*) was designed in the national working language Amharic and then dispatched prior to the evaluation among the sampled households of the nine clusters. Three information pack slips were distributed to each of the eligible households with the targeted rationalisation of three respondents on average. The specific contents of the concise set of information slip (*annex 8*) was aimed at possibly stimulating active interest leading to potentially generating (prompting) concrete family level discourse and practical commitment as well as systematic enough.

In respect to the implementation of the concurrent qualitative domain proper, the Field Coordinators – Supervisors were made to pair in two persons per team where one will serve the main moderator whilst the second takes care of the observation, tape recording and note taking functions. The Researcher has been providing the overall technical and logistical oversight over the entire process. For the compelling convenience considerations of the participants as well as for sensible flexibility sake, both the focus group discussions and the key informant in-depth interviews have been taking place mostly during the early morning or late evening hours and also during the weekend days.

With the quantitative dimension, the sampled participants of the FGDs and IDI were enrolled with due consideration of the largely (dominantly) low, middle, and high socio-economic residential neighbourhood settings. The management members of the widely prevalent as well as trusted enough indigenous local self-help social institution known as the *Idir(s)* were made to get enrolled for the FGDs whereas the enrolment of the key informant in-depth interview participants could have been from either within the already sampled *Idir(s)* or outside of it as found realistic. It is presumed that integrative rich enough data were collected with the prudent implementation of the important concurrent dimensions.

Overall, rigorous efforts, including series of revisits were made integral elements of the data collection processes were undertaken aiming at attaining maximised enrolment and credible genuine participation without compromising the cardinal ethical responsiveness fulfilment dimension. A maximum of two revisits were ensured. The concrete details of the participants by the respective domains get elaborated in Chapter 4 of the Thesis proper.

#### **3.4.3.6 Data Analysis**

By quoting the statement by Hatch, Leech (2010:564), “Data analysis is a systematic search for meanings.” With implementation of the mixed-methods and multi-methods approach in concurrent model, sound analytical integration of the both domains was important. Both the statistical (Bithell 2014:929-978; Greenland 2014:1087-1160; Lipsey et al 2009:61-66; Venkatesh et al 2013:38-44; Zachariadis et al. 2013:10-11) and non-statistical techniques have aimed at possible complementary completion, explanation, and corroboration/confirmation roles and uses of the series of analyses. To the extent of practical possibilities, computer-guided analyses were the main practice for both the quantitative and qualitative domains of the data set (Bronstad & Hemmesch 2010:1419-1420). Both Statistical Package for Social Sciences (SPSS) 20 and Atlas.ti 7.0 were employed for the quantitative and qualitative data set portions, respectively.

For the quantitative portion, the pertinent descriptive and correlation and predictive inferential statistics, including frequencies, bivariate and multivariate related statistical estimations were generated using the standard SPSS 20 version universally used within Addis Ababa University (unfortunately despite the series of concerted enough annual efforts to implement SPSS 23, 24 and 25 soft ware versions licence by UNISA, such could not get materialised due a factor beyond the Researcher's direct control and partly hampered by the serial theft (robbery) encounters of the most latest and reliable laptops and accessories. The quantitative domain implemented the IBM SPSS 20 "a computer-based data management and inferential statistical analysis program. It is widely used in many fields such as psychology, sociology ..." (Bronstad & Hemmash 2010:1419) (also see *annexes 1 – 4*).

In the primary order, it was important to exert maximum effort to test and determine the soundness of the statistical research hypothesis in view of the theoretical study hypothesis (Kingston 2010:1352). All the pertinent descriptive and inferential statistics, including focused regression analysis (Lai & Ing 2010:1450) were calculated using this statistical soft ware program. After a very careful scrutiny of the distribution profile of the data set, the respective scales were further transformed, collapsed and recoded to "*favourable*" ("1"), "*uncertain*" (3) and "*unfavourable*" (5) and later to the binary as "*favourable*" ("1") and else as "*unfavourable*" ("0") for the inferential statistical testing proper. In light of the specific measurement scale and variables set of the research undertaking, ordinal and binary logistics regressions models were implemented to determine the degree of associations and prediction with 95% confidence interval and significance level (*p value*) of 0.05 (Fuller 2010:1510; Lipsey et al 2009:61-66; Stockburger 2010:1600-1604).

Among others, principal component analysis (PCA) and logistics regression of the multivariate data analyses techniques were considered important in view of the fact that several of the variables of the minimal bedrock building-block core attributes continuum set of harnessing progressively positive responsiveness optimisation



potential are presumed closely interrelated (intercorrelated) and interdependent (Bray & Parkin 2014:187-258; Coleman 2010:1098; Landaue & Everitt 2004:227-249; Leech et al 2005:109-128; Pohlabein et al. 2014:979-1022; Stockburger 2010:1600-1604; von Belle et al.2004:550-639). Fitting of the regression analyses has followed the “stepwise”, or “stagewise”, or “staged fitting” forward procedures or techniques (Lai & Ing 2010:1450-1451; Ward et al. 2012:143-200). In view of the dominant features of the Liker-Type Item Scales (Sullivan & Artino Jr 2013:541-542), the Kruskal Wallis test and ordered (ordinal) and binary logistic regression were pursued as the main analysis pathway. Collapsing (Song et al. 2013:45-49) and then running the applicable logistic regression was entertained when found useful.

To the effect, great deal of laborious data preparation and management interventions was implemented. The inter-item correlation (Cronbach's Alpha Coefficient (0.8 in the overwhelming majority) (*annex 1*) and bivariate correlation status (over 0.3) were verified. Two-tailed Kendall-tau & Spearman's Correlation tests which were followed with the ordinal and the binary regression (stepwise forward selection) models options were the principal pathways of the inferential analyses portion.

For the qualitative portion, Tech's method of qualitative thematic analysis approach was used through the thick description of the transcriptions wherein the verbatim of focus group discussants and in-depth interview participants did comprise the main stay (Christians 2005:158; Maxwell 2009:224). Also, as integral part and parcel of the analysis, illustrative enough quotes were directly cited and incorporated as essential meaning units of the data analysis. On the other hand, for the qualitative aspect of the analysis, judicious implementation of both the manual-based and a specific computer-based soft ware program (ATLAS.ti 7.0) were employed (like it already was said pertaining SPSS, further progressive up-dates to the latest versions could not get materialised for the same reason). Using this tool, series of codings, entry and prudent analysis of the outputs of the FGD and IDI were conducted. Particular emphasis was put on the prominently appearing words, content and thematic domain analyses aspects. Accordingly, focused enough systematic categorisation

(organisation), analysis, interpretation and identification of the meaningful patterns and perspectives have formed the qualitative analysis pathway.

In the very light of the critical realism (mixed-methods and multi-methods) pathway of the research undertaking of ranges of sub-analyses, triangulation, and meta-inference models have formed integral elements and focuses of the analysis process. The effective triangulation (Hasting 2010:1538-1539; Leech 2010:561; Vankatesh et al. 2013:25&34-35; Yilmaz 2013:311&323) continuum including the analyses phase and meta-inferences is believed to have improved the scale and scope of the scientific evidence of the research.

The section here below makes the exclusive elaboration of the overall scientific rigour and related dimensions have systematically guiding the empirical implementation endeavour proper.

### **3.5. SCIENTIFIC RIGOUR: VALIDITY AND RELIABILITY/TRUSTWORTHINESS**

Scientific rigour is fundamental towards ensuring the generation of high quality evidence (Gilson 2012:56-57; Neta et al. 2014:525-576; Pohalaben et al. 2014:979-1022; Venkatesh et al 2013:31-35; Ward et al. 2012:143-281; Windle et al. 2011:2&319-320; Zazahariadis et al 2013:4-8). Validity, reliability, and trustworthiness do comprise the fundamental core indices of the scientific rigour milestones across the conceivable paradigms.

In connection, the scientific rigour and trustworthiness of evidence should be the critical concern in all of the approaches and at all times. Whereas it is not within the direct scope of elaborating and explaining each of these assortment approaches, the given research has opted to implement the concurrent triangulation pathway. "The term *triangulation* refers to the practice of using multiple sources of data or multiple approaches to analysing data to enhance the credibility of the research study ...

aligns multiple perspectives and leads to a more comprehensive understanding of the phenomenon of interest.” (Hastings 2010:1538) Accordingly, different triangulation alternatives and possibilities are identified:

- Theory triangulation;
- Methodology triangulation;
- Field Teams triangulation;
- Data triangulation;
- Etc.

This research has adopted and pursued the theoretical, methodological, and data triangulation dimensions in particular.

### **3.5.1 Validity**

Validity bears paramount importance in scientific research. In the common life expression validity is about being able to measure what was intended to measure. It is about being able to producing the true value. It is a “well-grounded or justifiable; logically correct; appropriate to the end in view” (Merriam Webster Dictionary 2015 online). From the technical point of view, the following quotation describes validity in more elaborated way. “Research is not a linear extension of common sense or everyday observation but rather requires a prior theory or paradigm that yields an appropriate hypothesis on the basis of which the researcher selects relevant variables that are then operationalised and manipulated in an environment of the researchers creation and control” (Fuller 2010:1509).

Obviously, any scientific enterprise is required to be maximally planned, meticulous, prudent rigorous and systematic to be able to produce sound enough evidence. It is exactly on why the issue of validity and threats to validity occupy significant place in research. From the purely quantitative lens, validity refers to the accuracy and legitimacy of research undertaking in measuring what is intended to measure (Yilmaz 2013:318). Along the same, for instance, Moss (2010:1590) by referring to Messick’s

original conceptualisation contribution has pointed to the fact that validity to be “an integrated, evaluative judgement of the degree to which empirical evidence and theoretical rationales support the adequacy and appropriateness of inferences and actions based on test scores or other modes of assessment”. Validity bears multi-dimensionality in several ways.

Among others, validity features can be looked from the *design validity* (internal and external), *measurement validity* (content and construct) and *inference validity* (statistical conclusion) dimensions (Fuller 2010:1509-1512; Moss 2010:1590-1591; Venkatesh et al 2013:32-33; Yilmaz 2013:318; Zachariadis et al 2013:5-7). It is possible to look into validity from different perspectives. “In formal logic, a valid inference is one that preserves the truth of the premises in the conclusion.” (Fuller 2010:1510) And, also, validity features such as criteria, construct, content, face, analysis, and inferential have been commonly used. And, overall, internal and external validity are of paramount interest across all conceivable studies. Of course, in view of Fuller’s (2010:1509-1512) elaboration, trade-offs remain as important. “A study of human beings might be ‘valid’ (or not) in many different senses depending on the intensity of the normative force attached to the study itself and the extent of the study’s normative reach. Moreover, these two dimensions might trade off against each other.” (Fuller 2010:1510).

In spite of the dynamic improvements, in general, measurements of constructs as complex as positive human psychology, know – how mastery (competence) intelligence, reserve capacity, and resilience segment potentials of the composite “*minimal bedrock core building-blocks attributes continuum set*” construct has never been easy and straightforward enough (Baldwin & Berkeljon 2010:1173-1174; Bandalos 2010:972; DeForge 2010:1258; Eid 2010:255; Gilson 2012:56-57; Lerner 2006:47; Thorkildsen 2010:1592-1593; Windle et al 2011:2-4; Zachariadis et al. 2013:4-6). Even in the light of the prevailing global reality, however, the rigour of the implemented has been maximised with: sound operationalisation, including the research objectives/questions and the measurement constructs/variables; choice and

formulation of appropriate research design, methods and instruments/tools; triangulation; implementation observance of scientific and ethical requirements; and robust analysis, interpretations and synthesis (Hartge & Cahill 2008:492-494; Thorkildsen 2010:1592-1594; Zachariadis et al. 2013:4-6).

Accordingly, formulation of concise, clear, elaborate, specific, and realistic enough research questions and objectives together with the choice and implementation of appropriate research design as well as sound enough methodological pathway have formed the foundation of the research enterprise. In the same token, implementation of highest possible quality multiple data source collection tools, robust training, the in-built field operation manual, piloting and refinement, and rigorous standards of practices by all the research actors, day by day mentoring coupled with at spot random cross checks and cross validation of the data, cleaning and editing of the data, and multi-faceted extensive analyses and interpretations are believed to have enabled to generating high quality evidence in view of all the domains.

Ensuring optimal quality across the essential continuum of research design, measurement process (data collection) and inference (interpretations) was an imperative. To the effect, the given research has taken every necessary measure in line with the explicit specifications offered by Baldwin and Berkeljon (2010:1173-1175; Zachariadis 2013:4-6) along the process continuum of the quantitative measurement, including the quasi-experimental design as here below (*Box 3.3*).

**Box 3.1: Summary of Concrete Validity Optimisation Considerations in this Research**

<p align="center"><b>Pertinent Validity Threat Concerns and Considerations</b></p>	<p align="center"><b>Major Principles and Corrective Measures of Minimising the Threats of Validity</b></p>
<ul style="list-style-type: none"> <li>➤ Internal Validity</li> <li>➤ External Validity</li> <li>➤ Statistical Conclusion Validity</li> <li>➤ Construct Validity</li> </ul>	<ul style="list-style-type: none"> <li>➤ Advance identification and control of potential threats including through the research design and methods specifications</li> <li>➤ Clear specification and review of the testable hypothesis(es)</li> <li>➤ Effective triangulation through the mixed-methods</li> <li>➤ Prudent and robust observance and adherence to the technical and scientific specifications during the measurement, analysis and interpretation-inference process</li> </ul>

**3.5.2 Reliability**

Overall, reliability and validity are considered to be inherently interdependent points of interest the research continuum and the standard recommendation is to be able to attend to both to the maximal possibilities. Merriam Webster Dictionary (2015 online) defines reliability and trustworthiness as being “able to be relied on, to do or provide what is needed or right; deserving trust; worthy of confidence”. From the purely research point of view, reliability refers to the degree of consistency or precision and stability of the research instrument and processes to measuring the variable(s) of interest each time in the same way under the same condition with the same subjects (Eid 2010:255; Stockburger 2010:1600-1603; Yilmaz 2013:317-318; Zachariadis et al 2013:5-7).

In order to be able to achieve maximally reliable data collection instrument, tools and practices, therefore, the Investigator was able to dynamically fine-tune the data collection instrument/tools as well as the practices and procedures before the actual commencement of the data collection with: extensive and meticulous consultation of the pertinently up-to-date literature; intensive training of the research team (control potentials of intra- and inter-observer variability); pretesting the instrument set; and observing and adhering to the standard of practices through the use of the quick reference field guide or manual (protocol) and continuous mentoring-supervision practices. The appropriate statistical expert was consulted in order to provide pertinent advice to the sound analysis of the ranges of inferential statistics as well as the realistic use of the Cronbach's alpha coefficient of the questionnaire (Steedle & Shavelson 2010:164-165) in order to achieve the discriminative and the predictive purposes.

Accordingly, it is very important to pay maximum possible attention on both the inter-observer (the same person's performance across the series of measurements) or inter-observer (different observers' performance on given measurement) consistency or reliability dimensions. To the effect, members of the interviewers team, the set of instrument, tools, and the procedures were prepared in such a way that it could have been possible to produce reliable enough measurement all along the process (Rukmana 2010:1075-1076). The two levels (rounds) of the pre-test exercise have helped a great deal. Furthermore, the field implementation companion manual coupled with the daily supervision and mentoring support has enabled optimal performance.

### **3.5.3 Trustworthiness, Authenticity and Credibility**

From the qualitative perspective, in order to ensure truthfulness or trustworthiness (authenticity and credibility) (Yilmaz 2013:318-320; Zachariadis et al 2013:5-7) of the study findings, the Investigator has done the maximum possible to ensuring the application of measures of credibility, dependability, conformability and transferability

as outlined by Lincoln and Guba (1985:301). Therefore, Guba's model was applied to enhance trustworthiness in this research (Krefting 1991:215-217; Lincoln & Guba 1985:301-305).

In summary, therefore, ensuring realistically sound data quality was recognised among the crucial requirements of the specific enterprising (Ward et al 2012:198-200). Accordingly, as already elaborated in the above sections, the Investigator has implemented wide ranges of realistically prudent and robust data quality assurance and management measures across the design and execution phases of the research enterprise, which were believed to have optimised the data set quality and in direct translation the set of analyses thereof.

### **3.6.0 ETHICAL CONSIDERATIONS**

Sound moral judgement (Mulugeta 2010:32-33; Mulugeta 1996:3-4) and ethical responsiveness must form among the fundamental requirements, particularly, in undertaking scientific human research. The ethical dimensions of the given research were able to define the boundaries and scope of the research process as a whole, including the design and all of the related subsequent rationalisations and procedures (Azetsop 2011:4-8; Gilson 2012:58-60; Herrera 2010:425-430; Leufkens & Delden 2014:903-926; Mahendradhata et al 2016:1-3). For this very reason, the ethical correctness and responsiveness aspects of the research enterprise was subjected to undergo scrupulous scrutiny process; and the on-going debates pertaining some controversial matters of ethics and/or conflicts of interest (Herrera 2010:425-430) were not supposed to hamper the fundamental ethical practice. Among others, the listed here below have required maximised compelling attention:

- Maximal methodological rigour;
- Sound ethical responsiveness rationalisation and judgement;
- Robust implementation of clear guidelines and active oversight mechanisms, including clearance by the duly designated institutional review board (IRB);



- Strict observance of and adherence to participants autonomy, respect, and informed consent;
- Advance declaration of any possible source of conflict of interest; and,
- Coherent, consistent and uniform standard of practice along the entire process, including safe and secure data management.

Accordingly, the ethical responsiveness consideration of this research was made to take into due account the four major dimensions consistent to the ‘bedrock’ ethical principles as stipulated within the Nuremberg Code, the Helsinki Declaration and the related subsequent others, including the very detailed specifications in the UNISA Policy for Research Ethics (Azestop 2011:4-11&14; Gilson 2012:58-60; Herrera 2010:425-430; Leufkens & Delden 2014:903-926; Mahendradhata et al 2016:1; Tracy 2010:45-47; UNISA Policy for Research Ethics Part 2:9-16) summarised as:

- (1) Secured ethical clearance from both the Department of Health Research Ethics Committee of the University of South Africa (UNISA) and the Addis Ababa City Administration Council’s Health Research Directorate or Institutional Review Board of the Health Bureau (*annex 6*).
- (2) Observance of the rights of the participants was protected and assured by: obtaining informed consent, ensuring confidentiality, the right to privacy, fair treatment and protection from harm; consistent with the Helsinki Declaration (the research process has ensured establishment of positive and stimulating rapport at all levels; informed consent and as deemed necessary informed assent were inbuilt integral part of the actual enrolment and data collection processes).
- (3) Scientific integrity was ensured by avoiding plagiarism, correctly citing and using sources of information; the Investigator has ensured the necessary ethical responsiveness tool inbuilt in all of the processes, including “zero tolerance” to any form of coercion, cheating, distress/stress, violation or else withholding as the overarching guiding principles consistent to the

conventional (Azetsop 2011:5) cardinal bio-ethics principles: autonomy, beneficence, non-maleficence and justice coupled with socio-cultural equity, fairness, objectivity and transparency.

- (4) No other interest except that the generation of sound scientific evidence and that consolidation of evidence-informed prototype model innovation guidance framework comprised the motivation of the given research.

In connection, the following specific practices were not supposed to get tolerated at any time along the entire research process:

- Lack and withholding of essential set of information to participation;
- Lack of consent/assent of participation;
- Coercion and deceit pertaining participation;
- Exposure of participants to undue risk(s) and stressor(s);
- Partiality and withholding potential benefits among participants;
- Violation of privacy and related participation rights.

Along the same, ethical responsiveness and scientific soundness of the proposed research endeavour was approved and cleared by the UNISA Health Studies Intra-Departmental Review Committee on 23<sup>rd</sup> March 2016. The full research implementation was executed only and after the receipt of the written ethical fulfilment clearance with due process of independent review both at UNISA and the pertinent local administration levels. The research proposal was concurrently independently reviewed and cleared by the Research Ethics Committee (Institutional Review Board) of the Addis Ababa City Administration Council's Health Bureau. Both of the pertinent clearances are annexed in the Thesis (*annex 6*).

The Information Sheet and Consent/Assent Form were prepared in both English and Amharic languages (*annex 9*). The exact contents of the Information Sheet and Consent/Assent Form are annexed as an integral part of the Research Instrument/Tools set. Whereas coherent and consistent ethical responsiveness of

practice during the data collection were supposed to get ensured as per the aforementioned, likewise, the whole data handling and management domain was handled with equally measure (Parker & Bull 2015:217-219). Overall, close enough day-to-day coaching and mentoring were implemented over the course of the empirical execution proper. Seven Data Collectors and a Field Activities Coordinator – Supervisors were suspended and replaced in view of the quality of performance during the pre-testing and early days of the actual full implementation phases. One of the Field Activities Coordinators – Supervisors and six of the Data Collectors from the First Phase of the concrete implementation were called back to undertake the Phase Two of the empirical execution.

Also, support – related Letters including for collaborative funding mechanism were solicited from the then Minister of Health, the then Minister of Science and Technology and core United Nation's system representations in Ethiopia (*annex 10*).

### **3.7.0 CONCLUSION**

Chapter 3 has dealt with elaboration of the methodological rationalisation together with the detailed specifications of the key aspects of the pertinent methods with the required logical flow. The methodological framework and the specific choice of the methods were guided by the research question, the pertinent literature review, and the theoretical foundation of the research enterprise. In light of the pursuit of the critical realism paradigm, duly rationalised mixed-methods research was implemented. All of the specifications within the methods were implemented with the required degree of prudence, rigour, strictness, and tenacity in view of the objective of ensuring generation of high quality evidence with due observance of the cardinal ethical responsiveness requirements. The systematic analysis, presentation, and description of the findings of the empirical research implementation get elucidated in Chapter 4.

## **CHAPTER 4**

### **ANALYSIS, PRESENTATION AND DESCRIPTION OF THE RESEARCH FINDINGS**

“Maintaining positivity is a daily challenge  
that requires focus and attention. ...  
must be intentional about staying positive.”

– WEF twit 20<sup>th</sup> July 2017 (Unidentified Primary Source)

## 4.1 INTRODUCTION

Chapter 4 deals with the systematic analyses and presentation of the empirical dimension of the research. The empirical research was implemented consistent with the coherent, integrated, and systematic guidance of the theoretical (conceptual) research part and the key set of study objectives (Chapters 2 and 3). The pertinent phases of the research continuum are as per the explication under the “Orientation” (Chapter 1) of the Thesis. The set of empirical evidences is required to further and better guide people’s effective advancement of active, dynamic, inclusive, integrative, participatory, positive, responsible, scientific, and sustainable health and social development responsiveness optimisation across the life-course proper. Ultimately, the inputs from the specific scientific discourse are envisaged to contribute to the dynamic advancement of the systematic promotion and attainment of the highest possible well-being and quality of life in Addis Ababa, with potentials for broader scale-up elsewhere.

Key Questionnaire and Response Attributes	Data Profile (Phases I and II)	
Pre-test		
➤ First Round (Field Coordinators – Supervisors Team)	36	Not applicable
➤ Second Round (all, the Data Collectors included)	108	
Estimated Total Sample	3,240	810
Distributed Total Questionnaire	3,420	840
Discarded/omitted (for different reasons)	101	18
Total Questionnaire Completed and Analysed	3,319	822

In line with the aforementioned, therefore, the empirical analyses, presentation, and description of the salient research findings were drawn from the correspondingly complementary set of multiple data sources across the two distinct phases. Accordingly, the most prominent and salient parts of the empirical research implementation portion get systematically elaborated under the series of pertinent sections and sub-sections within the given Chapter in line with the stated logical flow of the research objectives. As a logical point of departure to the description of the empirical analyses and presentation, though, the salient aspect of the data management and analyses gets duly described immediately hereunder (section 4.2).

## 4.2 DATA MANAGEMENT AND ANALYSIS

Effective data management constitutes very essential priority function in preparation for the sound enough series of analyses (see under 3.4.3.6) and presentation process proper. To the very effect, focused and systematic enough data safeguard measures were implemented in the priority order. Right at the outset, dynamically vigilant and vigorous data collection and compilation management system was put in place. The recruitment and deployment of very well experienced as well as specifically trained Research Team could ensure effective data management practice. Furthermore, the systematically coherent, consistent, and effective implementation of the Field Activity Manual could advance strong data management validity and reliability. On top of the token stipend, innovative incorporation of “Certification for Optimal Performance” incentivisation is believed to have contributed a great deal to the concerted commitment of the Field Activity Coordinators – Supervisors and the Data Collectors alike.

Due to the peculiar metropolitan residential features, the data collection engagements have mostly taken place during the early morning as well as early evening hours and also during the weekend days. The overall data collection processes of both Phases of I (initial comprehensive) and II (quasi-experimental) were implemented under similar condition and with the simultaneous deployment of sizeable research team, respectively. Implementation of the house-to-house data collection took place under the more or less very peculiar fluidly and volatile politico-social context which has been ongoing across the country during the 2017 and 2018.

The entire data was scrutinised with the rigorous review, editing, and cleaning efforts. The observed irregularities were corrected on proactive mode, including with sound imputation of the pertinently applicable missing values (i.e., replaced with “the very last observation carried forward” principle in the majority of the cases) through the exploration and frequency running tools. Accordingly, due to the bulkiness of the data set, the data review, editing, and cleaning exercise has taken a relatively prolonged

time space. Owing to the considerable financial pressure, only 10% of the entire data set was double entered and systematically reviewed. The partial double data entry exercise had proved of reasonable coherence and consistency. Primary data set sources were kept in securely locked and safe shelving arrangement under the exclusive control of the Principal Investigator. Similarly, the soft copy editions of entered data, verbatim transcripts and codes were kept in password-locked folders with a backup reserve which were exclusively administered by the Principal Investigator.

As part of the further focused data management, series of exploratory data analyses (EDA) namely running frequencies, cross-tabulations, bar graph presentation, etc. and thereby the indicated corrections were preformed right before the extensive as well as intensive enough analyses. In addition, items' interclass correlation coefficient (i.e., Cobranch's Alpha Coefficient or else expressed as Cobranch's  $\alpha$  Coefficient) was examined across the measured domains and constructs for both the Initial comparatively Comprehensive Survey and the Quasi-Experimental portions (Phases) alike of this research. On the overall, Cobranch's  $\alpha$  Coefficient did reveal 0.71-0.98 (high enough) interclass correlation status (*annex 1*) across the relevant constructs of the measurements. Eventually, the data were reasonably transformed, recoded, contracted, reduced (condensed) or collapsed in order to make best fulfil the requirements of the subsequent series of inferential statistics analyses following the forerunner generic description analyses proper.

At the same time, it may well be worth to make an overall remark that the culminations of the research programme (i.e. consolidation of the Thesis) continuum as a whole had taken unduly long period. Most notably, the unconventional transtheoretical analytical track choice by the Investigator coupled with the comparative implementation complexity is believed to have made the overall research dynamics complicated (the expansive series of exchanges with the Promoters – Supervisors cohorts included) as well as protracted enough for an undesirably considerable amount of time. The data management portion was not an

exception in respect. It is in light of the specified data management safeguards that the series of analyses were implemented. Section 4.3 of the Thesis hereunder presents the notable background characteristics and the detailed results analyses series in the logical continuum as per the stated research objectives.

### **4.3 RESEARCH (STUDY) RESULTS**

#### **4.3.1 Background Sample Characteristics**

Overall, the research samples and sampling were drawn from Addis Ababa's broad diversity of formal cross-section residential settings proper. Basic set of characterisation of the research participants was implemented under each of the data solicitation efforts. Focused enough descriptions of the samples and the sampling get provided under the following corresponding sub-sections here below. The categorisation to the largely low, middle and high socio-economic residential settings was based on the Research Team's gross observation of the respective locality. It is to be noted that a more or less intermingled living style is not a rare experience in Addis Ababa as well as in the other urban settings of Ethiopia though. These peculiar realities could exert a certain degree of influence on the concrete findings of the research.

##### **4.3.1.1 Overall Sample**

Being guided by the critical realism methodological orientation, the specific research has capitalised on the synergistic complementarities pathway in particular. In the quantitative domain, conscious implementation of the integrative three-in-one model, namely the cross-sectional descriptive, analytical, and quasi-experimental intervention designs continuum proper was made covered. The overall enrolment and thus fulfilment of the required sample size was not a problem under both Phase I comprehensive survey (3,319 against 3,240) and Phase II quasi-experimental (822 against 810) segments of the quantitative domain in particular. Overall, the major features of the two phases are fairly comparable (Tables 4.1&4.2).



**Table 4.1: The Sample of the *Phase I* Quantitative Domain by Age and the Dominant Socio-Economic Residential (SER) Areas, Addis Ababa, 2017-2018**

Key Characteristics	15-24Yrs	35-65Yrs	Total
Largely Low SER Setting	1,085(63.1%)	976(61.0%)	2,061(62.1%)
Largely Middle SER Setting	412(24.0%)	401(25.2%)	813(24.5%)
Largely High SER Setting	222(13.0%)	223(13.9%)	445(13.4%)
Total	1,719(100%)	1,600(100%)	3,319(100%)

**Table 4.2: The Sample of the *Phase II* Quantitative Domain by Age and the Dominant Socio-Economic Residential (SER) Areas, Addis Ababa, 2017-2018**

Key Characteristics	15-24Yrs	35-65Yrs	Total
Largely Low SER Setting	277(66.6%)	270(66.5%)	547(66.6%)
Largely Middle SER Setting	93(22.4%)	82(20.2%)	17521.3(%)
Largely High SER Setting	49(11.8%)	50(12.3%)	99(12.1%)
Total	416(100%)	406(100%)	822(100%)

In relation to the interpretive qualitative domain of the research enterprise, the overall theoretical saturation principle and realistic pragmatism have guided the sample estimation of the focus group discussion and in-depth interview methods. Accordingly, here below presented are the key features of the respective sample as concisely, but as systematically as possible both in narration and in tables. A total of 18 focus group discussion sessions with 125 participants sample making on average six discussants per session from the cross-section of the Addis Ababa City have taken active part. Discussants per session have ranged between five and ten persons. Majority of the discussants were males (N=88, 70.4%), Orthodox Christians (N=97, 77.6%) married (N=100, 80.0%) persons and largely (64.0%) from the dominantly low socio-economic residential settings. Prominent features of the FGDs are depicted in Table 4.3.

**Table 4.3: Key Characteristics of the Focus Group Discussion Participants, PPHSDROP Research, Addis Ababa, Ethiopia, 2017**

SN	Characteristics	Counts	%
	<b>Sex (Gender):</b> - Male - Female Total	88 37 125	70.4 29.6 100.0
	<b>Age (Year):</b> - 20-29 - 30-39 - 40-49 - 50-59 - 60-69 - ≥70 Total	8 14 31 22 33 17 125	6.4 11.2 24.5 17.6 26.4 13.6 100.0
	<b>Religion:</b> - Orthodox Christian - Muslim - All Other Christians - Other Total	97 24 4 0 125	77.6 19.2 3.2 0.0 100.0
	<b>Marital Status:</b> - Single (Never Married) - Married - Divorced/Married/Separated Total	8 100 17 125	6.4 80.0 13.6 100.0
	<b>Dominant Socio-Economic Status:</b> - Largely Low Residential Setting - Largely Middle Residential Setting - Largely High Residential Setting Total	80 28 17 125	64.0 22.4 13.6 100.0

PPHSDROP: Progressively Positive Health and Social Development Responsiveness Optimisation Potential

In total, 18 in-depth interview participants have taken active part across the cross-section of the Addis Ababa City population. Like in the case of the FGDs, males (83.0%, N=15), Orthodox Christians (72.2%, N=13) and married (77.8%, N=14) and, from the largely low (66.7%, N=12) socio-economic residential settings were the dominant participants of the In-Depth Interviews (Table 4.4).

**Table 4.4: Key Characteristics of the In-Depth Interview Participants, PPHSDROP Research, Addis Ababa, Ethiopia, 2017**

SN	Characteristics	Counts	%
	<b>Sex (Gender):</b> - Male - Female Total	15 3 18	83.3 16.7 100.0
	<b>Age (Year):</b> - 20-29 - 30-39 - 40-49 - 50-59 - 60-69 - ≥70 Total	0 2 4 5 3 4 18	0.0 11.1 22.2 27.8 16.7 22.2 100.0
	<b>Religion:</b> - Orthodox Christian - Muslim - All Other Christians - Other Total	13 3 2 0 18	72.2 16.7 11.1 0.0 100.0
	<b>Marital Status:</b> - Single (Never Married) - Married - Divorced/Married/Separated Total	0 14 4 18	0.0 77.8 22.2 100.0
	<b>Dominant Socio-Economic Status:</b> - Largely Low SE Residential Setting - Largely Middle Residential Setting - Largely High Residential Setting Total	12 4 2 18	66.7 22.2 11.1 100.0

PPHSDROP: Progressively Positive Health and Social Development Responsiveness Optimisation Potential  
SE: Socio-Economic

The qualitative methods domain was implemented exclusively during Phase I in 2017.

#### 4.3.1.2 Gender (Sex) Profile

With respect to the gender (sex) features of the quantitative domain proper, in both phases, an approximately 50.4% female participants (or within the male to female of 0.98:1.02) were enrolled along the research efforts (Table 4.5).

**Table 4.5: Gender (Sex) Profile of the Two Phases of Research Participants of the Quantitative Domain, PPHSDROP, Addis Ababa, 2017 – 2018**

Research Phases (Periods)	Male	Female	Total
Phase I (Initial Full Survey)	1,643(49.6%)	1,674(50.4%)	3,319 (100%)
Phase II (Quasi-Experiment)	406 (49.6%)	416(50.4%)	882 (100%)

PPHSDROP: Progressively Positive Health and Social Development Responsiveness Optimisation Potential

#### 4.3.1.3 Age Characteristics

The age characteristics of the FGD and IDI portion were indicated above (table 4.4). Here presented are the age characteristics of the quantitative domain only. With respect to age, the structured quantitative questionnaire has incorporated both options, namely the absolute and categorisation domains; particularly pertaining Phase I Full Survey, the absolute count was notably less complete whereas the approximate range alternative was full enough. Table 4.6 depicts participants' distribution profile in the respective age and research phase categories.

The age profiles of the two phases did exhibit pretty much similar patterns among the youth and parents cohorts wherein the youth, 15-24 years of age, have made 51.8% (N=1,719) and 50.6% (N=416) share of Phase I and Phase II, respectively (Table 4.6).

**Table 4.6: Age Group Profile (in Years) of Research Participants of the Two Phases of the Quantitative Domain, PPHSDROP, Addis Ababa, 2017-2018**

Research Phases	15-24Yrs	35-65Yrs	Total
Phase I (Initial Full Survey)	1,719 (51.8%)	1,600 (48.2%)	3,319
Phase II (Quasi-Experiment)	416 (50.6%)	406 (49.4%)	822

PPHSDROP: Progressively Positive Health and Social Development Responsiveness Optimisation Potential

#### **4.3.1.4 Religion**

Underneath (Table 4.7) presented is the summarised religious profile of research participants of Phases I and II of the quantitative domain proper. Christian participants were the dominant in both cases, 69.4% (N=2,304) and 74.0% (N=608) respectively.

**Table 4.7: Distribution of Participants Religion under Phase I and Phase II of the Research of the Quantitative Domain, PPHSDROP, Addis Ababa, 2017-2018**

CHARACTERISTICS	PHASE I (SURVEY)	PHASE II (QUASI-EXPERIMENTAL)	TOTAL
Christian (all)	2,304 (69.4%)	608 (74.0%)	NA
Muslim (Islam) (all)	1,015 (30.6%)	214 (26.0%)	NA
Others (all)	0	0	NA
TOTAL	3,319 (100%)	822 (100%)	NA

#### 4.3.1.5 Educational Background

Table 4.8 depicts the educational status profile of the research participants of the Phase I and Phase II of the quantitative domain. The notable difference was for the school and less category of the educational status (48.8%, N=1,622 vs 35.1%, N=288) for the Phases I and II respectively whereas slightly higher diploma (31.9%, N=262 vs 25.1%, N=833) and degree (33.1%, 272 vs 26.0%, N=864) educational status reported during the Phase II in particular.

**Table 4.8: Distribution of the Educational Background of the Research Participants of Phase I and Phase II of the Quantitative Domain, Addis Ababa, 2017-2018**

Characteristics	Phase I	Phase II	Total
School level and less*	1,622 (48.8%)*	288 (35.1%)*	NA
Diploma/Certificate level	833 (25.1%)	262 (31.9%)	
Degree level	864 (26.0%)	272 (33.1%)	
Total	3,319 (100%)	822 (100%)	

\*: Inclusive of the literacy level and the not formally educated categories which had comprised negligible in both phases.

#### 4.3.1.6 Occupation Characteristics

On the overall, notable differences were prominent for the currently not employed 599 (18.0%) vs 96 (11.0%), employed 1,132 (26.0%) vs 346 (42.1%), and government civil service 509 (15.3%) vs 171 (20.0%) of Phase I and Phase II respectively. The patterns across the rest of the characteristics have appeared more or less similar (Table 4.9).

**Table 4.9: Distribution Characteristics of Employment and Occupation of Phase I and Phase II of the Research Participants of the Quantitative Domain, Addis Ababa, 2017-2018**

Characteristics	Occupation		Total
	Phase I	Phase II	
<b><i>Employment:</i></b>			NA
- Never employed	1,588 (47.8)	380 (46.2)	
- Currently not employed	599 (18.0)	96 (11.7)	
- Employed	1,132 (26.0)	346 (42.1)	
<b><i>Current occupation:</i></b>			
- Student (all forms)	1,399 (42.2)	338 (41.1)	
- Gov. civil service	509 (15.3)	171 (20.0)	
- Gov. military/police service	132 (4.0)	29 (3.5)	
- Private employment	513 (15.5)	135 (16.4)	
- Own private business	309 (9.3)	65 (7.9)	
- All miscellaneous others	457 (13.6)	84 (10.2)	
<b>Total</b>	3,319 (100%)	822 (100%)	

#### 4.3.1.7 *Marital Status*

Even if there are marginal variations of the marital status between the sample cohorts of the two phases, the main patterns were found consistent enough (Table 4.10). The never married and currently married exhibited the larger proportion: respectively, 51.2% (N=1,700) and 43.6% (N=1,446) of the Phase I and 49.5% (N=407) and 45.6% (N=375).

**Table 4.10: Distribution of the Marital Status of the Research Participants of Phase I and Phase II of the Quantitative Domain, Addis Ababa, 2017-2018**

<b>Characteristics</b>	<b>Phase I</b>	<b>Phase II</b>	<b>Total</b>
Never married	1,700 (51.2%)	407 (49.5%)	NA
Currently married	1,446 (43.6%)	375 (45.6%)	
Divorced/Separated/Widowed	173 (5.2)	40 (4.9%)	
<b>Total</b>	3,319 (100%)	822 (100%)	

#### 4.3.1.8 *Monthly Basic (Average) Individual and Household Income Status*

Like the case with age, participants were asked the two options, namely the closest absolute count and the closest likely category or group of the average monthly income. During Phases I and II, considerable proportion of the respondents either did have none or else did not specify the likely closest monthly personal average income in counts whilst could indicate the closest possible category. Remarkable difference was noted in the income category of ETH Birr 2,250.00 to none as 2,042(61.5%) vs 406(49.4%) of Phase I and II, respectively. At the household monthly average level,



the “unknown” category was another marked feature, 1,309(39.4%) vs 238(29.0%), respectively. For both the Respondent and Household cases, the reported average monthly income levels were with comparatively higher mark-ups during Phase II (Table 4.11).

**Table 4.11: Distribution of the Average Monthly Individual & Household Income the Research Participants of Phase I and Phase II of the Quantitative Domain, Addis Ababa, 2017-2018**

Characteristics (in ETH Birr)	Respondent		Household		Total
	Phase I	Phase II	Phase I	Phase II	
2,250.00 to none	2,042(61.5%)*	406(49.4%)*	349(11.9%)*	53(6.4%)*	NA
2,251.00-4,499.00	486(14.6%)	148(18.0%)	711(21.4%)	149(18.1%)	
5,000.00-9,999.00	285(8.6%)	139(16.9%)	482(14.5%)	236(28.7%)	
≥10,000.00	100(3.0%)	29(3.5%)	414(12.5%)	146(17.8%)	
Unknown/unspecified	406(12.2%)	100(12.2%)	1,309(39.4%)	238(29.0%)	
<b>Total</b>	3,319(100%)	822(100%)	3,319(100%)	822(100%)	

\* Due to the effect of early transformation (reduction) to as equal as and less than 2,250.00, which had inflated the relative notable share under the envisaged subsequent transformation/reduction requirements. At the time of refresher up-date, ETH Birr 2,250.00 was approximately equivalent to the US\$65.00/mo or US\$2.00/day average income at the time of the interview.

#### **4.3.1.9 Availability of Functioning Household Basic Information Communication Technology**

In respect to the functioning status of the basic information and communication technologies of the household, the favourable report was well over 90% for the radio

and television for both Phase I and Phase II at the time of the data collection with a slightly higher for Phase II, 95.0%, (N=781/822) vs 92.8% (N=3,080/3319) and 98.1% (N=806/822) vs 97.7%, (N=3,240/3319). Household availability of a functioning computer was reported below 50.0% in both cases but considerably higher in Phase II (47.9%, N=394 vs 36.1%, N=1,198) (Table 4.12).

**Table 4.12: Distribution of Functioning Household Basic Information Communication Technology Availability Status of Research Participants of the Phase I and Phase II of the Quantitative Domain, Addis Ababa, 2017-2018**

<b>Characteristics</b>	<b>Phase I</b>	<b>Phase II</b>	<b>Total</b>
Currently functioning radio at home			NA
- Yes	3,080 (92.8%)	781 (95.0%)	
- No	239 (7.2%)	41 (5.0%)	
- Do not know	0 (0)	0 (0)	
Currently functioning television at home:			
- Yes	3,240 (97.7)	806 (98.1%)	
- No	76 (2.3)	16 (1.9%)	
- Do not know	0 (0)	0 (0)	
Currently functioning computer at home:			
- Yes	1,198 (36.1%)	394 (47.9%)	
- No	2,121 (63.9%)	428 (52.1%)	
- Do not know	0 (0)	0 (0)	
<b>Total</b>	<b>3,319 (100%)</b>	<b>822 (100%)</b>	

#### **4.3.2 Descriptive Characteristics of the “*Minimal Bedrock Core Building – Block Attributes Continuum Set*” of “*Harnessing Progressively Positive Responsiveness Optimisation Potential*”**

The analyses and descriptions under 4.3.2 get specifically focused on the reasonable Characterisation of the descriptive domain of the mixed-methods and multi-methods of Phase I Survey implementation portion proper whereas sections 4.3.3 and 4.3.4 do dwell with the inferential domain of the same. On the other hand, the analyses details of the Phase II get presented under portions 4.3.5 and 4.3.6 of the Thesis. In view of the concurrent alternative, the qualitative domain comprising the FGDs and IDI was implemented hand in hand (tables 4.3 and 4.4 under 4.3.1.1 above).

Expansive enough process of analysis, digest, synchronisation, and synthesis were performed on the FGDs and IDIs data set. The analysis has spotlighted important key themes and related to ideas. In connection, it was viewed insightful to characterise as an introduction right upfront the Discussants’ and Interviewees’ perceived core interest, relevance, and usefulness pertaining concerted pursuit of harnessing progressively positive responsiveness optimisation of health and social development domain research matter proper.

Across the FGDs and IDIs, core set of themes had recurred and were featured prominent enough. Accordingly, the related to each other pertinent elements from both the FGD and IDI get presented in an integrated unison wherein doing so was found applicable and appropriate. The narrative and tabulated depictions blend are made to highlight the salient aspects of the progressively positive health and social development responsiveness optimisation potential in Addis Ababa. This section presents reasonable and succinct consolidation of the salient findings of the qualitative portion. The selectively quoted Discussants and Interviewees have deliberated at length on the likely recognition, appreciations, interests, implications, and scepticisms pertaining specific agenda of interest. The pertinent summary gets depicted in Panel or Box 4.1 and 4.2.

**Panel (Box) 4.1: Focus Group Discussants' and In-depth Interviewees' Expressed/Perceived Interest, Relevance and Usefulness of the specific Research Undertaking, Addis Ababa, 2017**

<b>Core Categories and Themes</b>	<b>Selected Code Highlights</b>	<b>Sample Illustrative Quotations</b>
Expression of active interest of addressing health and social development in tandem	Positive public attitude Community's willingness	"Now, with this research you intend to improve community's life ..." (FGD-Male, LSES) "It is important to discuss about health and social development." (IDI-Female, MSES, Gofa)
Appreciation of the relevance	Catalytic and synergistic input potential Encouragement, importance and motivation Ensuring people-centred development pathway Prime prerequisite and responsibility	"It is good to endeavour to study health and social development matters." (FGD-Male, LSES, Addis Ketema) "Discussing about health and social development should be viewed part of the growth activity and it is very important." (IDI-Male, LSES) "Well, it is very important to discuss about health and social matters because both are inter-related ... I do believe that both are inseparable ... The community's social affairs and health are interconnected." (IDI-Male, LSES, Ferensay)
Potential usefulness	Viewed a useful welcome Willingness to deliberate on the findings of the research Catalytic and synergistic input potential Desired concrete implementation	"I want the development to be evidence-based." (FGD-Male, LSES) "Undertaking comprehensive research is a requirement." (FGD-Male, MSES) "Your interview was quite a surprise to me since it was a sudden encounter ... Based on the

		<p>questions raised, we have discussed sufficient enough towards optimising health and social development. There is nothing left. ... It should not remain just a talk. Practical implementation of the initiative will be anticipated (expected). (IDI-Male, LSES, Kidanemihret)</p>
<p>Expressed scepticism</p>	<p>Necessity of public confidence consolidation on the research and the findings: objectiveness and concrete incorporation of the findings  Disputed trust and value addition  Questioned relevance, usefulness, and timeliness</p>	<p>“In view of the current reality, I cannot be confident to be able to trust that your current research will be of meaningful use towards improvement.” (FGD-Male, HSES, Kotebe)  “Leave alone for development, the local community is finding it difficult for its daily existence (survival).” (FGD-Female, LSES, Kechene)  “... Now, you are conducting the research and then you are going to present the results in writing. Who is going to follow whether or not the findings got presented correctly ... What we had said is not for fun at all ... Are you going to submit the report by advising to implement correctly based on the true findings or what? ...” (FGD-Male, HSES, Kotebe)  “The people will believe and accept if we can get the result of this research ... We will see whether you are going to realise it or not.” (FGD-Male, LSES) (The expression was seconded by the others)</p>

Similarly, it was viewed important to take a stock on the already on-going overall local development interventions in Addis Ababa. Recognition, motivation, concerns and equally useful implications were expressed. The pertinent insights get depicted in here following Panel or Box 4.2.

**Panel (Box) 4.2: Focus Group Discussants’ and In-Depth Interviewees’ Characterisation of the Currently On-Going Development Activities in Addis Ababa City, Ethiopia, 2017**

<b>Core Categories and Themes</b>	<b>Selected Code Highlights</b>	<b>Sample Illustrative Quotations</b>
Favourable recognition, appreciation and promises	Better overall development activities Visible improvements Encouraging and promising Launch of Urban Food Security and Livelihood Safety Net Programme	“There are many improvements ...” “Different development activities are being undertaken.” “Our country has been developing ...” (FGD-Male, MSES)
Concerns, drawbacks and shortcomings	Development and damages “zero-sum” scenario Lots of inappropriateness, insufficiencies and inefficiencies Lack of coordination Lack of evidence-based practice and preparation Little (lack of) timely consultation Loss of the long-established social bondages, cohesions and support systems Manifest of preventable difficulties, hardships and sufferings Non people-centred approach Serious malfunctions Serious quality problems, recklessness and wastage of resources Serious public discontents, displeasures and dissatisfactions Unnecessary political manipulations Unresponsiveness to the public concerns	“... When we say development, there indeed is the materialistic development but not humanistic development.” (FGD-Male, HSES, Kotebe) “... malfunctioning of the development process. The development is poorly balanced.” “The government does not sit and discuss with the community when it says it is developing.” “It has not been people-centred.” (FGD-Male, LSES, Arada) “Quality has been a very serious problem ... There are many aspects which will require concerted attention.” (FGD-Male, LSES, Arada) “What is growth? Growth means when peoples’ lives get improved ... Where

	Widening wealth distribution gaps and inequities	<p>are the peoples' Lives? ... Growth is when it can modernise and simplify peoples' lives." (FGD-Male, HSES, Kotebe)</p> <p>"Peoples' bonds and networks are being disrupted ... People are dissatisfied." (FGD-Male, MSES)</p> <p>"The gap between the poor and the reach is getting increasingly wider ... It is insecure and uncertain (unstable) life ..." (FGD-Male, LSES, Menenn)</p>
Implications	<p>Much needs to be done: desired further improvement and acceleration with centrality of peoples education and empowerment</p> <p>Desired active participation, belongingness and ownership and equitable development</p> <p>"Human development first" prioritisation requirement</p>	<p>"The foundation of development is its educated human-being." (FGD-Male, HSES, Kotebe)</p> <p>"The biggest and surest way of development is the development of the human brain." (FGD-Male, MSES)</p> <p>"Development work should be implemented on people first ... It is only when people get developed that everything else will become better." (FGD-Male, LSES, Addis Ketema)</p>

Availability, assets, attention, acceptability, enthusiasm, preparedness, feasibility, practicality and related dimensions of progressively positive health and social development responsiveness optimisation potential were deliberated upon at varying degree during the FGDs and IDIs. The specific data are massive enough. The description has opted to get focused on the cross-cuttingly important and prominently recurrent dimensions in particular. Also, it will not be surprising that certain points are appearing in the different categories and thematic domains. Panel (Box) 4.3 here below presents the pertinent reflections in respect.

**Panel (Box) 4.3: Focus Group Discussants' and In-Depth Interviewees' Perception about the Attention to and the Preparedness - Readiness to the Pursuit of Progressively Positive Health and Social Development Responsiveness Optimisation Potential in Addis Ababa, Ethiopia, 2017**

Core Categories and Themes	Selected Code Highlights	Sample Illustrative Quotations
Availability of the potential	<p>Community's willingness</p> <p>Existence of public's unfailing participation experience</p> <p>Large population size</p>	<p>"Participation of the population in social matters is high ... This is one of the experiences we can claim as very useful." (FGD-Male, LSES, Ferensay)</p> <p>"Do we have the potential? Yes, we have the potential ... We have untapped yet potential power ..." (FGD-Male, LSES, Arada)</p> <p>"Our potential and reserve capacity, essentially, is the human resource ..." (FGD-Male, MSES)</p> <p>"... The big problem is not whether or not having the potential itself but rather whether or not having the coordinated use of the available potential." (FGD-Male, LSES, Arada)</p> <p>"We have the potential and can get further bolstered too. Knowledge is the basic potential ... The awareness, knowledge and capacity can get boosted with more efforts." (IDI-Male, HSES, Bethel)</p> <p>"Our country did not lack the resources but we rather lack appropriate use of such." (FGD-Male, MSES, Gofa)</p>



<p>Individual and community assets</p>	<p>Positive public attitude  Community's willingness  Expansion of education and health care system  Existence of best practices of the Indigenous local Self-Help Insititutions called <i>Idir(s)</i>  Large population size  Local Development Committee  Public lived participation experience  Strong caring and sharing culture</p>	<p>"Participation of the population in social matters is high ... This is one of the experiences we can claim as very useful." (FGD-Male, LSES, Ferensay)  "... <i>Idirs</i> have huge potential role to the day-to-day social life and existence." (FGD-Male, LSES, Menenn)  "<i>Idirs</i> possess immense development knowledge and experience asset (capital)." (FGD-Male, LSES, Arada)  "The community has been learning (accumulating) from concrete lived experiences and hence is expected to get engaged in intensified efforts to the future." (IDI-Male, LSES, Kidanemihret)</p>
<p>Enthusiasm and optimism</p>	<p>The on-going development initiative  Community's willingness  Possibility of optimisation  Widely expressed hope</p>	<p>"Hope is a possibility"  "A hope is more powerful instrument of optimisation potential."  "There is hope. Too many will get educated towards growing to the future ..." (FGD-Male, HSES, Kotebe)  "There is high potential for social development." (FGD-Male, LSES, Menenn)  "It will be possible to accomplish impressive changes if we get coordinated in/with unison under the commonly binding goal." (FGD-Male, HSES, Kotebe)  "Everyone should do own share.</p>

		There are ample possibilities and potentials.” (IDI-Female, MSES, GTZCond.)
Preparedness and Readiness	Community’s willingness and eagerness Local Development Committee Past social experience	“The public is ready for development and other interests ... the public is kind and willing to take active part.” (FGD-Male, LSES, Kotebe) “Participation of the population in social matters is high ... This is one of the experiences we can claim very useful.” (FGD-Male, LSES, Ferensay) “It is important to change community’s attitude in order to be able to bring about the necessary development.” (FGD-Male, LSES, Menenn)

The summarised here above descriptions under boxes (panels) 4.1 through 4.3 are believed to serving exploratory eye-openers to the more focused as well as detailed presentation of the minimal set continuum forward under sections 4.3.2.1 through 4.3.2.4.

And, in respect to the investigation of the reliability of the key constructs’ items measurement on the quantitative domain, the Cronbach’s Alpha test, particularly, the inter-item Correlation Mean by Sub-Categories was found remarkably much higher compared to that of the overall aggregate test as evidenced in the series of tables (Annex 1) to the very effect. Eventually, the Spearman’s (nonparametric) correlation coefficient examination was performed across the key measurement variables. In connection, the majority have indicated  $\geq 0.3$  correlation. Given the bulk of inter-class measurements items by each of the key categories, it was important to undertake dimension reduction analysis. One such useful analysis is what is commonly referred as the Principal Component Analysis (PCA). The PCA is advantageous in explaining

the likelihood of maximum variation phenomenon in particular. In connection to entertaining the PCA series, a conscious effort was made to be able to incorporate approximately two-third and more of the maximum variation explanation by the given categories (*annex 2*).

#### **4.3.2.1 Overall Positive Health and Social Development Psychology, Intellect, and Competence (Mastery Know – How) Intelligence Construct Segment Characteristics of the Attributes Continuum Set**

The specific question items of the given construct or domain of the “*minimal bedrock core building-block attributes continuum set*” was structured under five response choices of the inter-related fifteen item questions sequenced by Strongly Disagree, Disagree, Not Sure, Agree, and Strongly Agree or else Strongly Low, Low, Not Sure, High and Strongly High. The concrete responses get described with disaggregation by the two age categories (Table 4.13). Overall, the “Agree” and “Not Sure” responses were found more prominent in the overwhelming majority of the cases across both groups. At the same time, the differences between the youth and parents (adults) groups across the measured parameters were notable wherein the parents (adults) were having increasingly larger share of favourable responses across. In light of the bulkiness, instead, the bold marking highlights get illustrated within the tabulated presentation itself (4.13). The workout of the Cornbach’s alpha inter-items reliability test of the specific construct has revealed an average of 0.883 (Annex

**Table 4.13: Distribution Characteristics of the Overall Positive Health and Social Development Psychology Know – How Mastery Intelligence Construct Segment of the Attributes Continuum Set by Participants Age Category (i.e., the Youth & Their Parents), Addis Ababa, 2017**

<b>Attribute's Key Characteristics</b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N3319 (100%)</b>
Overall Prevention and Promotion Knowledge: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	154(9.0%) <b>878(51.1%)</b> <b>587(34.1%)</b> 96(5.6%) 4(0.02%)	<b>242(15.0%)</b> <b>1062(66.4%)</b> <b>203(12.7%)</b> 92(5.8%) 1(0.01%)	396 (9.0%) <b>1940 (58.5%)</b> <b>790 (23.8%)</b> 188 (5.7%) 5 (0.02%)
Sustained Focus and Practice on HSD Information and Evidence: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	140(4.2%) <b>820(47.7%)</b> <b>620(36.1%)</b> 134(7.8%) 5(0.03%)	<b>259(16.2%)</b> <b>1106(69.1%)</b> 152(9.5%) 79(4.9%) 4(0.03%)	399(12.0%) <b>1926(58.0%)</b> <b>772(23.3%)</b> 213(6.4%) 9(0.03%)
Adequate Disease Prevention and Health Promotion Competence: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	182(10.6%) <b>853(49.6%)</b> <b>598(34.8%)</b> 80(4.7%) 6(0.04%)	<b>263(16.4%)</b> <b>1080(67.5%)</b> 184(11.5%) 72(4.5%) 1(0.01%)	445(13.4%) <b>1933(58.2%)</b> <b>782(23.6%)</b> 152(4.6%) 7(0.02%)
Sustained Effort to Enriching HSD Knowledge: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	175(10.2%) <b>870(50.6%)</b> <b>556(32.3%)</b> 112(6.5%) 7(0.04%)	<b>279(17.4%)</b> <b>1065(66.6%)</b> 172(10.8%) 82(4.8%) 2(0.01%)	454(13.7%) <b>1935(58.3%)</b> <b>728(21.9%)</b> 194(5.8%) 8(0.02%)
Reasonable and Up-to-Date HSD Competence: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	63(3.7%) <b>889(51.7%)</b> <b>591(34.4%)</b> 72(4.2%) 4(0.02%)	<b>269(16.8%)</b> <b>1085(67.8%)</b> 182(11.4%) 61(3.8%) 3(0.02%)	432(13.1%) <b>1974(59.5%)</b> <b>773(23.3%)</b> 133(0.4%) 7(0.02%)

Competence to Leading Healthy Life Style in/to the Future: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	250(14.5%) <b>871(50.7%)</b> <b>557(32.4%)</b> 40(2.3%) 1(0.01%)	<b>335(20.9%)</b> <b>1038(64.9%)</b> 179(5.4%) 46(2.9%) 2(0.01%)	<b>585(17.6%)</b> <b>1909(57.5%)</b> <b>736(22.2%)</b> 86(2.6%) 3(0.01%)
Reasonable and Reliable Competence of Positive Living to Pear Influence/Pressure: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	216(12.6%) <b>900(52.4%)</b> <b>550(32.0%)</b> 43(2.5%) 10(1.0%)	<b>321(20.0%)</b> <b>1056(66.0%)</b> 172(10.8%) 46(2.9%) 5(0.03%)	<b>537(16.2%)</b> <b>1956(58.9%)</b> <b>722(21.8%)</b> 89(2.7%) 15(0.05%)
Necessary Competence on Marriage and Parenting: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	115(6.7%) <b>440(25.6%)</b> <b>936(54.5%)</b> 212(12.3%) 16(1.0%)	<b>383(23.9%)</b> <b>1055(65.9%)</b> 116(7.3%) 44(2.8%) 2(0.01%)	<b>498(15.0%)</b> <b>1495(45.0%)</b> <b>1052(31.7%)</b> 256(7.7%) 18(0.05%)
Active and Regular HSD Interest on Mass/Social Media: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	149(8.7%) <b>725(42.2%)</b> <b>684(39.8%)</b> 141(8.2%) 20(1.2%)	<b>280(17.5%)</b> <b>960(60.0%)</b> 196(12.3%) 153(9.6%) 11(0.07%)	429(12.9%) <b>1685(50.8%)</b> <b>880(26.5%)</b> 294(8.9%) 31(0.09%)
Necessary Competence to Overcome Unhealthy and Harmful Practices: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	243(14.3%) <b>859(50.0%)</b> <b>550(32.0%)</b> 55(3.2%) 12(0.07%)	<b>409(25.6%)</b> <b>958(59.9%)</b> 183(11.4%) 44(2.8%) 6(0.04%)	<b>652(19.4%)</b> <b>1817(54.7%)</b> <b>733(22.1%)</b> 99(3.0%) 18(0.05%)
General Confidence, Socialisation, etc. Competence: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	258(15.0%) <b>825(48.0%)</b> <b>588(34.2%)</b> 44(2.6%) 4(0.02%)	<b>395(24.7%)</b> <b>977(61.1%)</b> 181(11.3%) 41(2.6%) 6(0.04%)	<b>653(19.7%)</b> <b>1802(54.3%)</b> <b>769(23.2%)</b> 85(2.6%) 10(0.03%)
Reliable Mobile Phone Use Skill: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	239(13.9%) <b>852(49.6%)</b> <b>571(33.2%)</b> <b>51(3.0%)</b> 6(0.03%)	270(16.9%) <b>908(56.8%)</b> <b>272(17.0%)</b> <b>133(8.3%)</b> 17(1.1%)	<b>509(15.3%)</b> <b>1760(53.0%)</b> <b>843(25.4%)</b> 184(5.5%) 23(0.07%)

Reliable Computer Use Skill:			
- Strongly Agree	131(7.6%)	110(6.9%)	241(7.3%)
- Agree	<b>559(32.5%)</b>	<b>575(35.9%)</b>	<b>1134(34.2%)</b>
- Not Sure	<b>829(48.2%)</b>	<b>406(25.4%)</b>	<b>1235(37.2%)</b>
- Disagree	181(10.3%)	<b>442(27.6%)</b>	<b>623(18.8%)</b>
- Strongly Disagree	19(1.1%)	67(4.2%)	86(2.6%)
Reliable Internet and Social Media Use Skill:			
- Strongly Agree	129(7.5%)	94(5.9%)	223(6.7%)
- Agree	<b>467(27.2%)</b>	<b>532(33.3%)</b>	<b>999(30.1%)</b>
- Not Sure	<b>887(51.6%)</b>	<b>434(27.1%)</b>	<b>1321(39.8%)</b>
- Disagree	217(12.6%)	<b>460(28.8%)</b>	<b>677(20.4%)</b>
- Strongly Disagree	19(1.1%)	80(5.0%)	99(3.0%)
Overall Reliable HSD Optimisation ICT Use Skill:			
- Strongly Agree	97(5.6%)	84(5.3%)	181(5.5%)
- Agree	<b>418(24.3%)</b>	<b>506(31.6%)</b>	<b>924(27.8%)</b>
- Not Sure	<b>934(54.3%)</b>	<b>471(29.4%)</b>	<b>1405(42.3%)</b>
- Disagree	246(14.3%)	<b>463(28.9%)</b>	<b>709(21.4%)</b>
- Strongly Disagree	24(2.4%)	76(4.8%)	100(3.0%)

#### **4.3.2.2 Positive Developmental Asset Construct Segment Characteristics of the Attributes Continuum Set**

This section comprises extensive set of sub-constructs and question items under each of the sub-constructs. The elaborated here under constructs' set together with the items was adapted and adopted from the "Positive Development Assets" project of the SEARCH Institute. The specific attribute has two main, namely "*External*" and "*Internal*" and eleven sub-categories with the varying degree of items under each (Tables: 4.14 - 4.24). Like with the Overall Positive Psychology, Intellect and Competence (i.e., Know – How Mastery) domain under 4.3.2.1 above, the response choices were as strongly disagree, disagree, not sure, agree, and strongly agree.

The prominence of patterns and differences under the "**Support**" construct of the "*External*" domain of the Positive Developmental Asset (Table 4.14) appeared more or less similar (the corresponding bold highlights in the table) as was in the case of the "Overall Mastery" scenario of the above sub-section of the attributes continuum set.

**Table 4.14: Distribution Characteristics of the Support of the *External Positive Developmental Assets* among Youth and Their Parents, Addis Ababa, 2017**

<b>Support Characteristics of External Positive Developmental Assets</b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N=3319 (100%)</b>
Family Provides Adequate Love and Support: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	<b>458(27.9%)</b> <b>964(56.1%)</b> <b>271(15.8%)</b> 24(1.4%) 2(0.01%)	<b>531(33.2%)</b> <b>1025(64.1%)</b> <b>28(1.8%)</b> 15(0.09%) 1(0.01%)	<b>989(29.8%)</b> <b>1989(59.9%)</b> 299(9.0%) 39(1.2%) 3(0.01%)
Communication in the Family is Largely Positive: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	<b>388(22.6%)</b> <b>1023(59.5%)</b> <b>278(16.2%)</b> 29(1.7%) 1(0.01%)	<b>504(31.5%)</b> <b>1035(64.7%)</b> 42(2.6%) 18(1.1%) 1(0.01%)	<b>892(26.9%)</b> <b>2058(62.0%)</b> 320(9.6%) 47(1.4%) 2(2.6%)
All-rounder Reliable Support System in the Family: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	<b>416(24.2%)</b> <b>993(57.8%)</b> <b>283(16.5%)</b> 23(1.3%) 4(0.02%)	<b>505(31.6%)</b> <b>1021(63.8%)</b> 53(3.3%) 21(1.3%) 0(0.0%)	<b>921(27.7%)</b> <b>2014(60.7%)</b> 336(10.1%) 44(1.3%) 4(0.01%)
Neighbours Render Adequate Support: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	235(13.7%) <b>881(51.3%)</b> <b>502(29.2%)</b> 79(4.6%) 22(1.3%)	<b>290(18.1%)</b> <b>1012(63.3%)</b> <b>214(13.4%)</b> 69(4.3%) 15(0.09%)	<b>525(15.8%)</b> <b>1893(57.0%)</b> <b>716(21.6%)</b> 148(4.5%) 37(1.1%)
Schools Offer Quality Education: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	180(10.5%) <b>777(45.2%)</b> <b>544(31.6%)</b> 169(9.8%) 49(2.9%)	<b>252(15.8%)</b> <b>858(53.6%)</b> <b>309(19.3%)</b> 163(10.2%) 18(1.1%)	432(13.0%) <b>1635(49.3%)</b> <b>853(25.7%)</b> 332(10.0%) 67(2.0%)
Adequate Parents Participation in School Affairs: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	210(12.2%) <b>807(46.9%)</b> <b>528(30.7%)</b> 147(8.6%) 27(1.6%)	<b>273(17.1%)</b> <b>896(56.0%)</b> <b>274(17.1%)</b> 143(8.9%) 14(0.09%)	483(14.6%) <b>1703(51.3%)</b> <b>802(24.2%)</b> 290(8.7%) 41(1.2%)

Table 4.15 of the Attributes Continuum Set depicts the distribution of the “**Enabling Conducive Conditions**” of the *External* domain of Positive Developmental Assets construct in particular. The prominent features get highlighted with bold font style. The patterns and differences which were apparent in the preceded sub-sections appeared consistent enough within the given construct as well.

**Table 4.15: Distribution Characteristics of the Enabling Conducive Conditions of the *External* Positive Developmental Assets among Youth and Their Parents, Addis Ababa, 2017**

<b><u>Enabling Conducive Conditions</u> Characteristics of the <i>External</i> Positive Developmental Assets</b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N=3319(100%)</b>
Community Value Youth:			
- Strongly Agree	119(6.9%)	186(11.6%)	305(9.2%)
- Agree	<b>708(41.2%)</b>	<b>854(53.4%)</b>	<b>1562(47.1%)</b>
- Not Sure	<b>623(36.2%)</b>	<b>315(19.7%)</b>	<b>938(28.3%)</b>
- Disagree	228(13.3%)	220(13.8%)	448(13.5%)
- Strongly Disagree	41(2.4%)	25(1.6%)	66(2.0%)
Community Offers Youth Roles:			
- Strongly Agree	103(6.0%)	157(9.8%)	260(7.8%)
- Agree	<b>687(40.0%)</b>	<b>839(52.4%)</b>	<b>1526(46.0%)</b>
- Not Sure	<b>641(37.3%)</b>	<b>334(20.9%)</b>	<b>975(29.4%)</b>
- Disagree	238(13.8%)	233(14.6%)	471(14.2%)
- Strongly Disagree	50(2.9%)	37(2.3%)	87(2.6%)
Community Offers Youth Weekly Regular Community Service:			
- Strongly Agree	65(3.8%)	111(6.9%)	176(5.3%)
- Agree	<b>538(31.3%)</b>	<b>667(41.7%)</b>	<b>1205(36.3%)</b>
- Not Sure	<b>687(40.0%)</b>	<b>401(25.1%)</b>	<b>1088(32.8%)</b>
- Disagree	<b>335(19.5%)</b>	<b>354(22.1%)</b>	<b>689(20.8%)</b>
- Strongly Disagree	94(5.5%)	67(4.2%)	161(4.9%)
Safety Feeling Everywhere:			
- Strongly Agree	220(12.8%)	<b>288(18.0%)</b>	508(15.3%)
- Agree	<b>820(47.7%)</b>	<b>963(60.2%)</b>	<b>1783(53.2%)</b>
- Not Sure	<b>561(32.6%)</b>	<b>243(15.2%)</b>	<b>804(24.2%)</b>
- Disagree	91(5.3%)	94(5.9%)	185(5.6%)
- Strongly Disagree	27(1.6%)	12(0.08%)	39(1.2%)

In Table 4.16, depicted is the distribution of “**Boundaries – Borders & Norms**” characteristics of the *External* domain of Positive Developmental Assets construct of the Attributes Continuum Set. Like in all the preceded cases, the prominent patterns and differences (in highlights) are prevalent in Table 4.16 too.



**Table 4.16: Distribution Characteristics of Boundaries – Borders and Norms of the *External* Positive Developmental Assets among Youth and Their Parents, Addis Ababa, 2017**

<b>Boundaries-Borders &amp; Norms Characteristics of <i>External</i> Positive Developmental Assets</b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N=3319(100%)</b>
Family's Exercise of Explicit Norms and Practice Standards:			
- Strongly Agree	205(11.9%)	<b>272(17.0%)</b>	477(14.4%)
- Agree	<b>897(52.2%)</b>	<b>1022(63.9%)</b>	<b>1919(57.8%)</b>
- Not Sure	<b>469(27.3%)</b>	<b>183(11.4%)</b>	<b>652(19.6%)</b>
- Disagree	132(7.7%)	116(7.3%)	248(7.5%)
- Strongly Disagree	16(0.09%)	7(0.04%)	23(0.07%)
Schools Exercise of Explicit Norms and Practice Standards:			
- Strongly Agree	194(11.3%)	244(15.3%)	438(13.2%)
- Agree	<b>874(50.8%)</b>	<b>1009(63.1%)</b>	<b>1883(56.7%)</b>
- Not Sure	<b>527(30.7%)</b>	<b>246(15.4%)</b>	<b>773(23.3%)</b>
- Disagree	110(6.4%)	97(6.1%)	207(6.2%)
- Strongly Disagree	14(0.08%)	4(0.03%)	18(0.05%)
Neighbours Equitable Responsibility to Adults and Youth Alike:			
- Strongly Agree	145(8.4%)	196(12.3%)	341(10.3%)
- Agree	<b>847(49.3%)</b>	<b>992(62.0%)</b>	<b>1839(55.4%)</b>
- Not Sure	<b>577(33.6%)</b>	<b>292(18.3%)</b>	<b>869(26.2%)</b>
- Disagree	137(8.0%)	111(6.9%)	248(7.5%)
- Strongly Disagree	13(0.08%)	9(0.06%)	22(0.07%)
Parents and Family Members Model Positive and Responsible Behaviours:			
- Strongly Agree	191(11.1%)	231(14.4%)	422(12.7%)
- Agree	<b>926(53.9%)</b>	<b>1086(67.9%)</b>	<b>2012(60.6%)</b>
- Not Sure	<b>500(29.1%)</b>	<b>194(12.1%)</b>	<b>694(20.9%)</b>
- Disagree	94(5.5%)	78(4.9%)	172(5.2%)
- Strongly Disagree	8(0.05%)	11(0.07%)	19(0.06%)
Friends Model Positive and Responsible Behaviours:			
- Strongly Agree	181(10.5%)	233(14.6%)	414(12.5%)
- Agree	<b>921(53.6%)</b>	<b>1030(64.4%)</b>	<b>1951(58.8%)</b>
- Not Sure	<b>516(30.0%)</b>	<b>235(14.7%)</b>	<b>751(22.6%)</b>
- Disagree	88(5.1%)	87(5.4%)	175(5.3%)
- Strongly Disagree	13(0.08%)	15(0.09%)	28(0.08%)
Exercise of Friendly, Harmonious, Supportive and Positively Motivating Behaviours by All:			
- Strongly Agree	181(10.5%)	220(16.6%)	401(12.1%)
- Agree	<b>902(52.3%)</b>	<b>1032(64.5%)</b>	<b>1934(58.3%)</b>
- Not Sure	<b>521(30.3%)</b>	<b>245(15.3%)</b>	<b>766(23.1%)</b>
- Disagree	101(5.9%)	96(6.0%)	197(5.9%)
- Strongly Disagree	14(0.08%)	7(0.04%)	21(0.06%)

The pertinent highlights do illustrate the prominent enough patterns and differences pertaining “**Enriching Time Use**” of the *External* domain of Positive Development Assets construct (Table 4.17) of the Attributes Continuum Set. The important features which were observed in the aforementioned descriptions remain consistent enough over here too. And yet there were more responses on the “Disagree” dimension.

**Table 4.17: Distribution Characteristics of Enriching Time Use of the *External* Positive Developmental Assets among Youth and Their Parents, Addis Ababa, 2017**

<b>Enriching Time Use Characteristics of <i>External</i> Positive Developmental Assets</b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N=3319(100%)</b>
Family Youth and Adults Weekly Regular Creative Arts Recreation: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	105(6.1%) <b>603(35.1%)</b> 574(33.4%) <b>345(20.1%)</b> 92(5.4%)	139(8.7%) <b>654(40.9%)</b> 288(18.0%) <b>428(26.6%)</b> 91(5.7%)	244(7.4%) <b>1257(37.9%)</b> 862(26.0%) <b>773(23.3%)</b> 183(5.5%)
Family Youth and Adults Weekly Regular Sportive Activities: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	133(7.7%) <b>623(36.2%)</b> 577(33.6%) <b>311(21.9%)</b> 75(4.4%)	154(9.6%) <b>687(42.9%)</b> 282(17.6%) <b>393(24.6%)</b> 84(5.3%)	287(8.6%) <b>1310(39.5%)</b> 859(25.9%) <b>704(21.2%)</b> 159(4.8%)
Family Youth and Adults Weekly Regular Religious/Spiritual Engagements: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	<b>366(21.3%)</b> <b>930(54.1%)</b> <b>340(19.8%)</b> 77(4.5%) 6(0.03%)	<b>475(29.7%)</b> <b>964(60.3%)</b> <b>89(5.6%)</b> 59(3.7%) 13(0.08%)	<b>841(25.3%)</b> <b>1894(57.1%)</b> <b>429(12.9%)</b> 136(4.1%) 199(0.06%)
Family Youth and Adults Often at Home during Evenings and Nights Unless due to Work Commitments: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	<b>371(21.6%)</b> <b>932(54.2%)</b> <b>346(20.1%)</b> 63(3.7%) 7(0.04%)	<b>456(28.5%)</b> <b>960(60.0%)</b> <b>96(6.0%)</b> 74(4.6%) 14(0.09%)	<b>827(24.9%)</b> <b>1892(57.0%)</b> <b>442(12.7%)</b> 137(4.1%) 21(0.06%)

Table 4.18 presents the distribution characteristics of the “Life-Long Learning” construct of the “Internal” domain of the Positive Developmental Assets of the Attributes Continuum Set.

**Table 4.18: Distribution Characteristics of Life-long Learning Commitments of the Internal Positive Developmental Assets among Youth and Their Parents, Addis Ababa, 2017**

<b>Life-long Learning Commitments Characteristics of Internal Positive Developmental Assets</b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N=3319(100%)</b>
Family Adults and Youth Motivated for Continuing Education:			
- Strongly Agree	273(15.9%)	256(16.0%)	<b>529(15.9%)</b>
- Agree	<b>1074(62.5%)</b>	<b>1184(74.0%)</b>	<b>2258(68.0%)</b>
- Not Sure	<b>322(18.7%)</b>	<b>87(5.4%)</b>	<b>409(12.3%)</b>
- Disagree	44(2.6%)	68(4.3%)	112(3.4%)
- Strongly Disagree	6(0.03%)	5(0.03%)	11(0.03%)
Family Adults and Youth in Any Current Active Learning Activity:			
- Strongly Agree	240(14.0%)	237(14.8%)	<b>477(14.4%)</b>
- Agree	<b>1055(61.4%)</b>	<b>1138(71.1%)</b>	<b>2193(66.1%)</b>
- Not Sure	<b>339(19.7%)</b>	<b>134(8.4%)</b>	<b>473(14.3%)</b>
- Disagree	77(4.5%)	84(5.3%)	161(4.9%)
- Strongly Disagree	8(0.05%)	7(0.04%)	15(0.05%)
Family Adults and Youth At Least An Hour of Daily Active Learning:			
- Strongly Agree	215(12.5%)	225(14.1%)	<b>440(13.3%)</b>
- Agree	<b>989(57.5%)</b>	<b>1068(66.8%)</b>	<b>2057(62.0%)</b>
- Not Sure	<b>380(22.1%)</b>	<b>164(10.3%)</b>	<b>544(16.4%)</b>
- Disagree	119(6.9%)	126(7.9%)	245(7.4%)
- Strongly Disagree	16(0.09%)	17(1.1%)	33(1.0%)
Family Adults and Youth Offer Active Attention and Care to Learning Opportunities:			
- Strongly Agree	225(13.1%)	250(15.6%)	<b>475(14.3%)</b>
- Agree	<b>1020(59.3%)</b>	<b>1108(69.3%)</b>	<b>2128(64.1%)</b>
- Not Sure	<b>385(22.4%)</b>	<b>143(8.9%)</b>	<b>528(15.9%)</b>
- Disagree	80(4.7%)	89(5.6%)	169(5.1%)
- Strongly Disagree	9(0.05%)	10(0.06%)	19(0.06%)
Family Adults and Youth Engage in Weekly Regular Extra Curricular Reading Activity:			
- Strongly Agree	171(9.9%)	195(12.2%)	366(11.0%)
- Agree	<b>940(54.7%)</b>	<b>1032(64.5%)</b>	<b>1972(59.4%)</b>
- Not Sure	<b>437(25.4%)</b>	<b>193(12.1%)</b>	<b>630(19.0%)</b>
- Disagree	127(7.4%)	146(9.1%)	273(8.2%)
- Strongly Disagree	44(2.6%)	34(2.1%)	78(2.4%)

Again, the distribution characteristics under Table 4.19 of the “**Positive Assets**”, of the *Internal* domain of Positive Developmental Assets of the Attributes Continuum Set has featured more or less consistent enough patterns as well as differences by the youth and their parents (due highlights in the table) as already were observed in the preceded sections.

**Table 4.19: Distribution Characteristics of Positive Assets of the *Internal* Positive Developmental Assets among Youth and Their Parents, Addis Ababa, 2017**

<b>Positive Assets Characteristics of <i>Internal</i> Positive Developmental Assets</b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N=3319(100%)</b>
Family Adults and Youth Place High Value to Caring Others: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<p><b>319(18.6%)</b>  <b>1021(59.4%)</b>  <b>331(19.3%)</b>  41(2.4%)  7(0.04%)</p>	<p><b>381(23.8%)</b>  <b>1082(67.6%)</b>  <b>104(6.5%)</b>  30(1.9%)  3(0.02%)</p>	<p><b>700(21.1%)</b>  <b>2103(63.4%)</b>  <b>435(13.1%)</b>  71(2.1%)  10(0.03%)</p>
Family Adults and Youth Place High Value to Equality and Social Justice: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<p><b>278(16.2%)</b>  <b>1045(60.8%)</b>  <b>350(20.4%)</b>  40(2.3%)  6(0.03%)</p>	<p><b>365(22.8%)</b>  <b>1100(68.8%)</b>  <b>94(5.9%)</b>  37(2.3%)  4(0.03%)</p>	<p><b>643(19.4%)</b>  <b>2145(64.6%)</b>  <b>444(13.4%)</b>  77(2.3%)  10(0.03%)</p>
Family Adults and Youth Adhere to Firm Life Principles, Faith and Standards: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<p>279(16.2%)  <b>1023(59.5%)</b>  <b>370(21.5%)</b>  44(2.6%)  3(0.02%)</p>	<p><b>349(21.8%)</b>  <b>1103(68.9%)</b>  <b>111(6.9%)</b>  35(2.2%)  2(0.01%)</p>	<p><b>628(18.9%)</b>  <b>2126(64.1%)</b>  <b>481(14.5%)</b>  79(2.4%)  5(0.02%)</p>
Family Adults and Youth Mirror Example of Speaking the Truth Even Under Difficult Circumstances: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<p><b>285(16.6%)</b>  <b>1004(58.4%)</b>  <b>369(21.5%)</b>  53(3.1%)  8(0.05%)</p>	<p><b>371(23.2%)</b>  <b>1060(62.3%)</b>  <b>128(8.0%)</b>  38(2.3%)  3(0.02%)</p>	<p><b>656(19.8%)</b>  <b>2064(62.2%)</b>  <b>497(15.0%)</b>  91(2.7%)  11(0.03%)</p>

Family Adults and Youth Accept and Take Personal Responsibilities: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<b>289(16.8%)</b> <b>1064(61.9%)</b> <b>331(19.3%)</b> 34(1.8%) 1(0.005)	<b>364(22.8%)</b> <b>1119(70.0%)</b> <b>86(5.4%)</b> 29(1.8%) 2(0.01%)	<b>653(19.7%)</b> <b>2183(65.8%)</b> <b>417(12.6%)</b> 63(1.9%) 3(0.04)
Family Adults and Youth Have Adequate Awareness to Individual and Social Damaging Practices and Refrain From Such: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<b>284(16.5%)</b> <b>1021(59.4%)</b> <b>370(21.5%)</b> 42(2.4%) 2(0.01)	<b>339(21.2%)</b> <b>1110(69.4%)</b> <b>119(7.4%)</b> 31(2.0%) 1(0.005%)	<b>623(18.8%)</b> <b>2131(64.2%)</b> <b>489(14.7%)</b> 73(2.2%) 3(0%)

In Table 4.20, the distribution characteristics of the “**Social Competence**” construct of the *Internal* domain of Positive Developmental Assets of the Attributes Continuum Set get featured. Prominent patterns and differences are highlighted in the table.

**Table 4.20: Distribution Characteristics of Social Competence (Capacity) of the *Internal* Positive Developmental Assets among Youth and Their Parents, Addis Ababa, 2017**

<b><u>Social Competence (Capacity)</u></b> <b>Characteristics of <i>Internal</i></b> <b>Positive Developmental Assets</b>	<b>15-24Yrs</b> <b>N=1719(100%)</b>	<b>35-65Yrs</b> <b>N=1600(100%)</b>	<b>Total</b> <b>N=3319(100%)</b>
Usually Make Informed Choices and Advance Planning: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<b>201(11.7%)</b> <b>897(52.2%)</b> <b>433(25.1%)</b> 163(9.5%) 25(1.5%)	<b>257(16.1%)</b> <b>996(62.3%)</b> <b>181(11.3%)</b> 148(9.3%) 18(1.1%)	<b>458(13.8%)</b> <b>1893(57.0%)</b> <b>614(18.5%)</b> 311(9.4%) 43(1.3%)
Make Maximal Focus to Exercising Sympathy, Sharing and Friendship with Others: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<b>261(15.2%)</b> <b>1033(60.1%)</b> <b>371(21.6%)</b> 48(2.8%) 6(0.03%)	<b>385(24.1%)</b> <b>1098(68.6%)</b> <b>82(5.1%)</b> 33(2.1%) 2(0.01%)	<b>646(19.5%)</b> <b>2131(64.2%)</b> <b>453(13.6%)</b> 81(2.4%) 8(0.02%)

Feel Knowledgeable and Comfortable to Cultural, Ethnic, Race, Religious, etc. Diversity: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<b>283(16.5%)</b> <b>1011(58.8%)</b> <b>370(21.5%)</b> 51(3.0%) 4(0.02%)	<b>399(24.9%)</b> <b>1031(64.4%)</b> <b>123(7.7%)</b> 44(2.8%) 3(0.02%)	<b>682(20.5%)</b> <b>2042(61.5%)</b> <b>493(14.9%)</b> 95(2.9%) 7(0.02%)
Able to Overcoming Peer Influence/Pressure and Dangerous Situations: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<b>298(17.3%)</b> <b>1030(59.9%)</b> <b>353(20.5%)</b> 34(2.0%) 4(0.02%)	<b>363(22.7%)</b> <b>1082(67.6%)</b> <b>114(7.1%)</b> 40(2.5%) 1(0.005 %)	<b>661(19.9%)</b> <b>2112(63.6%)</b> <b>467(14.1%)</b> 74(2.2%) 5(0.02%)
Choose/Opt to Non-Violent (Peaceful) Means to Solving Conflicts and Differences: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<b>327(19.0%)</b> <b>1013(58.9%)</b> <b>335(19.7%)</b> 42(2.4%) 2(0.01%)	<b>440(27.5%)</b> <b>1055(65.9%)</b> <b>79(4.9%)</b> 24(1.5%) 2(0.01%)	<b>767(23.1%)</b> <b>2068(62.3%)</b> <b>414(12.6%)</b> 66(19.9%) 4(0.01%)

The “**Positive Identity Attitude**” construct’s distribution characteristics of the *Internal* domain of the Positive Developmental Asset of the Attributes Continuum Set get described in Table 4.21 with due highlights of the prominent patterns and features. Across this sub-construct, more responses proportions were recorded on the “Agree” and “Strongly Agree” in particular.

**Table 4.21: Distribution Characteristics of Positive Identity Attitude of the *Internal* Positive Developmental Assets among Youth and Their Parents, Addis Ababa, 2017**

<b>Positive Identity Attitude Characteristics of <i>Internal</i> Positive Developmental Assets</b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N=3319(100%)</b>
Sense of Control of Encounters:			
- Strongly Agree	<b>362(21.1%)</b>	<b>474(29.6%)</b>	<b>836(25.2%)</b>
- Agree	<b>986(57.4%)</b>	<b>1032(64.5%)</b>	<b>2018(60.8%)</b>
- Not Sure	<b>341(19.8%)</b>	<b>70(4.4%)</b>	411(12.4%)
- Disagree	26(1.5%)	21(1.3%)	47(1.4%)
- Strongly Disagree	4(0.02%)	3(0.02%)	7(0.02%)
Sense of High Self Motivation (Esteem):			
- Strongly Agree	<b>387(22.5%)</b>	<b>486(30.4%)</b>	<b>873(26.3%)</b>
- Agree	<b>1001(58.2%)</b>	<b>1028(64.3%)</b>	<b>2029(61.1%)</b>
- Not Sure	<b>319(18.6%)</b>	<b>58(3.6%)</b>	377(11.4%)
- Disagree	9(0.05%)	23(1.4%)	32(0.09%)
- Strongly Disagree	3(0.02%)	5(0.03%)	8(0.02%)
Sense of Mission of Life (Purpose):			
- Strongly Agree	<b>419(24.4%)</b>	<b>524(32.8%)</b>	<b>943(28.4%)</b>
- Agree	<b>963(56.0%)</b>	<b>987(61.7%)</b>	<b>1950(58.8%)</b>
- Not Sure	<b>318(18.5%)</b>	<b>71(4.4%)</b>	389(11.7%)
- Disagree	17(1.0%)	16(1.0%)	33(1.0%)
- Strongly Disagree	2(0.01%)	2(0.01%)	4(0.01%)
Optimistic of Life's Bright Future:			
- Strongly Agree	<b>464(27.0%)</b>	<b>548(34.3%)</b>	<b>1012(30.5%)</b>
- Agree	<b>943(54.9%)</b>	<b>970(60.6%)</b>	<b>1913(57.6%)</b>
- Not Sure	<b>293(17.0%)</b>	<b>60(3.8%)</b>	353(10.6%)
- Disagree	17(1.0%)	19(1.2%)	36(1.1%)
- Strongly Disagree	2(0.01%)	3(0.02%)	5(0.02%)

In Table 4.22, described are items distribution characteristics of the “**People**” construct of the *Internal* domain of Positive Developmental Assets of the Attributes Continuum Set. The prominent features are duly highlighted in the table.

**Table 4.22: Distribution Characteristics of People of the *Internal* Positive Developmental Assets among Youth and Their Parents, Addis Ababa, 2017**

<b>People Characteristics of <i>Internal</i> Positive Developmental Assets</b>	<b>15-24Yrs</b>	<b>35-65Yrs</b>	<b>Total</b>
Enjoyment of Healthy, Reliable and Durable Social Relationships: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	174(10.1%) <b>768(44.7%)</b> <b>674(39.2%)</b> 89(5.2%) 14(0.08%)	224(14.0%) <b>847(52.9%)</b> <b>451(28.2%)</b> 71(4.4%) 7(0.04%)	398(12.0%) <b>1615(48.7%)</b> <b>1125(33.9%)</b> 160(4.8%) 21(0.06%)
Individual and Collective Competence, Interest, Desire and Participation in Social Good Affairs: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	139(8.1%) <b>677(39.4%)</b> <b>757(44.0%)</b> 129(7.5%) 17(1.0%)	170(10.7%) <b>812(50.8%)</b> <b>521(32.6%)</b> 91(5.7%) 6(0.03%)	309(9.3%) <b>1489(44.9%)</b> <b>1278(38.5%)</b> 220(6.6%) 23(0.07%)
Local Community's Consciousness, Acceptance and Protection of Safety and Well-being: <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	141(8.2%) <b>633(36.8%)</b> <b>801(46.9%)</b> 128(7.4%) 16(0.09%)	155(9.7%) <b>750(46.9%)</b> <b>559(34.9%)</b> 128(8.0%) 8(0.05%)	296(8.9%) <b>1383(41.7%)</b> <b>1360(41.0%)</b> 256(7.7%) 24(0.07%)

It also was worth to make particular note that, overall, the “Strongly Agree” responses frequencies were on the higher mark-ups across the items albeit consistently and remarkably higher among the parents (tables 4.14-4.22).

Table 4.23 presents the distribution characteristics of the “**Place and Environment**” construct of the *Internal* domain of Positive Developmental Assets of the Attributes Continuum Set. As per the Researcher, the “**Place and Environment**” construct was not supposed to get confined to the “Internal” domain alone as such. It can rather get considered as a cross-cutting. Again, the important aspects are indicated with the due highlights. In this specific case, in stark contrast to the constructs presented above, the “Disagree” and “Strongly Disagree” response choice frequencies were found on the higher mark-up across consistent enough.



**Table 4.23: Distribution Characteristics of the Place and Environment of the *Internal* Positive Developmental Assets among Youth and Their Parents, Addis Ababa, 2017**

<b>Place and Environment Characteristics of <i>Internal</i> Positive Developmental Assets</b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N=3319(100%)</b>
Availability, Motivation and Access to Acceptable Health, Safety and Well-being Enriching Local Services:			
- Strongly Agree	76(4.4%) <b>424(24.6)</b>	113(7.1%) <b>507(31.7%)</b>	189(5.7%) <b>931(28.1%)</b>
- Agree	<b>880(51.2%)</b>	<b>613(38.3%)</b>	<b>1493(45.0%)</b>
- Not Sure	<b>271(15.8%)</b>	<b>323(20.2%)</b>	<b>594(17.9%)</b>
- Disagree	68(4.0%)	44(2.8%)	112(3.4%)
- Strongly Disagree			
Appropriate, Safe, Well Maintained, Friendly and Refreshing Common Local Spaces/Surroundings:			
- Strongly Agree	65(3.8%)	79(4.9%)	144(4.2%)
- Agree	<b>350(20.4%)</b>	<b>444(27.8%)</b>	<b>794(23.9%)</b>
- Not Sure	<b>828(48.2%)</b>	<b>533(34.6%)</b>	<b>1361(41.0%)</b>
- Disagree	<b>373(21.7%)</b>	<b>449(28.1%)</b>	<b>822(24.8%)</b>
- Strongly Disagree	103(6.0%)	95(5.9%)	198(6.0%)
Attractive To All Open, Safe, Clean and Green Areas and Parks:			
- Strongly Agree	38(2.2%)	47(2.9%)	85(2.6%)
- Agree	<b>240(14.0%)</b>	<b>316(20.0%)</b>	<b>556(16.8%)</b>
- Not Sure	<b>701(40.8%)</b>	<b>420(26.3%)</b>	<b>1121(33.8%)</b>
- Disagree	<b>512(29.8%)</b>	<b>580(36.3%)</b>	<b>1092(32.9%)</b>
- Strongly Disagree	228(13.3%)	237(14.8%)	<b>465(14.0%)</b>
Safe, Reliable, Accessible and Friendly To All Local Movement Infrastructures:			
- Strongly Agree	30(1.7%)	42(2.6%)	72(2.2%)
- Agree	<b>232(13.5%)</b>	<b>314(19.6%)</b>	<b>546(16.6%)</b>
- Not Sure	<b>754(43.9%)</b>	<b>470(29.4%)</b>	<b>1224(36.9%)</b>
- Disagree	<b>503(29.3%)</b>	<b>569(35.6%)</b>	<b>1072(32.3%)</b>
- Strongly Disagree	200(11.6%)	205(12.8%)	405(12.2%)
Safe and Affordable To All Housing Infrastructure:			
- Strongly Agree	35(2.0%)	32(2.0%)	67(2.0%)
- Agree	<b>239(13.9%)</b>	<b>312(19.5%)</b>	<b>551(16.6%)</b>
- Not Sure	<b>741(43.1%)</b>	<b>478(29.9%)</b>	<b>1219(36.7%)</b>
- Disagree	<b>470(27.3%)</b>	<b>531(33.2%)</b>	<b>1001(30.2%)</b>
- Strongly Disagree	234(13.6%)	247(15.4%)	<b>481(14.5%)</b>
-			

Cleanness and Safety of the Local Indoor and Outdoor Air: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	61(3.5%) <b>319(18.6%)</b> <b>890(51.8%)</b> 328(19.1%) 121(7.0%)	66(4.1%) <b>373(23.3%)</b> <b>639(39.9%)</b> 380(23.8%) 142(8.9%)	127(3.8%) <b>692(20.8%)</b> <b>1529(46.1%)</b> <b>708(21.3%)</b> 263(7.9%)
Positively Enabling Local ENV for Culture and Creative Arts Expression and Participation: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	41(2.4%) 243(14.1%) <b>832(48.4%)</b> <b>454(26.4%)</b> 149(8.7%)	38(2.4%) 298(18.6%) <b>586(36.6%)</b> <b>505(31.6%)</b> 173(10.8%)	79(2.4%) <b>541(16.3%)</b> <b>1418(42.7%)</b> <b>959(28.9%)</b> 322(9.7%)

Table 4.24 underneath presents the “**Equitable Opportunities**” distribution characteristics of the *Internal* domain of the Positive Developmental Assets of the Attributes Continuum Set to Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation Potential proper. Again, like it was already was noted under 4.23, the “**Equitable Opportunities**” domain can possibly serve the cross-cutting along the Internal, External and “*Meso-*” functional dimensions. In any case, the salient features are duly accentuated. Although the “Agree”, “Not Sure”, and “Disagree” response choices were found the notable prominent frequencies, the “Strongly Disagree” frequency cannot be considered negligible.

**Table 4.24: Distribution Characteristics of Equitable Opportunities of the *Internal Positive Developmental Assets* among Youth and Their Parents, 2017**

<b><u>Equitable Opportunities</u> Characteristics of <i>Internal Positive Developmental Assets</i></b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N=3319(100%)</b>
Equitable Job and Investment Availability and Access To Local Adults and Youth Alike: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	31(1.8%) <b>237(13.8%)</b> <b>817(47.5%)</b> <b>449(26.1%)</b> 185(10.8%)	34(2.1%) <b>282(17.6%)</b> <b>553(34.6%)</b> <b>553(34.6%)</b> 178(11.1%)	65(2.0%) <b>519(15.6%)</b> <b>1370(41.3%)</b> <b>1002(32.2%)</b> <b>363(10.9%)</b>
Equitable, Quality and Continuous Education Opportunity To All: - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	44(2.6%) <b>297(17.3%)</b> <b>973(56.6%)</b> <b>314(18.3%)</b> 91(5.3%)	48(3.0%) <b>340(21.3%)</b> <b>733(45.8%)</b> <b>394(24.6%)</b> 85(5.3%)	92(2.8%) <b>637(19.2%)</b> <b>1706(51.4%)</b> <b>708(21.3%)</b> 176(5.3%)

**4.3.2.3 Reserve Capacity Construct Segment Characteristics of the *Attributes Continuum Set***

The set of items of the given attribute domain was developed and incorporated by the Researcher. In the case of “Reserve Capacity” the response choices were structured by “Very Low”, “Low”, “Not Sure”, “High”, and “Very High”. Like with the presentation and description of the tables under the preceded sections (i.e., tables 4.14-24 of sections 4.3.2.1 & 4.2.2 above), overall, the parents have revealed more favourable response features across the specified response items. Also, the “Very High”, “High” and “Not Sure” response choice frequencies were found notably on the higher mark-ups in the overwhelming majority of the specified items. Looking to the aggregate (total) column, the response frequency of “High” level of reserve capacity was consistently over 40.0% and even around the 50.0% in several cases (Table 4.25). Also, across the Reserve Capacity segment response profile, even the “Very High” item was quite notable albeit not to the scale as in the “High” and “Not Sure” responses.

**Table 4.25: Distribution Characteristics of the Reserve Capacity Attributes Domain of Participants by the Two Age Groups (i.e., among Youth and Their Parents), Addis Ababa, 2017**

<b>Reserve Capacity Domain Characteristics</b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N=3319(100%)</b>
Quick mastery - Very High - High - Moderate/Not Sure - Low - Very Low	200(11.6%) <b>807(46.9%)</b> <b>683(39.7%)</b> 28(1.6%) 1(- %)	221(13.8%) <b>1003(62.7%)</b> <b>330(20.6%)</b> 42(2.6%) 4(0.02%)	421(12.7%) <b>1810(54.5%)</b> <b>1013(30.5%)</b> 70(2.1%) 5(0.02%)
High self esteem, confidence and strong will: - Very High - High - Moderate/Not Sure - Low - Very Low	225(13.1%) <b>805(46.8%)</b> <b>662(38.5%)</b> 24(1.4%) 3(0.02%)	276(17.3%) <b>970(60.6%)</b> <b>314(19.6%)</b> 36(2.3%) 4(0.03%)	<b>501(15.1%)</b> <b>1775(53.5%)</b> <b>976(29.4%)</b> 60(1.8%) 7(0.02%)
Active intellectual development: - Very High - High - Moderate/Not Sure - Low - Very Low	<b>170(5.1%)</b> <b>650(37.8%)</b> <b>833(48.5%)</b> 62(3.6%) 4(0.02%)	<b>223(13.9%)</b> <b>825(51.6%)</b> <b>420(26.3%)</b> 115(7.2%) 17(1.1%)	393(11.8%) <b>1475(44.4%)</b> <b>1253(37.8%)</b> 177(5.3%) 21(0.06%)
Reliable professional development: - Very High - High - Moderate/Not Sure - Low - Very Low	<b>166(9.7%)</b> <b>666(38.7%)</b> <b>806(46.9%)</b> 77(4.5%) 4(0.02%)	<b>259(16.2%)</b> <b>875(54.7%)</b> <b>388(24.3%)</b> 68(4.3%) 10(0.06%)	425(12.8%) <b>1541(46.4%)</b> <b>1194(34.6%)</b> 145(4.4%) 14(0.04%)
Life experience and wisdom: - Very High - High - Moderate/Not Sure - Low - Very Low	157(9.1%) <b>638(37.1%)</b> <b>820(47.7%)</b> 98(5.7%) 6(0.03%)	<b>236(14.8%)</b> <b>848(53.0%)</b> <b>440(27.5%)</b> 73(4.6%) 3(0.02%)	393(11.8%) <b>1486(44.8%)</b> <b>1260(38.0%)</b> 171(5.25%) 9(0.03%)
Charisma and influence: - Very High - High - Moderate. Not Sure - Low - Very Low	228(13.3%) <b>666(38.7%)</b> <b>756(44.0%)</b> 65(3.8%) 4(0.02%)	<b>264(16.5%)</b> <b>856(53.5%)</b> <b>412(25.8%)</b> 62(3.9%) 6(0.04%)	<b>492(14.8%)</b> <b>1522(45.9%)</b> <b>1168(35.2%)</b> 127(3.8%) 10(0.03%)
Strengths, energy and stamina - Very High - High - Moderate/Not Sure - Low - Very Low	<b>237(13.8%)</b> <b>745(43.3%)</b> <b>701(40.8%)</b> 31(1.8%) 5(0.03%)	<b>297(18.6%)</b> <b>918(57.4%)</b> <b>331(20.7%)</b> 44(2.8%) 10(0.06%)	<b>534(16.1%)</b> <b>1663(50.1%)</b> <b>1032(31.1%)</b> 75(2.2%) 15(0.05%)

Positive outlook (attitude) and good thoughts (worldview):			
- Very High	<b>234(13.6%)</b>	<b>293(18.3%)</b>	<b>527(15.9%)</b>
- High	<b>730(42.5%)</b>	<b>913(57.1%)</b>	<b>1643(49.5%)</b>
- Moderate/Not Sure	<b>715(41.6%)</b>	<b>349(21.8%)</b>	<b>1064(32.1%)</b>
- Low	37(2.2%)	39(2.4%)	76(2.3%)
- Very Low	3(0.02%)	6(0.04%)	9(0.03%)
Faith and spirituality commitment:			
- Very High	<b>276(16.1%)</b>	<b>375(23.4%)</b>	<b>651(19.6%)</b>
- High	<b>731(42.5%)</b>	<b>893(55.8%)</b>	<b>1624(48.9%)</b>
- Moderate/Not Sure	<b>668(38.9%)</b>	<b>296(18.5%)</b>	<b>964(29.0%)</b>
- Low	39(2.7%)	31(1.9%)	70(2.1%)
- Very Low	5(0.03%)	5(0.03%)	10(0.03%)
Availability of role models:			
- Very High	<b>176(10.2%)</b>	<b>266(16.0%)</b>	442(13.3%)
- High	<b>668(38.95)</b>	<b>837(52.3%)</b>	<b>1505(45.3%)</b>
- Moderate/Not Sure	<b>799(46.5%)</b>	<b>415(25.9%)</b>	<b>1214(36.6%)</b>
- Low	66(3.8%)	69(4.3%)	135(4.1%)
- Very Low	10(0.06%)	13(0.08%)	23(0.07%)
Strong social cohesion and support:			
- Very High	<b>141(8.2%)</b>	<b>265(16.6%)</b>	406(12.2%)
- High	<b>688(38.9%)</b>	<b>854(53.4%)</b>	<b>1542(46.5%)</b>
- Moderate/Not Sure	<b>812(47.2%)</b>	<b>399(24.9%)</b>	<b>1211(36.5%)</b>
- Low	69(4.0%)	69(4.3%)	138(4.2%)
- Very Low	9(0.05%)	13(0.08%)	22(0.07%)
Vibrant entrepreneurial community:			
- Very High			200(6.0%)
- High	83(4.8%)	117(7.3%)	
- Moderate/Not Sure	<b>404(23.5%)</b>	<b>544(34.0%)</b>	<b>948(28.6%)</b>
- Low	<b>955(55.6%)</b>	<b>583(36.4%)</b>	<b>1538(46.3%)</b>
- Very Low	<b>256(14.9%)</b>	<b>333(20.8%)</b>	<b>589(17.7%)</b>
	21(1.2%)	23(1.4%)	44(1.3%)
Good financial and material/tech resource base:			
- Very High	96(5.6%)	109(6.8%)	205(6.2%)
- High	<b>413(24.0%)</b>	<b>526(32.9%)</b>	<b>939(28.3%)</b>
- Moderate/Not Sure	<b>939(54.6%)</b>	<b>581(36.3%)</b>	<b>1520(45.8%)</b>
- Low	<b>240(7.2%)</b>	<b>355(22.2%)</b>	<b>595(17.9%)</b>
- Very Low	31(1.8%)	29(1.8%)	60(1.8%)
Envisioning hopeful/optimistic (enthusiastic) future:			
- Very High	<b>258(15.0%)</b>	<b>322(20.1%)</b>	<b>580(17.5%)</b>
- High	<b>691(40.2%)</b>	<b>840(52.5%)</b>	<b>1531(46.2%)</b>
- Moderate/Not Sure	<b>710(41.3%)</b>	<b>369(23.1%)</b>	<b>1079(32.5%)</b>
- Low	55(3.2%)	63(3.9%)	118(3.6%)
- Very Low	5(0.03%)	6(0.04%)	11(0.03%)

Satisfying visible efforts:			
- Very High	240(14.0%)	<b>291(18.9%)</b>	<b>531(16.0%)</b>
- High	<b>713(41.5%)</b>	<b>872(54.5%)</b>	<b>1585(47.8%)</b>
- Moderate/Not Sure	<b>723(42.1%)</b>	<b>372(23.3%)</b>	<b>1095(33.0%)</b>
- Low	34(2.0%)	60(3.4%)	94(2.8%)
- Very Low	9(0.06)	5(0.03%)	14(0.04%)

#### **4.3.2.4 Resilience Construct’s Segment Characteristics of the Attributes Continuum Set**

The items of the attributes under the specific domain were adopted from the “*Conor Davidson’s Resilience Scale*”. The measurement *Scale* for the given research was constructed with five Likert’s approach as the “Strongly Disagree”, “Disagree”, “Not Sure”, “Agree”, and “Strongly Agree” response choices. Across the given set of the sub-scales, the “Agree” response choice frequencies were notably the highest whilst the “Strongly Agree” and “Not Sure” the next higher in the order with some degree of variations of the frequencies across. One prominent exception where high proportion of “Disagree” reported, by both the youth and the parents, was for the “experience of considerable challenge”. As a whole, the “Disagree” and “Strongly Disagree” responses profile across the sub-scales was negligible. And as it already was a prominent pattern with all of the preceded components of the *Minimal Bedrock Core Building-Block Attributes Continuum Set*, considerable response differences also were evident by the youth and their parents’ cohorts across the Resilience Attribute segment of the items; the parents were more affirmative (Table 4.26 highlights).

**Table 4.26: Distribution Characteristics of Resilience Attributes Domain of the Participant Youth and Their Parents, Addis Ababa, 2017**

<b>Resilience Attribute Domain Characteristics</b>	<b>15-24Yrs N=1719(100%)</b>	<b>35-65Yrs N=1600(100%)</b>	<b>Total N=3319(100%)</b>
Considerable HSD Challenged Experience: - Strongly agree - Agree - Not sure - Disagree - Strongly disagree	<b>64(3.7%)</b> <b>244(14.2%)</b> <b>779(45.3%)</b> <b>570(33.2%)</b> 62(3.6%)	<b>144(9.0%)</b> <b>683(40.0%)</b> <b>200(12.5%)</b> <b>548(34.3%)</b> 25(1.2%)	208(6.2%) <b>927(27.9%)</b> <b>979(29.5%)</b> <b>1118(33.7%)</b> 87(2.6%)
Past and current challenges prompt positive response: - Strongly agree - Agree - Not sure - Disagree - Strongly disagree	<b>109(6.3%)</b> <b>637(37.1%)</b> <b>885(51.5%)</b> 81(4.7%) 7(0.04%)	<b>216(13.5%)</b> <b>1103(68.9%)</b> <b>222(13.9%)</b> 57(3.6%) 2(0.01%)	325(9.8%) <b>1740(52.4%)</b> <b>1107(33.4%)</b> 138(4.2%) 9(0.03%)
Adaptation and change under increasingly flexible transaction: - Strongly agree - Agree - Not sure - Disagree - Strongly disagree	<b>164(9.5%)</b> <b>719(41.8%)</b> <b>793(46.1%)</b> 42(2.4%) 1(- %)	<b>259(16.2%)</b> <b>1127(70.4%)</b> <b>177(11.1%)</b> 35(2.2%) 2(0.01%)	<b>423(12.7%)</b> <b>1846(55.6%)</b> <b>970(29.2%)</b> 77(2.3%) 3(0.01%)
Enjoyment of close, strong and secure relationship: - Strongly agree - Agree - Not sure - Disagree - Strongly disagree	<b>286(16.6%)</b> <b>871(50.7%)</b> <b>525(30.5%)</b> 34(2.0%) 3(0.02%)	<b>453(28.3%)</b> <b>1040(65.0%)</b> <b>87(5.4%)</b> 18(1.1%) 2(0.01%)	<b>739(22.3%)</b> <b>1911(57.6%)</b> <b>612(18.4%)</b> 52(1.6%) 5(0.02%)
Belief in fate and God: - Strongly agree - Agree - Not sure - Disagree - Strongly disagree	<b>357(20.8%)</b> <b>808(47.0%)</b> <b>515(30.0%)</b> 34(2.0%) 5(0.03%)	<b>520(32.5%)</b> <b>916(57.3%)</b> <b>130(8.1%)</b> 28(1.8%) 6(0.04%)	<b>877(26.4%)</b> <b>1724(51.9%)</b> <b>645(19.4%)</b> 62(1.9%) 11(0.03%)
Deal with whatever encounter: - Strongly agree - Agree - Not sure - Disagree - Strongly disagree	<b>258(15.0%)</b> <b>909(52.9%)</b> <b>517(30.0%)</b> 32(1.9%) 3(0.02%)	<b>399(24.9%)</b> <b>1019(63.7%)</b> <b>148(9.3%)</b> 31(1.9%) 3(0.02%)	<b>657(19.8%)</b> <b>1928(58.1%)</b> <b>665(20.0%)</b> 63(1.9%) 6(0.02%)

Success renders (enables) overcome new future challenges:			
- Strongly agree	<b>246(14.3%)</b>	<b>365(22.8%)</b>	<b>611(18.4%)</b>
- Agree	<b>961(55.9%)</b>	<b>1082(67.6%)</b>	<b>2043(61.6%)</b>
- Not sure	<b>487(28.3%)</b>	<b>125(7.8%)</b>	<b>612(18.4%)</b>
- Disagree	24(1.4%)	25(1.6%)	49(1.5%)
- Strongly disagree	1(0.005%)	3(0.02%)	4(0.01%)
See the bright side of life and things:			
- Strongly agree	<b>277(16.1%)</b>	<b>366(22.9%)</b>	<b>643(19.4%)</b>
- Agree	<b>931(54.2%)</b>	<b>1114(69.6%)</b>	<b>2045(61.6%)</b>
- Not sure	<b>481(28.0%)</b>	<b>94(5.9%)</b>	<b>575(17.3%)</b>
- Disagree	28(1.6%)	24(1.5%)	52(1.6%)
- Strongly disagree	2(0.01%)	2(0.01%)	4(0.02%)
Cope with ranges of hardships and stresses:			
- Strongly agree	<b>211(12.3%)</b>	<b>295(18.4%)</b>	<b>506(15.2%)</b>
- Agree	<b>911(53.0%)</b>	<b>1080(67.5%)</b>	<b>1991(60.0%)</b>
- Not sure	<b>546(31.8%)</b>	<b>162(10.1%)</b>	<b>708(21.3%)</b>
- Disagree	50(2.9%)	56(3.5%)	106(3.2%)
- Strongly disagree	1(0.005 %)	7(0.04%)	8(0.02%)
Bounce back during hardships and stresses:			
- Strongly agree	<b>210(12.2%)</b>	<b>291(18.2%)</b>	<b>501(15.1%)</b>
- Agree	<b>926(53.9%)</b>	<b>1095(68.4%)</b>	<b>2021(60.9%)</b>
- Not sure	<b>530(30.8%)</b>	<b>163(10.2%)</b>	<b>693(20.9%)</b>
- Disagree	51(3.0%)	46(2.9%)	97(2.9%)
- Strongly disagree	2(0.01%)	5(0.03%)	7(2.1%)
Realise things happen for a reason:			
- Strongly agree	<b>285(16.6%)</b>	<b>405(25.3%)</b>	<b>690(20.8%)</b>
- Agree	<b>896(52.1%)</b>	<b>996(62.3%)</b>	<b>1892(57.0%)</b>
- Not sure	<b>489(24.4%)</b>	<b>151(9.4%)</b>	<b>640(19.3%)</b>
- Disagree	47(2.7%)	43(2.7%)	90(2.7%)
- Strongly disagree	2(0.01%)	5(0.03%)	7(0.02%)
Always exert best possible effort(s):			
- Strongly agree	<b>280(16.3%)</b>	<b>369(23.1%)</b>	<b>649(19.6%)</b>
- Agree	<b>950(55.3%)</b>	<b>1094(68.4%)</b>	<b>2044(61.6%)</b>
- Not sure	<b>457(26.6%)</b>	<b>110(6.9%)</b>	<b>567(17.1%)</b>
- Disagree	28(1.6%)	26(1.6%)	54(1.6%)
- Strongly disagree	4(0.02%)	1(- %)	5(0.02%)
Realise possibility to attain one's goal(s):			
- Strongly agree	<b>273(15.9%)</b>	<b>395(24.7%)</b>	<b>668(20.1%)</b>
- Agree	<b>933(54.3%)</b>	<b>1044(65.3%)</b>	<b>1977(59.6%)</b>
- Not sure	478(27.8%)	123(7.7%)	601(18.1%)
- Disagree	32(1.9%)	37(2.3%)	69(2.1%)
- Strongly disagree	3(0.02%)	1(- %)	4(0.01%)



Never give up even when things look hopeless:			
- Strongly agree	<b>242(14.1%)</b>	<b>365(22.8%)</b>	<b>607(18.3%)</b>
- Agree	<b>962(56.0%)</b>	<b>1080(67.5%)</b>	<b>2042(61.5%)</b>
- Not sure	<b>483(28.15)</b>	<b>123(7.7%)</b>	<b>606(18.3%)</b>
- Disagree	28(1.6%)	32(2.0%)	60(1.8%)
- Strongly disagree	4(0.02%)	0	4(0.01%)
Know whom and where to turn for support:			
- Strongly agree	<b>237(13.8%)</b>	<b>360(22.5%)</b>	<b>597(18.0%)</b>
- Agree	<b>954(55.5%)</b>	<b>1061(66.3%)</b>	<b>2015(60.7%)</b>
- Not sure	<b>488(28.4%)</b>	<b>141(8.8%)</b>	<b>629(19.0%)</b>
- Disagree	38(2.2%)	36(2.2%)	74(2.2%)
- Strongly disagree	2(0.01%)	2(0.01%)	4(0.01%)
Focused and think clear under pressures:			
- Strongly agree	<b>230(13.4%)</b>	<b>338(21.1%)</b>	<b>568(17.1%)</b>
- Agree	<b>969(56.4%)</b>	<b>1094(68.4%)</b>	<b>2063(62.2%)</b>
- Not sure	<b>474(27.6%)</b>	<b>126(7.9%)</b>	<b>600(18.1%)</b>
- Disagree	41(2.4%)	38(2.4%)	79(2.4%)
- Strongly disagree	5(0.02%)	4(0.02%)	9(0.03%)
Often take lead initiative to solve problems:			
- Strongly agree	<b>210(12.2%)</b>	<b>334(20.9%)</b>	<b>544(16.4%)</b>
- Agree	<b>948(55.1%)</b>	<b>1104(69.0%)</b>	<b>2052(61.9%)</b>
- Not sure	<b>510(30.0%)</b>	<b>127(7.9%)</b>	<b>637(19.2%)</b>
- Disagree	48(2.8%)	34(2.1%)	82(2.3%)
- Strongly disagree	3(0.02%)	1(0.05%)	4(0.02)
Not easily discouraged in times of failures:			
- Strongly agree	<b>232(13.5%)</b>	<b>357(22.3%)</b>	<b>589(17.7%)</b>
- Agree	<b>956(55.6%)</b>	<b>1086(67.9%)</b>	<b>2042(61.5%)</b>
- Not sure	<b>478(27.8%)</b>	<b>121(7.6%)</b>	<b>599(18.0%)</b>
- Disagree	45(2.6%)	33(2.1%)	78(2.4%)
- Strongly disagree	8(0.05%)	3(0.02%)	11(0.03%)
Strong-willed character person:			
- Strongly agree	<b>245(14.3%)</b>	<b>375(23.4%)</b>	<b>620(18.7%)</b>
- Agree	<b>969(56.4%)</b>	<b>1063(66.4%)</b>	<b>2032(61.2%)</b>
- Not sure	<b>464(27.0%)</b>	<b>131(8.2%)</b>	<b>595(17.9%)</b>
- Disagree	38(2.2%)	28(1.8%)	66(2.0%)
- Strongly disagree	3(0.02%)	3(0.02%)	6(0.02%)
Willing & make unpopular decisions:			
- Strongly agree	<b>211(12.3%)</b>	<b>299(18.7%)</b>	<b>510(15.4%)</b>
- Agree	<b>969(56.4%)</b>	<b>1111(69.45)</b>	<b>2080(62.7%)</b>
- Not sure	<b>490(28.5%)</b>	<b>148(9.3%)</b>	<b>638(19.2%)</b>
- Disagree	38(2.2%)	38(2.4%)	76(2.3%)
- Strongly disagree	11(0.06%)	4(0.03%)	15(3.5%)
Handle unpleasant feelings in responsible manner:			
- Strongly agree	<b>232(13.5%)</b>	<b>285(17.8%)</b>	<b>517(15.6%)</b>
- Agree	<b>923(53.7%)</b>	<b>1111(69.4%)</b>	<b>2034(61.3%)</b>
- Not sure	<b>514(29.9%)</b>	<b>160(10.0%)</b>	<b>674(20.3%)</b>
- Disagree	41(2.4%)	37(2.3%)	78(2.4%)
- Strongly disagree	9(0.05%)	7(0.04%)	16(0.05%)

Act based on intuition & wisdom:			
- Strongly agree	<b>254(14.8%)</b>	<b>328(20.5%)</b>	<b>582(17.5%)</b>
- Agree	<b>958(55.3%)</b>	<b>1100(68.8%)</b>	<b>2058(62.0%)</b>
- Not sure	<b>473(27.5%)</b>	<b>139(8.7%)</b>	<b>612(18.4%)</b>
- Disagree	29(1.7%)	29(1.8%)	58(1.7%)
- Strongly disagree	5(0.03%)	4(0.02%)	9(0.03%)
Have strong sense of purpose:			
- Strongly agree	<b>311(18.1%)</b>	<b>427(26.7%)</b>	<b>738(22.2%)</b>
- Agree	<b>942(54.8%)</b>	<b>1067(66.7%)</b>	<b>2009(60.5%)</b>
- Not sure	<b>439(25.5%)</b>	<b>85(5.3%)</b>	<b>524(15.8%)</b>
- Disagree	22(1.3%)	19(1.2%)	41(1.2%)
- Strongly disagree	5(0.03%)	2(0.01%)	7(0.02%)
In control of own life:			
- Strongly agree	<b>274(15.9%)</b>	<b>407(25.4%)</b>	<b>681(20.5%)</b>
- Agree	<b>965(56.1%)</b>	<b>1076(67.3%)</b>	<b>2041(61.5%)</b>
- Not sure	<b>444(25.8%)</b>	<b>92(5.8%)</b>	<b>536(16.1%)</b>
- Disagree	30(1.7%)	25(1.6%)	55(1.7%)
- Strongly disagree	6(0.03%)	0	6(0.02%)
Challenges make me grow:			
- Strongly agree	<b>283(16.5%)</b>	<b>418(26.1%)</b>	<b>701(21.1%)</b>
- Agree	<b>973(56.6%)</b>	<b>1071(66.9%)</b>	<b>2044(61.6%)</b>
- Not sure	<b>434(25.2%)</b>	<b>84(5.3%)</b>	<b>518(15.6%)</b>
- Disagree	25(1.5%)	27(1.7%)	52(1.6%)
- Strongly disagree	4(0.02%)	0	4(0.01%)
Strive to attain goals:			
- Strongly agree	<b>338(19.7%)</b>	<b>471(29.4%)</b>	<b>809(24.4%)</b>
- Agree	<b>955(55.6%)</b>	<b>1036(64.8%)</b>	<b>1991(60.0%)</b>
- Not sure	<b>410(23.9%)</b>	<b>75(4.7%)</b>	485(14.6%)
- Disagree	14(0.08%)	15(0.09%)	29(0.09%)
- Strongly disagree	2(0.01%)	3(0.02%)	5(0.02%)
Take pride of achievements/ accomplishments/successes:			
- Strongly agree	<b>335(19.5%)</b>	<b>476(29.8%)</b>	<b>811(24.4%)</b>
- Agree	<b>910(52.9%)</b>	<b>1003(62.7%)</b>	<b>1913(57.6%)</b>
- Not sure	<b>436(25.4%)</b>	<b>95(5.9%)</b>	<b>531(16.0%)</b>
- Disagree	34(2.0%)	23(1.4%)	57(1.7%)
- Strongly disagree	4(0.02%)	3(0.02%)	7(0.02%)
Having yet untapped positive potentials:			
- Strongly agree	<b>381(22.2%)</b>	<b>465(29.1%)</b>	<b>846(25.5%)</b>
- Agree	<b>902(52.5%)</b>	<b>991(61.9%)</b>	<b>1893(57.0%)</b>
- Not sure	<b>410(23.9%)</b>	<b>104(6.5%)</b>	<b>514(15.5%)</b>
- Disagree	23(1.3%)	35(2.2%)	58(1.7%)
- Strongly disagree	3(0.02%)	5(0.03%)	8(0.02%)

### 4.3.3 Aggregate and Composite Index Construct: “Minimal Bedrock Core Building – Block Attributes Continuum Set” Construct

The sub-scales of the respective constructs were further transformed and collapsed to forming the corresponding aggregates and ultimately a common composite index of the “minimal bedrock core building-block attributes continuum set”. Table 4.27 presents the pertinent findings in respect. Evidently, quite explicit and clear enough distribution patterns were observed between the youth and their parents’ cohort across. Although, the favourable responses were encouraging for both cohorts, the parents were observed exhibiting notably significant (practical and statistical) favourable responses.

**Table 4.27: Aggregate Composite Index Construct Distribution Characteristics: Minimal Bedrock Core Building – Block Attributes Continuum Set Construct of the Participant Youth and Their Parents, Addis Ababa, 2017**

Characteristics	15-24Yrs N=1719(100%)	35-65Yrs N=1600(100%)	Total N=3319(100%)	Statistical Significance P Value (K-T CC)
<b>Positive Health and Social Development Psychology Mastery/ Intelligence Segment Status:</b>				
- Favourable	1176(68.4)	1359(84.9)	2535(76.4)	0.000 (-10.401)
- Uncertain	389(22.6)	105(6.6)	494(14.9)	
- Unfavourable	154(9.0)	136(8.5)	292(8.8)	
<b>Positive Development Asset Segment Status:</b>				
- Favourable	1382(80.4)	1521(95.1)	2903(87.5)	0.000 (-12.828)
- Uncertain	243(14.1)	20(1.3)	263(7.9)	
- Unfavourable	94(5.5)	59(3.7)	153(4.6)	
<b>Reserve Capacity Segment Status:</b>				
- Favourable	1147(66.7)	1320(82.5)	2467(74.3)	0.000 (-9.404)
- Uncertain	500(29.1)	169(10.6)	669(20.2)	
- Unfavourable	72(4.2)	111(7.0)	183(5.5)	
<b>Resilience Segment Status:</b>				
- Favourable	1352(78.7)	1573(98.3)	2925(88.1)	0.000 (-18.799)
- Uncertain	327(19.0)	18(1.1)	345(10.4)	
- Unfavourable	40(2.3)	9(0.05)	49(1.2)	

<b>Overall Composite Index:</b>				
- Favourable	1461(85.0)	1525(95.3)	2986(90.0)	0.000
- Uncertain	272(15.8)	54(3.4)	276(8.3)	(10.096)
- Unfavourable	36(2.1)	21(1.3)	57(1.7)	
<b>Vital Proxy Tracer Index: Vital Events and Vital Statistics Status*:</b>				
- Favourable	1211(70.4)	1437(89.8)	2648(79.8)	0.000
- Uncertain	451(26.3)	127(7.9)	578(17.4)	(10.096)
- Unfavourable	57(3.3)	36(2.3)	93(2.8)	
<b>Significance of Researching Overall Optimisation Potential Status*:</b>				
- Favourable	1327(77.2)	1524(95.3)	2851(85.9)	0.000
- Uncertain	381(22.2)	55(3.4)	436(13.1)	(-15.483)
- Unfavourable	11(0.6)	21(1.3)	32(0.1)	

K – T CC: Kendall – Tau Correlation Coefficient

\*: Not necessarily comprising direct and integral constituent of the “*Minimal Bedrock Core Building – Block Attributes Continuum Set*”, but important forming the vital proxy tracer indices complement.

#### **4.3.4 Researching the Overall Likely Practical Importance/Relevance (Significance), Applicability, Acceptability, Priority and Feasibility of Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation Potential Model**

Upfront presented is the summarised qualitative description dimension from the Focus Group Discussants and In-Depth Interviewees expressed perceived main interests, relevance, usefulness, and preparedness - readiness dimensions of the Minimal Attributes Set to Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation Potential (under boxes or panels 4.1 through 4.3 of the preceded section). In the current continuum here under, particularly, the perceived likely acceptability, feasibility, and practicality and also the how to better to attain the aforementioned dimensions get summarized within Panel (Box) 4.4 and 4.5. The selectively summarised qualitative descriptions above (*panel 4.4*) were viewed instructively illustrative and self-explanatory pertaining likely acceptability, relevance, and practicality of harnessing progressively positive health

and social development responsiveness optimisation potential among youth and parents in Addis Ababa, Ethiopia.

**Panel (Box) 4.4: Focus Group Discussants and In-Depth Interviewees Perception about the Likely Acceptability, Feasibility and Practicality of Progressively Positive Health and Social Development Responsiveness Optimisation Pursuits, Addis Ababa, Ethiopia, 2017**

Core Categories and Themes	Selected Code Highlights	Sample Illustrative Quotations
Acceptability	<p>A useful welcome</p> <p>Concrete public motivation, mobilisation, and participation experience</p> <p>Existence of public reserve capacity</p> <p>Strong public will</p> <p>Solid motivation to deliberating on the findings of the research output</p>	<p>“The public is ready for development ...” (FGD-Male, LSES, Kotebe)</p> <p>“It will be possible to bring the desired changes in no time only if all of us are in harmony and in unison with full heart.” (FGD-Male, HSES, Bethel)</p> <p>“I think you have come in order to effect better change by discussing with us ... We certainly can make the community to discuss ...” (FGD-Female, LSES)</p> <p>“You are doing this for our growth sake ... We will share the ideas ... We can bring the desired changes ...” (FGD-Male, LSES)</p>
Feasibility and practicality	<p>Bolstering and optimisation possible</p> <p>No lack of resources – readily available resources and potentials</p> <p>Feasibility should not be a question; it is going to be feasible</p> <p>No room for pessimism</p> <p>Prepared and ready public</p> <p>Possible with concerted and coherent strides and required degree of integrity</p> <p>Possible to effect the required changes</p>	<p>“The public is ready for development ...” (FGD-Male, LSES, Kotebe)</p> <p>“It will be possible to bring the desired changes in no time only if all of us are in harmony and in unison with full heart.” (FGD-Male, HSES, Bethel)</p> <p>“... We have positive attitude and so nothing will become impossible.” (FGD-Male, MSES)</p> <p>“I do not have any degree of hesitation to be able to do my level best to</p>

		<p>advance development forward.” (FGD-Female, LSES, Meshualekiya)</p> <p>“As to me, it will be possible and I cannot doubt that there can be good result ...” (IDI-Male, LSES, Ketchene)</p> <p>“It will not become difficult if the public cooperation gets boosted and sustained enough ... It will be possible ...” (IDI-Male, HSES, Bethel)</p> <p>“It is not beyond our capacity our means. We can accomplish everything. There is nothing impossible. Our brain is not simple thing.” (IDI-Male, LSES, Seraategnaa)</p> <p>“It will be possible. We should not be pessimists. Why not if the necessary efforts are exerted and that things get implemented correctly ... It will be possible with the required efforts.” (IDI-Male, LSES, Abinet)</p> <p>“It is going to be feasible and possible if the government will offer it (the matter) the required attention and efforts.” (IDI-Male, LSES, Amanuel)</p> <p>“Leave alone for ourselves; we can become resources for others. We just need to be hands-on concreted practical enough.” (IDI-Male, LSES, Menenn)</p>
<p>Conditions and prerequisites</p>	<p>Advancement of dynamic interaction and people-centred approach</p> <p>Collective development mindset</p> <p>Concerted coordination, consultation and discussion</p> <p>Sustainable grass-root education</p> <p>“Hand and glove” solidarity and strong</p>	<p>“It will be possible to bring the desired changes in no time only if all of us are in harmony and in unison in/with full heart.” (FGD-Male, HSES, Bethel)</p> <p>“It will be possible to accomplish impressive changes if we get coordinated in/with unison under the</p>

	<p>mutual accountabilities system Professional-guided capacity development and training</p>	<p>commonly binding goal.” (FGD-Male, HSES, Kotebe)</p> <p>“Development is closely tied with democracy ... Participation of all the concerned is important in order to ensure ownership of the development.” (FGD-Male, LSES)</p> <p>“In order to be able to ensure sustainability of development and growth, the government should consult with the people ...” (FGD-Male, MSES)</p> <p>“... The big problem is not whether or not having the potential itself but rather whether or not having the coordinated use of the available potential.” (FGD-Male, LSES, Arada)</p> <p>“It is important to change community’s attitude in order to be able to bring about the necessary changes.” (FGD-Male, LSES, Mennen)</p> <p>“The people will believe and accept if we can get the result of this research. I do believe that we can convince them (the public) ... We will see whether you are going to realise it.” (FGD-Male, LSES) (which was reinforced by the other discussants)</p> <p>“It is important to get united in development.” (IDI-Male, LSES, Shiromeda)</p>
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The quoted Discussants and Interviewees (panel 4.5) have notably stressed upon the necessity of public education, active participation, active involvement of prominent persons, people-centred approach, bottom-up focus, the “hand and gloves” convergence, capitalising on the already time-tested indigenous local self-

help association named *Idir(s)*, research evidences, and solid coordination of planning to the effective realisation of harnessing progressively positive health and social development responsiveness optimisation in Addis Ababa.

**Panel (Box) 4.5: Focus Group Discussants and In-Depth Interviewees Views on How to be Able to Better Harness Progressively Positive Health and Social Development Responsiveness Optimisation Potential in Addis Ababa, Ethiopia, 2017**

<b>Core Categories and Themes</b>	<b>Selected Code Highlights</b>	<b>Sample Illustrative Quotations</b>
Research input, appreciation and motivation	Interest on research findings and concrete implementation Public confidence and trust Public’s understanding and equitable fair participation	“I want it (the development) to be evidence-based.” (FGD-Male, LSES) “Undertaking comprehensive research is a requirement.” (FGD-Male, MSES)
Coherent coordination and solid planning	Consultation, discussion and consensus – genuine engagement Coordination, coherence & harmony	“There do prevail many controversies and debates around the development ...” (FGD-Male, HSES, Bethel) “The development is poorly balanced.” (FGD-Male, MSES) “Our social cohesion, networks and support are being demolished. The well-established social life is disappearing ... The government needs to think about the social losses upon embarking on redevelopment ...” (FGD-Male, LSES, Meshualekiya) “Our country did not lack the resources but we rather lack the appropriate use.” (FGD-Male, MSES, Gofa) “It will be possible to accomplish



		impressive change if we get coordinated in/with unison under the commonly binding goal.” (FGD-Male, HSES, Kotebe)
People-centred approach	Public education and capacity “Human development first”	<p>“Support should be provided in order to be able to bolster the public’s capacity and thereby to be able to harness the potential.” (FGD-Male, LSES, Arada)</p> <p>“Development work should be implemented on people first ... It is only when people get developed that everything else will become better.” (FGD-Male, MSES)</p> <p>“... Development will just have to get done people-centred by listening to the public’s spirits and thoughts.” (FGD-Male, LSES, Arada)</p>
Public coaching, education and mentoring	Public’s education, capacity, understanding and participation Nurturance of enthusiasm, hope and optimisation (“hope is a possibility”)	<p>“The foundation of development is its educated human-being ...” (FGD-Male, HSES, Kotebe)</p> <p>“Community’s attitudinal change remains a fundamental prerequisite in order to ensure sustainable development.” (FGD, Male, MSES)</p> <p>“The major thing to do is working on the attitudes in the priority order.” (IDI-Male, LSES, Cherkos)</p> <p>“Ascertainment of community’s conscious and wilful belongingness and ownership (of the development practice) is the critical niche.” (FGD-Male, LSES, Arada)</p> <p>“Increased provision of education and advice will be very useful.” (IDI-Male, LSES, Shiromeda)</p>

		<p>“The first thing is to educate the public, including the Idir.” (FGD-Female, LSES, Addis Ketema)</p>
<p><i>Idirs'</i> active participation</p>	<p><i>Idirs</i> best practices and lessons  <i>Idirs</i> catalytic participation  <i>Idirs</i> considered the backbone  <i>Idirs</i> social development potential  <i>Idirs</i> resourcefulness  Vitality of <i>Idirs</i> development roles</p>	<p>“<i>Idirs</i> are the anchor and the foundation of the government. Ides are the anchors to all from top to bottom ... It is being said that everything can get developed if the Ides get developed enough ... It is very useful to strengthen ...” (FGD-Male, MSES)</p> <p>“<i>Idirs</i>, alongside the government, are among the core institutions supporting development ...” (FGD-Male, LSES, Shiromeda)</p> <p>“It is in the <i>Ides</i> where there is huge potential.” (FGD-Male, LSES, Menenn)</p> <p>“<i>Idirs</i> possess immense development knowledge and experience asset (capital) (FGD-Male, LSES, Arada)</p> <p>“I will be happier if the <i>Idirs</i> get actively engaged discussing and working together on health and social matters.” (IDI-Female, LSES, Ketchene)</p> <p>“Increasingly greater engagement and participation of local institutions such as the <i>Idirs</i> is viewed very important.” (IDI-Male, LSES, Abinet)</p>
<p>Bottom-up and grass-root</p>	<p>Bottom-up development practice  Extended family support system  “Local Development Committee” scheme  Strong caring and sharing culture</p>	<p>“Support should be provided in order to be able to bolster the public’s capacity and thereby to be able to harness the potential.” (FGD-Male, LSES, Arada)</p>

		<p>“In order to be able to ensure sustainability of development and growth, the government should consult with the people ...” (FGD-Male, MSES)</p> <p>“Development first begins from below. It gets initiated from the local settlement. The country gets developed when such initiatives get expanded.” (FGD-Female, LSES, Seraategnaa)</p>
<p>“Hands and gloves” unity of purpose mindset and solidarity</p>	<p>Collective development</p> <p>“Hands and gloves” solidarity</p> <p>Unity of purpose mindset</p>	<p>“Change can get effected when the government and the community get aligned together.’ (FGD-Male, LSES, Menenn)</p> <p>“It is important to get united for development.” (IDI-Male, LSES, Shiromeda)</p> <p>“The community is all of us ... The community has to develop the culture of working and developing together.” (IDI-Male, LSES, Ferensay)</p> <p>“The community and the government should be made to function hand in hand in coordination.” (IDI-Male, MSES)</p> <p>“We have to be able to function like the ‘hand and glove’ model” ( IDI-Male, LSES)</p> <p>“There should be unity of efforts by all.” (IDI-Male, LSES, Teklehaimanot)</p>
<p>Active engagement of prominent persons, role models and professional</p>	<p>Catalytic engagement</p> <p>Prominent persons influence and facilitation</p>	<p>“... The community will only need experts’ (professionals’) mobilisation, motivation and support. As you know</p>

		<p>very well, our people are very good-willing.” (IDI-Male, LSES, Ketchene)</p> <p>“I think it will be important to discuss further deeper on the issue. It will also be very good if we can receive up-to-date professional support. We will always be prepared and ready to contribute and discharge (i.e., fulfil) our respective share.” (IDI-Male, LSES, Ketchene)</p> <p>“Active engagement and participation of prominent persons within the woreda and ketena (equivalent to “district” and “block” respectively) is viewed to better facilitate the development practice. We can be more fruitful if such prominent persons get actively participating.” (IDI-Male, LSES, Shiromeda)</p>
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#### **4.3.5 Factors of Progressively Positive Health and Social Development Responsiveness Optimisation Potential**

Like with the other dimensions of the research, the qualitative perspective was made integral to informing the factors measurement portion too. Also some of the key items had already transpired under the description of likely acceptance, practicality and related portion of the pertinent preceded sections. Whereas expansive ideas have been brought up across, assurance of evidence consolidation (solid evidence-base), public’s education and attitudinal change, partnership (belongingness, decision - making, ownership, and participation trust), dynamic capacity enhancement, scale (depth and scope) of ideas exchanges and, the continuity, sustainability, and timeliness dimensions were prevalent insights forming the essential factors to

effectively advancing progressively positive health and social development responsiveness optimisation potential in Addis Ababa (Panel 4.6).

**Panel (Box) 4.6: Focus Group Discussants and In-Depth Interviewees Perception of the Key Factors of Progressively Positive Health and Social Development Responsiveness Optimisation Potential in Addis Ababa, Ethiopia, 2017**

Core Categories and Themes	Selected Code Highlights	Sample Illustrative Quotations
Evidence consolidation and preparation and planning dynamics	Credible and trustworthy output; Incorporation of public demands; Public’s deliberation on value addition Solid planning and implementation	“Undertaking comprehensive research is a requirement.” (FGD-Male, MSES)
Public education and attitudinal change	Awareness, education and empowerment; public capacity Educated human-being (human resource) Expansion of education & training	“Increased provision of education and advice will be very useful.” (IDI-Male, LSES, Shiromeda) “Support should be provided in order to be able to bolster the public’s capacity and thereby to be able to harness the potential.” (FGD-Male, LSES, Arada) “The major thing to do is working on the attitudes in the priority order.” (IDI-Male, LSES, Cherkos)
Partnership: belongingness, decision making, ownership and participation trust	Human-centered and “human development first” approaches Consultation, consensus development and responsiveness Unity of purpose and “hands and gloves’ Vitality of Ides development roles	“Ascertainment of community’s conscious and wilful belongingness and ownership (of the development practice) is the critical niche.” (FGD-Male, LSES, Arada) “Public participation is a requirement in order to making the development optimal. That is it.” (FGD-Male, LSES) “It will be important to be able to further expand and enhance (strengthen) the level of participation.” (IDI-Male, HSES, Bethel)

Dynamic professional capacity enhancement	Coaching and mentoring on ethical and orderly practices Strong professional education & serv.	“Support should be provided in order to be able to bolster the public’s capacity and thereby to be able to harness the potential.” (FGD-Male, LSES, Arada)
Depth and scope exchanges of ideas	Encouragement, mobilisation and motivation Genuine public engagement Solicitation of public ideas	“The government does not sit and discuss with the community when it says it is developing.” “... Participation of all the concerned is important in order to ensure ownership of the development ...” (FGD-Male, LSES) “Ascertainment of community’s conscious and wilful belongingness and ownership (of the development practice) is the critical niche.” (FGD-Male, LSES, Arada)
Continuity, sustainability and timeliness	Adequate coordination, preparation, prioritisation, meaningfulness and implementation Ensure quality and continuity Two-way accountability & responsiveness	“In order to ensure sustainability of development and growth, the government needs to consult with the people.” (FGD-Male, MSES) “If we are/have to ensure continuity and sustainability, then, the community, Ides, religious leaders and the local government will have to function in close coordination with full ownership by all.” (IDI-Male, LSES, Shiromeda)

And in view of the expansive feature of the response variables items within the given set of constructs, reasonable series of contraction transformation (collapsing) and reduction of the variables were undertaken. With careful enough review of the responses pattern data distribution, it was found necessary to make further meaningful transformation and adjustments. In connection, different approaches were entertained. Overall, the responses on “strongly disagree” or “very low”, and “strongly agree” or “very high” were comparatively on the lower frequency margin category across the overwhelming majority of the variables of interest in order to justify further meaningful statistical analysis and interpretation on standalone interface. In view of such a scenario, the responses were collapsed, transformed and re-categorised

under the “favourable”, “not sure/uncertain” and “unfavourable” sub-sets for the subsequent inferential statistical analyses, including to fitting the pertinent prediction models. The presentations in this given section are the outputs of the above analytical rework. Those response items falling to the highest variation explanation categories were selected, specifically, with the execution of the Principal Component Analysis (PCA) to fitting the pertinent set of prediction models (*annex 2*). Again, the relevant subscales were collapsed to meaningful arrangements in order to ensuring subsequent sound running of the Ordinal and Binary Logistics Regressions. Overall, the significance status and the association strengths of the 95%CI were checked across the modelling series. In view of the space and word counts, here presented are Bivariate and Logistics Regression results of the Overall Composite Index of the *Minimal Bedrock Core Building – Block Attributes Continuum Set* (tables 4.28 and 4.29). Further characterisation of the bivariate and logistic regression features of the constituent domains (segments) are shown within the *annexes 3a – 3d*. Based on the bivariate analyses, only sex, religion, and respondents’ monthly average income were not statistically significant at p value level 0.05 – 0.01. Upon running the series of the binary logistic regression, however, marital status, having functional computer, and household’s average monthly income had turned out to be non important predictors in light of the examined set of characteristics per se (see the supplemental *annexes 3a – 3d* series).

In addition, this study has inbuilt a case-control design dimension in order to identify on the likely salient factors. Based on the thorough review of the response patterns, the case – control analysis was implemented with an exclusive focus on the “place and opportunity” sub-constructs (tables 4.23 & 4.24) of the “Positive Developmental Asset” segment construct of *Minimal Bedrock Core Building – block Attributes Continuum Set*. Compared to all the others, the affirmative (“strongly agree” and “agree” combined) responses by both the youth and their parents were much lower; approximately one-third across on average. The “case” in this work is the “affirmative” responses status whilst the “control” else combined. The parents’ portion was subjected to the specific analysis. The focused and important analysis of the dimension is presented with a tabulated summary (table 4.29).

**Table 4.28: Factors by the Bivariate and, Ordinal Regression and Binary Logistics Regression of the Overall Composite Index Measurement of the “Minimal Bedrock Core Building – Block Attributes Continuum Set” Construct**

Consideration FACTORS Profile	Bivariate Association (K – T/Spearman’s)	ORDINAL Regress. AOR (95%CI)	BINARY LOGISTIC Regr. AOR(95%CI)
Residential setting (stratum)	0.160*	2.252(0.437,5.238)	2.813 (2.101,3.767)*
Sex	0.641	-0,142(-0.915,0.0631)	Less predictive (LP)
Age	0.170*	2.861(-1.896,7.618)	4.246 (2.545,7.085)*
Marital status	0.157*	-1.438(-6.941,3.975)	LP
Religion	- 0.008	-0.178(-1.058,0.703)	LP
Education	0.187*	-3.875(-7.797,0.047)	1.940 (1.635,2.302)*
Current employment status	0.222*	1.220(1.120,3.341)	1.799 (1.397,2.317)*
Current occupation category	0.153*	-2.887(-4.898,-0.816)	LP
Respondents Average Mon. Income	0.186*	3.864(0.647,7.081)	0.947(0.920,0.974)**
HH Average Mon. Income	-0.015	3.059(0.028,5.089)	LP
Functional radio at home	-0.036**	0.622(0.764,2.088)	1.546 (0.914,2.615)*
Functional TV at home	0.052*	-2.301(-4.386,-0.216)	LP
Functional computer at home	-0.079*	-0.150(-1.152,0.857)	LP
HSD Psychology Mastery	-0.518*	-11.469(-13.772,-9.102)	2.644(2.187,3.245)*
Positive Development Asset	-0.691*	-7.510(-10.660,-7.280)	13,040(6.440,22.740)*
Reserve Capacity	-0.516*	-7.184(-9.284,-5.083)	2.298(1.866,2.831)*
Resilience	-0.582*	-11.378(-14.203,-8.553)	2.858(2.143,3.810)*
Vital Proxy HSD Preparedness – Readiness Tracer Index	0.407*	-1.295(-3.360,0.769)	1.569(1.252,1.966)
Researching Optimisation Potential	-0.439*	-2.309(-7.272,2.654)	1.714(1.331,2.193)*

HH: household; TV: television; HSD: Health and Social Development, NA: not applicable; LP: Less Predictive; \* P – Value Significance <0.01 level (2-tailed); \*\*P – Value Significance < 0.05 level



**Table 4.29: Characterisation of the Case – Control Analysis Portion by Taking the Response Profile on/to the “Place & Enabling Environment” Dimensions (Sub-Constructs) of the Positive Health and Social Developmental Assets Segment as a Proxy Indicator among the Parents Study Participants, Addis Ababa, Ethiopia, 2017 (N = 1600 with the ‘Cases’ = 432 & ‘Controls’ = 1168)**

Enrolled Factors Set Profile	Bivariate (Crude) OR (P Value)	Binary Logistic OR AOR (95%CI) (P Value)
Residential setting (stratum)	-7.317(0.000)	0.609(0.523,0.709)(0.000)
Sex	-0.290(0.772)	Not statistically significant (NSS)
Age	NA	NA
Marital status	0.923(0.356)	NSS
Religion	0.145(0.885)	NSS
Education	-6.233(0.000)	0.861(0.764,0.971)(0.015)
Current employment status	-0.762(0.446)	NSS
Current occupation category	1.297(0.195)	NSS
Respondents Average Mon. Income	-6.755(0.000)	NSS
HH Average Mon. Income	-6787(0.000)	0.995(0.993,0.998)(0.006)
Functional radio at home	6.050(0.000)	2.417(1.292,4.522)(0.006)
Functional TV at home	1.549(0.121)	NSS
Functional computer at home	3.310(0.000)	NSS
HSD Positive Psychology Mastery	6.658(0.000)	1.191(1.037,1.368)(0.013)
Positive Development Asset	NA	NA
Reserve Capacity	7.052(0.000)	1.422(1.160,1.745)
Resilience	1.610(0.107)	NSS
Vital HSD preparedness – readiness	3.682(0.000)	1.267(1.028,1.562)(0.027)
Researching Optimisation Potential	3.259(0.000)	NSS

HH: household; TV: television; HSD: Health and Social Development NA: Not Applicable; NS: Not Significant; \* P – Value Significance < 0.01 level (2-tailed); P – Value Significance < 0.05 level

#### 4.3.6 The Vital Proxy Tracer Index of Progressive Positive Health and Social Development Responsiveness Optimisation Preparedness and Readiness Dynamics: Vital Events and Vital Statistics System (VEVSS) Case Scenario

The pertinent parallel comparisons and emphases on the major aspects are found accentuated within Tables 4.30 and 4.31 proper. The parents' cohort was consistently on the favourable side with marked difference compared to the youth. Likewise, the "Not Sure" response proportion was much higher among the youth across.

**Table 4.30: Distribution Characteristics of Vital Events Vital Statistics System: An Expression of Vital Proxy Tracer Index of the Preparedness & Readiness to Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation Potential among Youth and Their Parents, Addis Ababa, 2017**

<b>Progressive Positive HSD Responsiveness Optimisation Proxy Preparedness &amp; Readiness Tracer Index Characteristics</b>	<b>15-24Yrs N=1,719(100%)</b>	<b>35-65Yrs N=1,600(100%)</b>	<b>Total N=3,319(100%)</b>
Very well versed with the stipulations of the CRC:			
- Strongly agree	<b>160(9.3%)</b>	<b>226(14.1%)</b>	386(11.6%)
- Agree	<b>615(35.7%)</b>	<b>859(53.7%)</b>	<b>1474(44.4%)</b>
- Not sure	<b>755(43.9%)</b>	<b>336(21.0%)</b>	<b>1091(32.9%)</b>
- Disagree	170(9.9%)	163(10.2%)	333(10.0%)
- Strongly disagree	19(1.15)	16(1.0%)	35(1.1%)
Personally keen to practice/ implement the CRC in full:			
- Strongly agree	<b>245(14.3%)</b>	<b>322(20.1%)</b>	567(17.1%)
- Agree	<b>867(50.4%)</b>	<b>1024(64.0%)</b>	<b>1891(57.0%)</b>
- Not sure	<b>554(32.2%)</b>	<b>205(12.8%)</b>	<b>759(22.9%)</b>
- Disagree	45(2.65)	45(2.8%)	90(2.7%)
- Strongly disagree	8(0.05%)	4(0.03%)	12(0.04%)
Have been committed in implementing the CRC:			
- Strongly agree	<b>176(10.2%)</b>	<b>266(16.6%)</b>	442(13.3%)
- Agree	<b>739(43.0%)</b>	<b>925(57.8%)</b>	<b>1664(50.1%)</b>
- Not sure	<b>687(40.0%)</b>	<b>314(19.6%)</b>	<b>1001(30.2%)</b>
- Disagree	108(6.3%)	87(5.4%)	195(5.9%)
- Strongly disagree	9(0.05%)	8(0.05%)	17(0.05%)

Wholesome application/ implementation of CRC likely under the current circumstance:			
- Strongly agree	146(8.5%)	199(12.4%)	345(10.4%)
- Agree	<b>715(41.6%)</b>	<b>887(55.4%)</b>	<b>1602(48.3%)</b>
- Not sure	<b>723(42.1%)</b>	<b>396(24.8%)</b>	<b>1119(33.7%)</b>
- Disagree	115(6.7%)	112(7.0%)	227(6.8%)
- Strongly disagree	20(1.2%)	6(0.04%)	26(0.08%)
Partial application/implementation of CRC likely under the current circumstance:			
- Strongly agree	197(11.5%)	247(15.4%)	444(13.4%)
- Agree	<b>800(46.5%)</b>	<b>988(61.8%)</b>	<b>1788(53.9%)</b>
- Not sure	<b>648(37.7%)</b>	<b>298(18.6%)</b>	<b>946(28.5%)</b>
- Disagree	63(3.7%)	64(4.0%)	127(3.8%)
- Strongly disagree	11(0.06%)	3(0.02%)	14(0.04%)
Birth-death registration and certification comprise core CRC:			
- Strongly agree	212(12.3%)	254(15.9%)	466(14.0%)
- Agree	<b>817(47.5%)</b>	<b>976(61.0%)</b>	<b>1793(54.0%)</b>
- Not sure	<b>633(36.8%)</b>	<b>298(18.6%)</b>	<b>931(28.1%)</b>
- Disagree	50(3.0%)	64(4.0%)	114(3.4%)
- Strongly disagree	7(0.04%)	8(0.05%)	15(0.04%)
Permanent birth-death and related surveillance system should be national norm:			
- Strongly agree	<b>239(13.9%)</b>	<b>335(20.9%)</b>	<b>574(17.3%)</b>
- Agree	<b>896(52.1%)</b>	<b>1023(63.9%)</b>	<b>1919(57.8%)</b>
- Not sure	<b>541(31.5%)</b>	<b>198(12.4%)</b>	<b>739(22.3%)</b>
- Disagree	37(2.2%)	41(2.6%)	78(2.4%)
- Strongly disagree	6(0.03%)	3(0.02%)	9(0.03%)
Permanent birth-death and related vital events surveillance system should be a national priority:			
- Strongly agree	<b>244(14.2%)</b>	<b>354(22.1%)</b>	<b>598(18.0%)</b>
- Agree	<b>906(52.7%)</b>	<b>1009(63.1%)</b>	<b>1915(57.7%)</b>
- Not sure	<b>522(30.4%)</b>	<b>196(12.3%)</b>	<b>718(21.6%)</b>
- Disagree	42(2.4%)	39(2.4%)	81(2.4%)
- Strongly disagree	5(0.03%)	2(0.01%)	7(0.02%)
Local community willing to institutionalising VEVSS:			
- Strongly agree	<b>219(12.7%)</b>	<b>312(19.5%)</b>	<b>531(16.0%)</b>
- Agree	<b>811(47.2%)</b>	<b>939(58.7%)</b>	<b>1750(52.7%)</b>
- Not sure	<b>622(36.2%)</b>	<b>292(18.3%)</b>	<b>914(27.5%)</b>
- Disagree	59(3.4%)	54(3.4%)	113(3.4%)
- Strongly disagree	8(0.05%)	3(0.02%)	11(0.03%)
Likely personal commitment to the institutionalisation of VEVSS:			
- Strongly agree	<b>322(18.7%)</b>	<b>387(24.2%)</b>	<b>709(21.4%)</b>
- Agree	<b>821(47.8%)</b>	<b>980(61.3%)</b>	<b>1801(54.3%)</b>
- Not sure	<b>528(30.7%)</b>	<b>191(11.9%)</b>	<b>719(21.7%)</b>
- Disagree	38(2.2%)	36(2.3%)	74(2.2%)
- Strongly disagree	10(0.06%)	6(0.04%)	16(0.05%)

CRC: The Convention of the Rights of the Child

Regarding the vital health and social development optimisation preparedness – readiness proxy (vital events and vital statistics) tracer index related factors, both bivariate and binary logistic regression analyses were implemented (table 4.31). Based on the bivariate analyses, only respondent’s religion and availability of functional radio at home were found not statistically significantly associated with the vital preparedness – readiness proxy tracer index. Nonetheless, upon running the forward selection binary logistic regression analyses, the majority of the statistically significant associations of the bivariate model were no more predictors. As a result, the notable predictors were availability of functional television at home, positive developmental asset construct, reserve capacity construct, positive psychology competence (mastery) construct and household’s average monthly income.

**Table 4.31: Factors Characteristics of the Bivariate and, Ordinal and Binary Logistics Regression of Vital Health and Social Development Responsiveness Optimisation Preparedness – Readiness Proxy Tracer Index: Vital Events and Vital Statistics Positioning in Addis Ababa, Ethiopia, 2017 (N=3319)**

Factors Characteristics	Bivariate Association (KT/Spearman’s CC*)	ORDINAL Regression AOR (95%CI)	BINARY Log. Regression AOR(95%CI)*
Residential setting (stratum)	-0.090*	-0.286 (-0.708,0.136)	0.993(0.707,1.395) <sub>±</sub>
Sex	-0.043*	-0.043 (-0.276,0.190)	0.731(0.475,1.126)
Age	-0.0236*	-0.027 (-0.750,0.695)	1.848(0.683,5.00) <sub>±</sub>
Marital status	-0.232*	0.475 (-0.430,-1.380)	0.720(0.333,1.559)
Religion	-0.013	0.090 (0.161,0.340)	0.670(0.260,1.80)
Education	-0.155*	0.636 (0.008,1.263)	1.117(0.872,2.210)
Current employment status	-0.243*	-0.420 (-0.640,0.070)	0.762(0.523,1.430)
Current occupation category	-0.222*	-0.713 (-1.439,-0.022)	1.000(0.993,1.007)
Respondents Average Mon. Income	-0.207*	-0.108 (-0.986,0.083)	0.999(0.991,1.007)
HH Average Mon. Income	-0.089*	-0.242 (0.034,0.098)	1.008(1.003,1.014)*
Functional radio at home	0.032	-0.283 (0.034,0.098)	1.281(0.607,2.702) <sub>±</sub>

Functional TV at home	0.057*	-0.045 (-0.478,0.388)	3.705(1.443,9.195)*
Functional computer at home	0.055*	-0.165 (-0.441,0.110)	0.712(0.445,1.140)
HSD Positive Psychology Mastery	0.291*	-0.500 (-0.874,-0.126)	1.223(1.033,1.447)*
Positive Development Asset	0.409*	-0.750 (-1.322,-0.178)	1.502(1.244,1.812)*
Reserve Capacity	0.323*	-1.029 (-1.478,-0.581)	1.338(1.208,1.493)*
Resilience	0.471*	1.343 (0.248,2.483)	1.890(1.646,2.171)*
Researching Optimisation Potential	0.518*	-1.472 (-2.170,-0.774)	2.473(2.194,2.781)
Minimal Set (Composite)	-0.407*	-1.280 (-2.201,-0.721).	1.303(0.920,1.846) <u>±</u>

HH: household; TV: television; HSD: Health and Social Development; NA: not applicable

\* P – Value Significance < 0.01 level (2-tailed); P – Value Significance < 0.05 level (2-tailed) ±: Equivocal

#### **4.3.7 Overall Likely Practical Relevance, Acceptance, Priority and Feasibility of Researching (Addressing) Progressively Positive Health and Social Development Responsiveness Optimisation Potential in Addis Ababa**

Furthermore, this Research has endeavoured to investigate the overall relevance, importance, applicability, significance, and feasibility of addressing (and researching) the specific stream both from the qualitative and quantitative dimensions. For the quantitative construct, “Very Low”, “Low”, “Not Sure”, “Medium”, and “High” response choice scale was implemented. Overall, parents than the youth did appear to have expressed more favourable response across, but the responses to the “Medium” and “Not Sure” were sizeable for both the parents and youth, again, across. Tables 32 and 33 do present as well as accentuate the prominent quantitative aspects whereas Panels 4.4 & 4.5 above did cover the pertinent qualitative perspectives. Even though the bivariate analyses had revealed statistically significant association for many of the variables (table 33), the binary logistic regression could only identify education and reserve capacity construct as the notable predictors. In the bivariate analyses, only religion, availability of functional radio at home and availability of functional television at home could not yield statistically significant association.

**Table 4.32: Distribution Characteristics: Likely Practical Relevance/Importance, Acceptance, Priority and Feasibility of Researching Progressively Positive Health and Social Development Responsiveness Optimisation Potential among Youth and Their Parents, Addis Ababa, 2017**

<b>Specific Research Practical Significance Characteristics</b>	<b>15-24Yrs N=1,719(100%)</b>	<b>35-65Yrs N=1,600(100%)</b>	<b>Total N=3,319(100%)</b>
Relevance and importance of researching: - High - Medium - Not sure - Low - Very low	<b>878(51.1%)</b> <b>402(23.4%)</b> <b>423(24.6%)</b> 16(0.09%) 0	<b>1051(65.7%)</b> <b>432(27.0%)</b> <b>93(5.8%)</b> 23(1.4%) 1(- %)	<b>1929(58.1%)</b> <b>834(25.1%)</b> <b>516(15.5%)</b> 39(1.2%) 1(- %)
Appropriateness of researching: - High - Medium - Not sure - Low - Very low	<b>852(49.6%)</b> <b>404(23.5%)</b> <b>445(25.9%)</b> 14(0.08%) 4(0.02%)	<b>1004(62.3%)</b> <b>465(29.1%)</b> <b>113(7.1%)</b> 17(1.0%) 1(- %)	<b>1856(55.9%)</b> <b>869(26.2%)</b> <b>558(16.8%)</b> 31(0.09%) 5(0.02%)
Self relevance and significance of researching harnessing potential: - High - Medium - Not sure - Low - Very low	<b>758(44.1%)</b> <b>454(26.4%)</b> <b>481(28.0%)</b> 24(1.4%) 2(0.01%)	<b>932(58.3%)</b> <b>501(31.3%)</b> <b>144(9.0%)</b> 21(1.3%) 2(0.02%)	<b>1690(50.9%)</b> <b>955(28.8%)</b> <b>625(18.8%)</b> 45(1.4%) 4(0.01%)
Appropriateness of prioritisation of harnessing: - High - Medium - Not sure - Low - Very low	<b>589(34.3%)</b> <b>562(33.0%)</b> <b>529(30.8%)</b> <b>31(1.8%)</b> 8(0.05%)	<b>702(43.9%)</b> <b>650(40.6%)</b> <b>182(11.4%)</b> <b>55(3.4%)</b> 11(0.06%)	<b>1291(38.9%)</b> <b>1212(36.5%)</b> <b>711(21.4%)</b> 86(2.6%) 19(0.06%)
Practicality of harnessing: - High - Medium - Not sure - Low - Very low	<b>310(18.0%)</b> <b>638(37.1%)</b> <b>660(38.4%)</b> 88(5.0%) 23(1.3%)	<b>412(25.8%)</b> <b>715(44.7%)</b> <b>342(21.4%)</b> 108(6.8%) 23(1.4%)	<b>722(21.8%)</b> <b>1353(40.8%)</b> <b>1002(30.2%)</b> 196(5.9%) 46(1.4%)
Feasibility of harnessing: - High - Medium - Not sure - Low - Very low	<b>478(27.8%)</b> <b>567(33.0%)</b> <b>608(35.4%)</b> 56(3.3%) 10(0.06%)	<b>593(37.1%)</b> <b>656(41.0%)</b> <b>279(17.4%)</b> 68(4.3%) 4(0.03%)	<b>1071(32.3%)</b> <b>1223(36.8%)</b> <b>887(26.7%)</b> 124(3.7%) 14(0.04%)

Degree/level of personal responsibility on harnessing:			
- High	<b>344(20.0%)</b>	<b>465(29.1%)</b>	<b>809(24.4%)</b>
- Medium	<b>583(33.9%)</b>	<b>696(43.5%)</b>	<b>1279(38.5%)</b>
- Not sure	<b>696(40.5%)</b>	<b>347(21.7%)</b>	<b>1043(31.4%)</b>
- Low	81(4.7%)	82(5.1%)	163(4.9%)
- Very low	15(0.09%)	10(0.06%)	25(7.5%)
Degree/level of collective responsibility on harnessing:			
- High	<b>349(20.3%)</b>	<b>445(27.8%)</b>	<b>794(23.9%)</b>
- Medium	<b>586(34.1%)</b>	<b>712(44.5%)</b>	<b>1298(39.1%)</b>
- Not sure	<b>692(40.3%)</b>	<b>356(22.3%)</b>	<b>1048(31.6%)</b>
- Low	77(4.5%)	76(4.8%)	153(4.6%)
- Very low	15(0.09%)	11(0.07%)	26(0.08%)
Personal necessity of harnessing:			
- High	<b>508(30.0%)</b>	<b>648(40.5%)</b>	<b>1156(34.8%)</b>
- Medium	<b>560(32.6%)</b>	<b>661(41.3%)</b>	<b>1221(36.8%)</b>
- Not sure	<b>596(34.8%)</b>	<b>233(14.6%)</b>	<b>829(25.0%)</b>
- Low	49(2.9%)	53(3.3%)	102(3.1%)
- Very low	6(0.03%)	5(0.03%)	11(0.03%)
Collective necessity of harnessing:			
- High	<b>515(30.0%)</b>	<b>637(39.8%)</b>	<b>1152(34.7%)</b>
- Medium	<b>552(32.1%)</b>	<b>674(42.1%)</b>	<b>1226(36.9%)</b>
- Not sure	<b>609(35.4%)</b>	<b>243(15.2%)</b>	<b>852(25.7%)</b>
- Low	38(2.2%)	41(2.6%)	79(2.4%)
- Very low	5(0.03%)	5(0.03%)	10(0.03%)
Availability of enabling harnessing environment:			
- High	<b>390(22.7%)</b>	<b>485(30.3%)</b>	<b>875(26.4%)</b>
- Medium	<b>566(32.9%)</b>	<b>675(42.2%)</b>	<b>1241(37.4%)</b>
- Not sure	<b>637(37.1%)</b>	<b>320(20.0%)</b>	<b>957(28.8%)</b>
- Low	101(5.9%)	106(7.0%)	207(6.2%)
- Very low	25(1.5%)	14(0.09%)	39(1.2%)
Envisioned future possibility (likelihood) of harnessing:			
- High	<b>504(29.3%)</b>	<b>607(37.9%)</b>	<b>1111(33.5%)</b>
- Medium	<b>564(32.8%)</b>	<b>680(42.5%)</b>	<b>1244(37.5%)</b>
- Not sure	<b>608(35.4%)</b>	<b>269(16.8%)</b>	<b>877(26.4%)</b>
- Low	37(2.2%)	41(2.6%)	78(2.4%)
- Very low	6(0.03%)	3(0.02%)	9(0.03%)
Importance of progressive adaptation, self-management and optimisation:			
- High	<b>628(36.5%)</b>	<b>778(48.6%)</b>	<b>1406(42.4%)</b>
- Medium	<b>544(31.6%)</b>	<b>623(38.9%)</b>	<b>1167(35.2%)</b>
- Not sure	<b>522(30.4%)</b>	<b>179(11.2%)</b>	<b>701(21.1%)</b>
- Low	23(1.3%)	16(1.0%)	39(1.2%)
- Very low	2(0.01%)	4(0.03%)	6(0.02%)
Summative wholesome harnessing (nurturance) importance:			
- High	<b>692(40.3%)</b>	<b>837(52.3%)</b>	<b>1529(46.1%)</b>
- Medium	<b>511(29.7%)</b>	<b>571(35.7%)</b>	<b>1082(32.6%)</b>
- Not sure	<b>506(29.4%)</b>	<b>178(11.1%)</b>	<b>684(20.6%)</b>
- Low	9(0.05%)	12(0.08%)	21(0.06%)
- Very low	1(- %)	2(0.01%)	3(0.01%)

**Table 4.33: Characteristics of the Bivariate and, Ordinal and Binary Logistics Regression of the Aggregate Composite Measure of the Likely Overall Practical Relevance, Acceptance, Priority and Feasibility of Research on the Optimisation Potential, Addis Ababa, Ethiopia, 2017 (N=3319)**

Characteristics	Bivariate Association (KT/Spearman's CC*)	ORDINAL Regression AOR(95%CI)	BINARY Log. Regression AOR(95%CI)*
Residential setting (stratum)	-0.077*	-0.212 (-0.691,0.382)	0.665(0.354,1.248)
Sex	-0.063*	0.030 (-0.779,0.876)	0.576(0.275,1.208)
Age	-0.255*	0.303 (0.041,0.065)	2.051(0.446,9.429) <sub>±</sub>
Marital status	-0.247*	1.068 (0.116,2.020)	0.779(0.237,2.241)
Religion	-0.021	-0.099 (-0.376,0.179)	0.670(0.420,1.260)
Educational status	-0.151*	1.068 (0.116,2.020)	0.688(0.485,0.977)*
Current employment status	-0.245*	0.348 (-0.424,1.121)	1.430(0.791,2.585) <sub>±</sub>
Current occupation category	-0.756*	0.446 (-0.171,1.063)	0.999(0.988,1.011)
Average Mon. Income	-0.219*	0.295 (-0.346,0.936)	0.990(0.973,1.008)
HH Average Mon. Income	0.089*	-0.031 (-0.456,0.026)	1.001(0.991,1.012)
Functional radio at home	0.013	-0.594 (-1.211,0.022)	1.004(1.001,1.006) <sub>±</sub>
Functional TV at home	0.021	-0.479 (-0.380,1.337)	0.780(0.560,1.320)
Functional computer at home	0.039*	0.211 (-0.090,0.512)	1.694(0.651,4.409) <sub>±</sub>
HSD Positive Psychology Mastery	0.301*	-0.430 (-0.878,0.018)	0.897(0.647,1.245)
Positive Development Asset	0.421*	-0.128 (-0.456,1.162)	1.048(0.673,1.631)
Reserve Capacity	0.358*	-0.242 (-0.837,0.352)	1.425(1.109,1.830)*
Resilience	0.581*	-0.953 (-1.992,0.087)	0.430(0.151,1.221)
Vital HSD preparedness - readiness	0.518*	1.756 (1.120,2.391)	1.299(0.942,1.791) <sub>±</sub>
Overall Minimal Set (Composite)	-0.439*	1.410 (1.131,1.92)	1.240(0.552,2.785) <sub>±</sub>

HH: household; TV: television; HSD: Health and Social Development; NA: not applicable; <sub>±</sub>: Equivocal

\* P – Value Significance < 0.01 level (2-tailed); P – Value Significance < 0.05 level (2-tailed)



#### **4.3.8 Influence/Effects of a Quasi – Experimental Intervention on Positive Health and Social Development Responsiveness Optimisation Potential of Youth and Their Parents in Addis Ababa**

The focused innovation intervention input had involved the distribution of a handy uniform set of core messages leaflet prepared in the working official (Addis Ababa and National) language *Amharic (annex 8)*. The focused innovation intervention was aimed at stimulating parent – youth’s active interest and action to harnessing progressively positive health and social development responsiveness optimisation potential. Each family (parent(s) – youth household) cohort was made to receive three leaflets with the specific contents (annexed) of the quasi-experimental prototype innovation intervention portion of the research. The underlying assumption was such that family members will exhibit active interest and thereby take active measure around the specific matter. There was no additional set of intervention other than the distribution along with the coherent and consistent advice to the active use at the time of first contact. The post - hoc assessment the given household (i.e., eligible, parent and youth) was implemented in between one to seven days following the distribution of the specific message set.

As evidenced (table 4.34), overall, the responses were of mixed features, non linear and non uniform. And still notable favourable responses were observed both by the youth and their parents by the majority of the characteristics even though remarkably more on the parents’ part. It also was evident that the responses on/to the “not sure/uncertain” dimension for all of the items of the constructs/segments were not negligible, particularly, pertaining to the youth cohort. In view of the more judicious space use considerations, contrasting of the response proportions of the Phase I and Phase 2 of the youth and their parents by the soundly selected and abridged set of variables were shifted to the annex instead. As a general pattern, the responses by both the youth and their parents, in larger measure, were skewed to the favourable range across (*Annex 4*).

**Table 4.34: Abridged Distribution Characteristics of the Quasi – Experimental Intervention on *Minimal Bedrock Core Building Block Attributes Continuum Set of Progressively Positive Responsiveness Optimisation Potential* 2018** (as per the substantially condensed or reduced version by taking the **Phase I PCA** sub-samples as the index)

KEY Characteristics	Counts		Total (%) N=822(100%)
	15-24Yrs (%) N=416(100%)	35-65Yrs (%) N=406(100%)	
<b><i>Positive Psychology &amp; Know – How Mastery Intelligence Sub – Segment</i></b>			
Having the required competence about marital relationship and parenthood			
- Strongly Agree	9(2.2)	<b>143(35.2)</b>	<b>152(18.5)</b>
- Agree	<b>64(15.4)</b>	<b>241(59.4)</b>	<b>305(37.1)</b>
- Not Sure	<b>250(60.1)</b>	20(4.9)	<b>270(32.9)</b>
- Disagree	<b>85(20.4)</b>	2(0.5)	87(10.6)
- Strongly Disagree	8(1.9)	0(0)	8(0.09)
Regular followers of health and social dev-t optimisation matters on mass media (radio, internet, TV, etc)			
- Strongly Agree	28(6.7)	<b>114(28.1)</b>	<b>142(17.3)</b>
- Agree	<b>193(46.4)</b>	<b>244(60.1)</b>	<b>437(53.2)</b>
- Not Sure	<b>176(42.3)</b>	39(9.6)	<b>215(26.2)</b>
- Disagree	14(3.4)	7(1.7)	21(2.6)
- Strongly Disagree	5(1.2)	2(0.5)	7(0.9)
Having the required competence to overcoming potentially health harmful modern practices (alcohol, cigarette, coercion, violence, sedentary life, dieting, substances, etc.)			
- Strongly Agree	38(9.1)	<b>141(34.7)</b>	<b>179(21.8)</b>
- Agree	<b>272(65.4)</b>	<b>239(58.9)</b>	<b>511(62.2)</b>
- Not Sure	<b>102(24.5)</b>	22(5.4)	<b>124(15.1)</b>
- Disagree	2(0.05)	2(0.05)	4(0.05)
- Strongly Disagree	2(0.05)	2(0.05)	4(0.05)

<b>Positive Developmental Asset Sub – Portion (Sub – Segment)</b>			
Neighbourhoods are caring enough - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	<b>96(23.1)</b> <b>195(46.9)</b> <b>105(25.2)</b> 15(3.6) 5(1.2)	<b>116(28.6)</b> <b>245(60.3)</b> 39(9.6) 5(1.2) 1(0.2)	<b>212(25.8)</b> <b>440(53.3)</b> <b>144(17.5)</b> 20(2.4) 6(0.07)
The community value youth - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	<b>68(16.3)</b> <b>181(43.5)</b> <b>131(31.5)</b> 23(5.5) 13(3.1)	<b>81(20.0)</b> <b>214(52.7)</b> <b>84(20.7)</b> 21(5.2) 6(1.2)	<b>149(18.1)</b> <b>395(48.1)</b> <b>215(26.2)</b> 44(5.4) 19(2.3)
The community gives useful roles to youth - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	<b>52(12.5)</b> <b>190(45.7)</b> <b>134(32.2)</b> 23(5.5) 17(4.1)	<b>71(17.5)</b> <b>204(50.3)</b> <b>96(23.6)</b> 24(5.9) 11(2.7)	<b>123(15.0)</b> <b>394(47.9)</b> <b>230(29.0)</b> 47(5.7) 28(3.4)
Feeling of safeness prevails at home, school, neighbourhood and work - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	<b>53(12.7)</b> <b>194(46.6)</b> <b>119(28.6)</b> 15(3.6) 35(8.4)	<b>86(21.2)</b> <b>207(51.0)</b> <b>75(18.5)</b> 15(3.7) 23(5.7)	<b>141(17.2)</b> <b>401(48.8)</b> <b>194(23.6)</b> 30(3.6) 58(7.1)
Neighbours take appreciable responsibility for youth and adults alike - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	<b>79(19.0)</b> <b>196(47.1)</b> <b>105(25.2)</b> 32(7.7) 4(1.0)	<b>88(21.7)</b> <b>236(58.1)</b> <b>60(14.8)</b> 13(3.2) 9(2.2)	<b>167(20.3)</b> <b>432(52.6)</b> <b>165(20.1)</b> 45(5.5) 13(1.6)
Adults <b>and</b> young people in the family model to “tell the truth even when it may not be easy” - Strongly Agree - Agree - Not Sure - Disagree - Strongly Disagree	<b>99(23.8)</b> <b>224(53.8)</b> <b>88(21.2)</b> 4(1.0) 1(0.2)	<b>127(31.3)</b> <b>230(56.7)</b> 41(10.1) 8(2.0) 0(0)	<b>226(27.5)</b> <b>454(55.2)</b> <b>129(15.7)</b> 12(1.5) 1(0.1)

I do often plan ahead <b>and</b> make informed choices			
- Strongly Agree	<b>90(21.6)</b>	<b>96(23.6)</b>	<b>186(22.6)</b>
- Agree	<b>211(50.7)</b>	<b>239(58.9)</b>	<b>450(54.7)</b>
- Not Sure	<b>84(20.2)</b>	44(10.8)	<b>128(15.6)</b>
- Disagree	21(5.0)	18(4.4)	39(4.7)
- Strongly Disagree	8(2.0)	9(2.2)	17(2.1)
Air cleanness & safety of the internal and external environmental surroundings			
- Strongly Agree	14(3.4)	26(6.4)	40(4.9)
- Agree	<b>93(22.4)</b>	<b>103(25.4)</b>	<b>196(23.8)</b>
- Not Sure	<b>211(50.7)</b>	<b>181(44.6)</b>	<b>392(47.7)</b>
- Disagree	<b>61(14.7)</b>	53(13.1)	<b>114(13.9)</b>
- Strongly Disagree	37(8.9)	43(5.2)	80(9.7)
Quality of accessible equitably fair education and continuous learning dev-t for all ages that effectively serves all ages			
- Strongly Agree	15(3.6)	26(6.4)	41(5.0)
- Agree	<b>74(11.3)</b>	<b>84(20.7)</b>	<b>156(19.0)</b>
- Not Sure	<b>233(56.0)</b>	<b>196(48.3)</b>	<b>429(52.3)</b>
- Disagree	<b>57(13.7)</b>	<b>55(13.5)</b>	<b>112(13.6)</b>
- Strongly Disagree	37(8.9)	<b>46(11.3)</b>	<b>82(10.0)</b>
<b>Reserve Capacity</b>			
<b>Sub – Portion (Sub – Segment)</b>			
Vibrant entrepreneurial community			
- Very High	29(7.0)	<b>50(12.3)</b>	79(9.6)
- High	<b>140(33.7)</b>	<b>152(37.4)</b>	<b>292(35.5)</b>
- Moderate	<b>199(47.8)</b>	<b>144(35.5)</b>	<b>343(41.7)</b>
- Low	38(9.1)	<b>51(12.6)</b>	<b>89(10.8)</b>
- Very Low	10(2.4)	9(2.2)	19(2.3)
Tendency to be hopeful with enthusiastic inclinations			
- Very High	<b>77(18.5)</b>	<b>92(22.7)</b>	<b>169(20.6)</b>
- High	<b>239(57.5)</b>	<b>267(65.8)</b>	<b>506(61.6)</b>
- Moderate	<b>98(23.6)</b>	<b>44(10.8)</b>	<b>142(17.3)</b>
- Low	2(0.05)	3(0.07)	5(0.06)
- Very Low	0(0)	0(0)	0(0)
Inclination to exert optimistic efforts			
- Very High	<b>92(22.1)</b>	<b>111(27.3)</b>	<b>203(24.7)</b>
- High	<b>244(58.7)</b>	<b>251(61.8)</b>	<b>495(60.2)</b>
- Moderate	<b>77(18.5)</b>	39(9.6)	<b>116(14.1)</b>
- Low	3(0.07)	5(1.2)	8(1.0)
- Very Low	0(0)	0(0)	0(0)

<b>Resilience Sub – Portion (Sub – Segment)</b>			
I have been experiencing considerable health and social development challenges			
- Strongly Agree	20(4.8)	72(17.7)	92(11.2)
- Agree	70(16.8)	184(45.3)	254(30.9)
- Not Sure	243(58.4)	67(16.1)	310(37.7)
- Disagree	79(19.0)	78(19.2)	157(19.1)
- Strongly Disagree	4(1.0)	5(1.2)	9(1.1)
Challenges and/or problems both of the past and to the future prompt positive response			
- Strongly Agree	45(10.8)	99(24.4)	144(17.5)
- Agree	183(44.0)	254(62.6)	437(53.2)
- Not Sure	179(44.1)	48(11.8)	227(27.6)
- Disagree	6(1.4)	4(1.0)	10(1.2)
- Strongly Disagree	3(0.07)	1(0.02)	4(0.05)
I am able to positively adapt to change in increasingly flexible and open transactions			
- Strongly Agree	57(13.7)	98(24.1)	155(18.9)
- Agree	197(47.4)	233(57.4)	430(52.3)
- Not Sure	156(37.5)	72(17.7)	228(27.7)
- Disagree	5(1.2)	3(0.07)	8(1.0)
- Strongly Disagree	1(0.02)	0(0)	1(0.01)
I often bounce back in the face of hardships and/or illness			
- Strongly Agree	56(13.5)	100(24.0)	156(19.0)
- Agree	257(61.8)	241(59.4)	498(60.6)
- Not Sure	95(22.8)	59(14.3)	154(18.7)
- Disagree	5(1.2)	4(1.0)	9(1.1)
- Strongly Disagree	3(0.07)	2(0.05)	5(0.06)
<b>Vital Events Vital Statistics Preparedness – Readiness Proxy Tracer Segment</b>			
Under the current circumstances wholesome application/ implementation of the CRC will be likely realistic			
- Strongly Agree	55(13.2)	92(22.7)	147(17.9)
- Agree	241(57.9)	229(56.4)	470(57.2)
- Not Sure	117(28.1)	76(18.7)	193(23.5)
- Disagree	1(0.02)	7(1.7)	8(1.0)
- Strongly Disagree	2(0.04)	2(0.05)	4(0.05)

<p>The local community will be committed to having constant-permanent Official Civil Vital Events Surveillance system Institutionalized</p> <ul style="list-style-type: none"> <li>- Strongly Agree</li> <li>- Agree</li> <li>- Not Sure</li> <li>- Disagree</li> <li>- Strongly Disagree</li> </ul>	<p><b>69(16.6)</b> <b>247(59.4)</b> <b>77(18.5)</b> 2(0.04) 1(0.02)</p>	<p><b>134(33.0)</b> <b>230(56.7)</b> 36(8.9) 5(1.2) 1(0.02)</p>	<p><b>223(27.1)</b> <b>477(58.0)</b> <b>113(13.7)</b> 7(0.09) 2(0.02)</p>
<p><b>Overall Priority Relevance, Importance, Applicability/Practicality, Feasibility of Researching PPHSDROP in AA Segment</b></p>			
<p>Overall appropriateness of researching PPHSDROP among members of the local/ Addis Ababa community</p> <ul style="list-style-type: none"> <li>- High</li> <li>- Medium</li> <li>- Not Sure</li> <li>- Low</li> <li>- Very Low</li> </ul>	<p><b>231(55.2)</b> <b>108(26.0)</b> <b>77(18.5)</b> 0 0</p>	<p><b>277(68.2)</b> <b>85(20.9)</b> <b>44(10.8)</b> 0 0</p>	<p><b>508(61.8)</b> <b>193(23.5)</b> <b>121(14.7)</b> 0 0</p>
<p>Hopeful visualisation of PPHSDROP practice in Addis Ababa</p> <ul style="list-style-type: none"> <li>- High</li> <li>- Medium</li> <li>- Not Sure</li> <li>- Low</li> <li>- Very Low</li> </ul>	<p><b>124(29.8)</b> <b>151(37.2)</b> <b>140(33.7)</b> 1(0.02) 0</p>	<p><b>169(41.6)</b> <b>156(38.4)</b> <b>81(20.0)</b> 1(0.02) 0</p>	<p><b>293(35.6)</b> <b>306(37.2)</b> <b>221(26.9)</b> 2(0.02) 0</p>

#### **4.4 SUMMARY OF THE MAJOR RESEARCH FINDINGS**

Overall, based on the expansive series of the descriptive analyses, it was clearly evident that variations have prevailed between the youth and parents across the investigated items (segments) of the “*minimal bedrock core building - block attributes continuum set*” construct and also across the vital proxy tracers indices of “*progressively positive health and social development responsiveness optimisation potential*” parameters. There only were few encounters where there was no notable difference between the youth and parents cohorts across the parameters.

##### **4.4.1 Basic Socio-demographic Profile**

In this study, reasonably large sample size was employed cutting across the major residential settings of the Addis Ababa City Population. For the quantitative domain, the participation of males and females as well as by the youth and adults cohorts was equitably balanced. More or less the similar profile was evidenced pertaining to the two major religions. However, the qualitative domain participation was skewed to the adults and males population segments.

##### **4.4.2 The Composite “*Minimal Bedrock Core Building - Block Attributes Continuum Set*” Construct of Progressively Positive Responsiveness Optimisation Potential**

Quite encouraging and promising responses were evident by the youth and their parents alike on all of the segments of the composite “*minimal bedrock core building – block attributes continuum set*” construct. Based on the expansive descriptive analyses, the parents have scored notably better regarding the “strongly agree” or “very high” and “agree” or “high” dimensions of the responses scales. Overall, comparatively larger response proportions were documented on the “agree” or “high” and “not sure/uncertain” dimensions by both the youth and their parents across the

constituent segments. The responses to the “not sure/uncertain” dimension were not negligible.

#### **4.4.3 Index Salient Predictive Factors of the Composite “*Minimal Bedrock Core Building – Block Attributes Continuum Set*” Construct of Progressively Positive Responsiveness Optimisation Potential**

On the bivariate association tests series, majority of the measured variables were statistically significantly associated to the pertinent index constructs/segments. Factors of consideration had exhibited varying degree of influence and weight across the constituent constructs’ segments. Even though not uniform across the constructs/segments, in reference to the binary logistic regression limited number of variables was found predictive. With due note of the variability (non uniformity) by the constructs/segments, residential stratum, age, education, employment, occupation, household’s average monthly income, functional radio at home, functional television at home, functional computer at home, and the cross-referencing constructs to one another were the ranges of predictors. Residential stratum type, age and education were found cutting across the ranges of constructs/segments of specific interest (more were depicted within *annexes 3a-3d*).

Based on the concurrent qualitative domain, ranges of views were expressed. The recurrent themes have revolved around bottom-up approach, public education, active and fair participation, effective coordination, public confidence and trust, and others more.

#### **4.4.4 Additional Consideration of Predictive Factors of the Composite “*Minimal Bedrock Core Building – Block Attributes Continuum Set*” Construct of Progressively Positive Responsiveness Optimisation Potential Based on the Case – Control Analysis**

From the basic demo-socio-economic set of factors, residential setting, education household’s average monthly income and availability of at least a functional radio at



home were found statistically significant predictors for the index sub-construct. And from the constituent segments of the composite “*minimal bedrock building-block attributes continuum set*” construct, positive health and social development psychology know – how (mastery) intelligence and reserve capacity have exhibited statistically significant association. In addition, the vital proxy tracer index of health and social development modernity preparedness and readiness (vital events and vital statistics) was found a statistically important predictor.

#### **4.4.5 Perceptions and Perspectives on Harnessing Progressively Positive Health Social Development**

The expressed perceptions and perspectives from both the FGDs and IVs were diversely rich enough. The prominent and recurrent themes were organized and spotlighted within the corresponding panels: overall development situation in Ethiopia.

#### **4.4.6 Effect/Influence of the Generic Quasi – Experimental Innovation Intervention**

Due to the compelling reason, the time space in between the exposure (innovation intervention) and measurement was rather short in order to be able to expect sound degree of processing and assimilation at least depending on the motivation. In the face of the concrete reality, the responses proportions were indicative of favourable outcome across the parameters. Based on the gross comparison of the responses profiles by the study Phase I (the Initial Full Scale Survey) and Phase II (Quasi – Experimental) suggest very same (more elaborated portion depicted within *annex 4*).

#### **4.4.7 Vital Proxy Trace Index of Preparedness and Readiness: Vital Events and Vital Statistics**

Like in the tangible case to what already was observed for the constituent constructs segments of the minimal bedrock core building – block attributes continuum set, the responses of both youth and their parents indicated largely favourable. The comparatively larger responses proportions were on the “agree”. Again, “not sure/uncertain” response proportions were quite notable and more on the part of the youth. Pertaining to the factors, education and occupation, household’s average monthly income, functional radio at home, functional television at home, positive psychology mastery (competence), positive development asset and the composite minimal set were found predictive in varying degrees of strengths.

#### **4.4.8 The Overall Applicability, Importance/Significance, and Feasibility of Researching Progressively Positive Health and Social Development Responsiveness Optimisation Potential in Addis Ababa**

The major responses features which already were highlighted within the foregoing section also were apparent in the very light of some variability by the sub-scales. Age, household’s average monthly income, functional computer at home, reserve capacity and vital proxy tracer index were the notable predictors.

#### **4.4.9 Relevance to the Development of a Prototype Model Innovation Guideline (Guidance) Framework**

Based on the confluence of the triangulated evidences set, it is viewed worthwhile to underscore the tangible justification as well as significance to informing the development of Prototype Model Innovation Guidelines (Guidance) Framework.

## **4.5 CONCLUSION**

Chapter 4 has dealt with the systematic series of analyses, presentation, and description of the empirical implementation employing triangulated evidences package. In view of the summary within the aforementioned section, the empirical implementation has revealed a useful bulk of response patterns and predictor factors by the key parameters of investigation interest among youth and their parents in Addis Ababa. The major findings can justify sound interpretation leading to conclusion and recommendations. The forthcoming Chapter 5 beneath will deal with latter.

**CHAPTER FIVE**  
**DISCUSSIONS,**  
**CONCLUSION**  
**AND RECOMMENDATIONS**

## 5.1 DISCUSSION

“Familiarity is the staunchest enemy of inquisitiveness and criticism ...  
and thus also of innovation and the courage to change.”

(Bauman, 1990)

### 5.1.1 Overall Context and Measurement, Tools and Methods

Based on the stated Phases (Chapter 1), Chapters 1 – 4 had covered the expanse of the conceptual and empirical research domains. To the very effect, broad, fundamental, and salient theoretical and methodological considerations were deliberated upon with the realistically reasoned breadth and depth. The Discussion (5.1) of the Thesis deliberates upon the systematic interpretation of the salient and triangulated findings based on the realistic implementation of the Mixed – Methods and Multi – Methods research (Ahrens et al. 2014:473-524; Fink 2014:577-612; Gelo 2012:109-128; Guest 2012:141-151; Heyaert et al. 2013:659-676; Kass 2014:325-363; Neta et al. 2014:525-576; Venkatesh et al. 2013:21-54; Yilmaz 2013:311-325; Zachariadis et al. 2013:1-XX). The stated logical flow of the research objectives guides the discussion.

Accordingly, whereas each of the known scientific (research) paradigms and methods have their own advantages and shortcomings, the mixed-methods and multi-methods approach (i.e., critical realism) was believed to offering better evidence triangulation possibility. The latter view is becoming the dominant position with increasingly growing interest over the recent years (Heyaert et al. 2013:659-676; Venkatesh et al. 2013:21-54; Yilmaz 2013:311-325; Zachariadis et al. 2013:1-XX). At the very core of employing the critical realism or critical social science orientation of a research such as the current, essentially, is about attending to the assumption and hence recognising of peoples’ enormous potential for making dynamic positive

changes (i. e., creative and adaptive people with yet unrealised and thus unfulfilled potential) (Devex 2016: unpagged; Devex 2018:1-21; Narvaez & Gleason 2012:45-56; Oland 2012:1512-1518; Ryan & Singer 2001:152-166). Critical realism orientation is considered to be a very well reasoned scientific resource to revealing the closest true condition and thereby providing people the scientific means and tools to making life increasingly progressively better forward (unpublished UNISA power point presentation material by de Sousa Rabe 2016).

The ranges of both the quantitative and qualitative domains have involved adequate set of samples in order to be able to make the required extent as well as intensity of analyses. Careful series of the design, development, revision and pre-test of the entire process and tools coupled with the intensive training and supervision of the Research Team were crucial and foundational for the data quality and thereby justifying to the series of the systematic analyses. The implemented procedures and processes were maximally and systematically prudent, rigorous or robust enough. Notwithstanding some limitations, it is believed that the robustly rigorous practice has enabled reasonably valid and reliable enough measurement practice (Ahrens et al. 2014:473-524; Fink 2014:577-612; Gelo 2012:109-128; Guest 2012:141-151; Heyaert et al. 2013:659-676; Kass 2014:325-363; Neta et al. 2014:525-576; Venkatesh et al. 2013:21-54; Yilmaz 2013:311-325; Zachariadis et al. 2013:1-XX).

At the same time, it, as well, will be very important to take note of the overall research environment. Accordingly, two prominent nationwide contexts and features have characterised the specific timing of the data collection phases of the research practice in particular. First, Ethiopians including the Addis Ababa City community were undergoing very serious political challenges including the prevalence of multi-dimensional uncertainties, concerns, and instabilities. Second, the country's income revenue and tax system was undergoing a wide scale overhaul process. In light of the voluminous mass media news over the latter specific matter, sizeable number of business people and traders were of the strong view that the revised income revenue and taxation practice was politically manipulated, overly inflated and hence unfair.

The spotlighted here above two phenomena were believed to influencing on disclosing certain sensitive pieces of quantifiable information such as exact age and income in particular. The concrete reality was evident right by the pre-testing phase inclusive. Nonetheless, the specific experience was beyond the direct control of the Research Team. In view of the concrete academic schedule, a duly reconciled pragmatic approach was pursued. In connection, in the case of age and income disclosure, both questioning options namely flexibilities to indicating the concrete exact and or the closest category were left open to the rightful disclosure discretion of the particular consented respondent proper.

Equally importantly, it will be very worthwhile to point to the very fact that, against a variety of efforts, the intense interest to measure and to prove the impact of research investigation of the social and health dimensions cannot be considered easy, simple, and straightforward enough to date (Adler & Dagi 2012:31-36; Belsky & Pluess 2013:1243-1261; Frank & Nason 2009:528; Halfon et al. 2018:1-13; Halfon et al. 2014:344-365; Halfon & Hochisten 2002:433-476; Hortko et al. 2019.; Kironji 2018 Thesis; Lerner 2015:165-173; McGowan & Westley 2021:493-505). Among others, it will mean that such scenario will have to call for even increasingly more innovation and efforts ahead instead.

### **5.1.2 Research Participants Key Demographic–Socio–Economic Characteristics and Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation Potential Perspective**

Addis Ababa's population can better be described as ethnically and religiously diverse and also with largely cosmopolitan (metropolitan) including the non negligible international metropolitan community features to a certain degree (Addis Ababa City Administration 2015; CSA & ICF 2016; Elias & Elizabeth 2014). Notwithstanding the relevance and importance, the classification (segmentation), stratification and clustering of the sample pool by the largely low, largely middle, and largely high

socio-economic residential settings can better be described as somewhat arbitrary. Nonetheless, nearly two-third of the participants was from the largely low socio-economic residential setting which is not far from the prevailing reality. More precise exact measurement of the socio-economic status index or else application of the commonly employed, in the rounds of surveys, wealth quintile indices (CSA & ICF 2016; Daniel et al. 2010:164-169; Yantiso 2008:53-57) could have offered comparison possibility. As already noted in the above sub-section, the specific context in the country and hence the concrete timing of the given research was less favourable for such. The relative dominance of the youth over the parents' cohort may partially be explained by the typically young-aged demographic profile evident in Ethiopia as a whole. In respect to the gender (sex) and religion, the profile appeared more or less reflecting the features prevailing across Addis Ababa City Administration as a whole (CSA & ICF 2016).

The very fact that the marital status (respectively 51.2% vs 49.5% of the never married and 43.6% vs 45.6% currently married) of the research participants of the two phases may largely be explained by the relative share of youth sample. And the finding of such that well over one-third of the research participants of the two phases had fallen to the school or less educational status level may possibly reflect about the general demo-socio-economic status of the Addis Ababa City population. Very same could apply to the never employed segment (46.7%, N=1588 vs 46.2%, N=380) and students of all forms (42.2%, N=1399 vs 41.1%, N=388) of the two research phases of the quantitative domain are viewed sizeable (CSA & ICF 2016).

In view of the aforementioned reasons, the average income profile at both the respondent and the household levels might not be straight amenable for reasonable interpretation in certain respects. As a very crude proxy, the reported availability of functioning radio and television facility in the households (well over 90% for each and also in both phases) can be claimed universal whereas the reported availability of functioning computer in the household was below 50%. In general, it is useful to underscore that the overwhelming majority of the Addis Ababa City population falls



yet to the very low income category (Ashine 2018:1-38; Daniel et al. 2010:164-169; Hanjira et al. 2009:1596-1604; Tadele 2018:69-103; Yantiso 2008:53-75).

### **5.1.3 Key Domains (Elements or Segments) of the Composite “*Minimal Bedrock Core Building-Block Attributes Continuum Set*” Construct to “*Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation Potential*”**

#### **5.1.3.1 Participant Discussants and In-depth Interviewees Views of Addis Ababa City’s Overall Development Dynamics**

In large measure, the overall development and redevelopment activities in Addis Ababa City were characterized to exhibiting widely contrasting dual features, namely relatively better infrastructural and materialistic development domain coupled with the reportedly misguided broader human and social development domains. These features have been very well elaborated through the focus group discussions (FGDs) and in-depth interviews (IDIs) exercise in particular. Majority of the discussants were pointedly sharp in highlighting the serious deficiencies and disparities. In the same line, there appeared considerable degree of mismatches between the government’s and the public’s sides of the development argument. Sizeable numbers of the Discussants and Interviewees have seriously questioned the real meaningfulness of the development and redevelopment practices in the face of the multi-faceted shortcomings and stressful shocks. Discussants and Interviewees have exerted unwavering emphasis on the centrality and hence necessity of the development of the human-being with the pursuit of “people-centred development” as well as “people first development” re-orientation in particular. The aforementioned instructive enough perspectives very well corroborate with earlier analyses series (Ashine 2018:1-38; Clapham 2018:1151-1165; Dawit 2015: unpagged; Elias & Elizabeth 2012: unpagged; Fana 2014:S64-S74; Hinjra et al. 2009:1596-1604; Kassahun 2010:122-139; Rahmato 2016: XI-XXII; Tadele 2018:69-103; Yintiso 2008:53-57).

Equally, considerable segment of the Discussants and Interviewees have emphasised the serious depth of concern pertaining on-ongoing disruption of the social networks mainly emanating from the redevelopment and displacement practices. The fragmentation and the loss of the social capital were dubbed seriously regrettable. The findings are in agreement to the challenges and concerns evidenced by multi-disciplinary scholars in and on Ethiopia (Ashine 2018:1-38; Assefa et al. 2017; Clapham 2018:1151-1165; Dawit 2015: unpagged; Elias & Elizabeth 2014:unpagged; Elizabeth 2012:unpagged; Fana 2014:S64-S74; Kassahun 2010:122-139; Tadele 2018:69-103). In fact, it has been repeatedly stressed that the displaced people have been feeling systematically alienated, discriminated, neglected, and left out from the mainstream development process and that there prevail serious depth of discontents as well as displeasures (dissatisfactions). The selected sample expressions substantiate the aforementioned interpretation:

“... When we say development, there indeed is the materialistic development but not humanistic development.”

“What is growth? Growth means when peoples’ lives get improved. ... Where are the peoples’ lives? Growth is when it can modernise and simplify peoples’ lives.”

“Peoples’ lives and networks are being disrupted ... People are dissatisfied.”

“The gap between the poor and the reach is getting increasingly wider ... It is insecure and uncertain (unstable) life ...”

Against the aforementioned concerns, drawbacks and sceptics of the current development practice in Addis Ababa, Discussants and Interviewees have expressed favourable attitude pertaining to the relevance, usefulness and practical implications of the research enterprise objectives. The selected sample quotations underneath can possibly illustrate and substantiate the aforementioned assertions:

“Development work should be implemented on the people first ... It is only when people get developed that everything else will become better.”

“The big problem is not whether or not having the potential itself but rather whether or not having the coordinated use of the available potential.”

“It is important to change community’s attitude in order to be able to bring about the necessary development.”

The types of broadly cross-cutting development oriented perspectives cannot be viewed of marginal, negligible, and tangential significance. It will be very useful to recognise that people often tend to take development wholesome enough. And the dynamically greater degree of the intersection and interdependence of health, environment and social dimensions have been emphasised by the various global scholarly authorities too (Agyepong et al. 2017:2803-2889; Askura et al. 2015:1; Parkes et al. 2003:671-674; Daniel et al. 2010:164-169; Halfon & Hochstein 2012:436-438&462; Hall of Architecture and Urbanism 2020:unpaged; Minnar-McDoland 2013:31-33; Narvaez & Gleason 2012:45-56; Sagy & Mana 2017: 77-81). Such justifies the significance of further multi-faceted innovation as well as “holistic rather than reductionist” intervention paradigms towards the concerted pursuit of sustainable development aspirations by taking health and social (human capital) development as the very centre piece.

And it may well be possible to realise that AA City population and the global community as a whole finds itself at the cross-road and equally so on the critically sensitive period in view of “dynamically contextual development”, “multiple nested environment”, “multiple time scales” and “philosophical reasoning”, etc. ahead in particular (Daniel et al. 2010:164-169; Elias & Elizabeth 2014:unpaged; Eliszabeth 2012:unpaged; Kassahun 2010:122-139; Yintiso 2008:53-57). Along the same, the advancement and harnessing of the positive “web of influence” and, the concerted and synergistic systematic promotion and facilitation of sustainable development and optimisation of well-being remains the greatest infinite challenge of humanity (Ascione 2003:98; Benson et al. 2012:2-6; van Zyl 2012:2; Woolcock & Narajan 2000:236).

As pointedly stated by Schunemann (2014:1-5), across societies, it really cannot get emphasised enough about the indisputable “importance of deepening strategic foresights ... thinking systematically about the future is necessary condition ... for dealing with the changes and uncertainties ... integrated policy ... many choices and policies are complementary and generate positive spin-offs ...”. Concerted enough investment for the long-term will have to become vital along the harmonious sound economic and social well-being in particular.

Among the major challenges of the 21<sup>st</sup> and beyond centuries, maximal harnessing and ensuring progressively positive development optimisation responsiveness or else responsiveness optimisation innovation potential dynamics towards attaining highest possible sustainable quality of life and well-being at any given individual, collective, and societal scale must have to demand more emphasis (Agyepong et al. 2017:2803-2889; Fuuda-Parr 2011:301-317; Halfon et. al. 2018:1-13; Lerner 2015:165-173; McGowan & Westley 2021:493-505; Mittelmark et al. 2017a:45-56; Narvaez & Gleason 2012:45-56; Sagy & Mana 2017:77-81; UNDP 2021:1-3). The varieties of the conventional reactive response and rehabilitation (reconstruction) oriented models will have to subject the individual and the society alike to the passive trajectory whereas the strengths-based (optimisation potential or else positive potential) model will have to stimulate progressively active or even proactive, positive, and sustainable preparedness and responsiveness towards ensuring optimal development and well-being at the various levels (Gozdwin 2016:1-2; Turner et al. 2014:1-3 & 9-12; van Zyl 2012:1-3).

Among others, concerted investigation and guidance on the composite “*minimal bedrock core building-block attributes continuum set*” construct of harnessing progressively positive health and social development responsiveness optimisation potential among the population segments are believed to be useful and timely in respect (Bellskey & Pluess 2013:1243-1261; Bradshaw et al. 2006:2-26; Farvacque & Kopanyi 2019:\_\_; Hodges & Clifton 2004:256-268; Hortko et al. 2019:\_\_; Kassahun 2010:122-139; Konchanska & Ashen 2004:1657-1676; Lark & Crews

2006:119-131; Lee et al. 2012:1-9; Lerner 2015:165-173; McGowan & Westley 2021:493-505; Mass et al. 2017:171-179; Maudoux et al. 2004:\_\_\_; Youngblad & Theokas 2006:58-60). The salient findings of what has been coined as the composite “*minimal bedrock core building-block attributes continuum set*” construct segments (domains) namely positive psychology intellect – competence (know-how, mastery, intelligence), positive developmental assets, reserve capacity, and resilience of “*harnessing progressively positive health and social development responsiveness optimisation potential*” (HPPHSDROP) are discussed with the chronological and systematic flow under sub-sections 5.1.3.2 - 5.1.3.5 here below.

Sullivan, G. M. and Artino, A. R. (2013:541-542) have very concisely and yet very usefully explained the analysis, approaches, justifications, and usefulness of the “Likert-Type Scale” responses; being notably the main stay in the given study pertaining to the composite “*minimal bedrock core building-block attributes continuum set*” construct, vital proxy tracer index of preparedness-readiness, researching the overall HPPHSDROP dimensions, and prototype model health and social development optimisation innovation guidance framework.

Promising features and patterns were notable across the composite “*minimal bedrock core building block attributes continuum set*” construct domains (segments) justifying systematic attention and pursuance. The discussion covers the prominent dimensions.

### ***5.1.3.2 Positive Health and Social Development Psychology Competence (Know-How Mastery) Intelligence Segment of the Attributes Continuum Set***

Cognisant of the very fact that positive psychology and its time dimensions are foundational to the ranges of choices, preferences and actions, it becomes imperative that this dimension receives conscious and constant enough attention and cultivation. In view of the “Theory of Positive Development”, disentangling positive psychology and positive development becomes impossible. Such holds true to the

progressively positive health and social development responsiveness optimisation potential, which should be firmly anchored upon the composite “*minimal bedrock core building-block continuum set*” construct (Boniwell & Zimarde 2004:165-167; Bretherton & Orner 2004:421; Joseph & Sagy 2017:82-88; Kassahun 2010:122-139; Mittelmark 2017:V&1-7; Sagy & Mana 2017:77-81; Ungar 2021:1-11; van Zyl 2012:4-6; Wood & Tarrion 2010:820-827; Yates & Masten 2004:529).

It exactly is on why that the overall positive psychology intellect – competence (know-how mastery intelligence) must get considered the fundamental prerequisite along the pursuit of the composite “*minimal bedrock core building-block attributes continuum set*” construct of “*harnessing progressively positive health and social development responsiveness optimisation potential*”. Among others, know – how master intellect (intelligence), social competence and social capital comprise critical elements (Agarwal & Dagli 2013:21-23; Boyers & Nelson 2015:828-830; Bradshaw et al. 2006:2-4&11-12; Camilli et al. 2010:581-595&604-607; Catalano et al. 2004:103; de Goede 2007:22&47; Lenin 2015:127-128; Linley & Stephen 2004:3-4; Jorgensen & Nafstad 2004:20-21; Moheni & Lindstrom 2007:1373-4; Ruini & Fava 2004:372; Woolcock & Narajan 2000:236; Zautra et al. 2010:7).

But like many of the things in various scientific fields as well as in practical life itself, the overall positive psychology intellect and competence/mastery know-how track of development is known to encountering certain degree of contests and critics too. Most importantly, positive psychology’s “idealist”, (i.e., “perfectionist” and “purist”) spirit, operationalisation and measurement aspects do remain subjected to the series of criticisms. The same will have to apply to the regular and robust measurement of positive psychology in view of the legitimacy of the considering the minimal bedrock core building-blocks continuum set proper (Jorgensen & Nafstad 2004:26; Wood & Tarrion 2010:820-823).

In the given research, therefore, it was evident that in the majority of the cases, the parents’ cohort were reporting better health and social development responsiveness

optimisation know-how (or competence and mastery) intelligence profile than the youth segment where the former's affirmative responses by the items standing around 60.0% to 67%. In addition, the "not sure" responses were comparatively higher among the youth across many of the items of the attribute or construct. Overall, the prolonged life time exposure, experience, and practical learning opportunities could possibly have explained the observed variations by the two cohorts (Agrawi & Dagli 2013:21-23; Jorgensen & Nafstad 2004:26; Koelen et al. 2017:137-149; Konchanska & Ashan 2004:1657-1678; Narvaez & Gleason 2012:45-56; Sagy & Mana 2017:82-88; Sheldon & Lyubomirsky 2004:131-135, 139-140, 166-176; Schima et al. 2011:45-56; Staudinger et al. 1995:801-847; Trivotte et al. 2010:3-19; Wood & Tarrier 2010:820-823). The future policy, programmatic and research implications of the given attribute are instructive enough.

### **5.1.3.3 Positive Developmental Assets Segment of the Attributes Continuum Set**

In this research positive developmental asset segment of the attributes continuum set was measured by logically aligning and integrating/streamlining an earlier developed questions set. The same construct (questionnaire) with two broad *External* and *Internal* sub-dimensions and eleven sub-scales, this attribute comprised the largest (52) set of response items. Irrespective of the mentioned type of sub-dimension and sub-scales, the parents were reported to having affirmatively better positive developmental assets and the majority of the cases falling in between 50.0% and 80.0% but even exceeding the 90.0% mark in some instances by taking the "strongly agree" and "agree" combined together. It may well be plausible enough to speculate that the expanse as well as intensity of experience can explain part of it as in the case to the positive health and social development optimisation psychology competence segment (Agrawi & Dagli 2013:21-23; Koelen et al. 2017:137-149; Narvaez & Gleason 2012:45-56; Sagy & Mana 2017:87-81; Sheldon & Lyubomirsky 2004:131-135, 139-140, 166-176; Schima et al. 2011:45-56; Staudinger et al. 1995:801-847; Trivotte et al. 2010:3-19).

On the other hand, the distinct exception was in relation with the “place & environment” and “equitable opportunities” sub-scales of the “internal” sub-dimension where both the youth and parents segments have reported low as well as relatively closely comparable enough affirmative responses across the respectively specifically given set of items. At the same time, however, the Investigator would have liked to counter argue on whether the “place & environment” and “equitable opportunities” should have to exclusively fall under the “internal” sub-dimension portfolio of the positive developmental assets of the attributes. The designation of the other aspects of the attribute might get further debated by the community of practice proper.

The very fact that the parents’ cohort was found faring better pertaining positive developmental assets can be viewed worthwhile particularly to the required future guidance and modelling to the youth (Ashine 2018:1-38; Belsky Pluess 2013:1243-1261; Hodges & Clifton 2004:256-268; Kassahun 2010:122-139; Konchanska & Ashan 2004:1657-1676; Lark & Crews 2006:119-131; McGowan & Westley 2021:493-505; Tadele 2018:69-103; Youngblad & Theokas 2006:58-60). At the very same time, the Researcher would like to table an argument that the youth could fare better granted appropriate and coordinated enough encouragement, guidance, inspiration, and motivation opportunities from early years of life (Agrawi & Dagli 2013:21-23; Benson 2012:3&6-7, Bruer 2017:151-158; Ungar 2021:1-11; Vaandrager & Kennedy 2017:160-166). Overall, whereas the parents segment have appeared better positioned regarding the majority of the given set of the positive developmental assets, the pertinent factors and the lessons across both the youth and the parents cohorts will have to warrant concerted attention and efforts ahead. Equally importantly so, the relatively low affirmative response even by the parents’ cohort on the “place & environment” and “equitable opportunities” will have to demand thorough investigation to the future. The quoted findings and concerns are in agreement with studies and recommendations with specific focus in Addis Ababa City and Ethiopia (Daniel et al. 2010:164-169; Elias & Elizabeth 2014:\_\_; Fana 2014:S64-S74; Hanjira et al. 2010:122-139; Tadele 2018:69-103; Yintiso 2008:53-57).



#### **5.1.3.4 Reserve Capacity Segment of the Attributes Continuum Set**

In general, reserve capacity has appeared one of the comparatively less researched elements or segment of what is coined as the “*minimal bedrock building-block attributes continuum set*” to harnessing progressively positive health and social development responsiveness optimisation potential. Also, it will be very worthwhile to put due emphasis that reserve capacity is not necessarily oriented towards responding to the encounters of adversities alone (which has been very much associated with the resilience attribute) but rather as a transcendent across all possibilities (Lerner 2006:42-45; Lerner 2015:165-173; Schroon 2021:349). In fact, resilience has also been noted as a type of reserve capacity (Staudinger et al. 1995:808-815; Zautra et al. 2010:6). The intersections and overlapping features will justify the consolidation of the attributes continuum set of the progressively positive responsiveness optimisation potential proper be it in health and social development or else.

In the given research, with the specific focus on the advancement of optimally positive health and social development, integration of the reserve capacity attribute should be recognised essential (Halfon et al. 2018:1-5; Halfon et al. 2014:357-358; Lerner 2015:167; Lerner 2006:42-45; Napolitano et al. 2011:23; Schroon 2021:349; Staudinger et al. 1995:801; Taylor & Cotler 2006:34-36). Accordingly, favourably affirmative responses were found skewed to the parents’ cohort practically across the items of specific interest with marginal variations from item to item. To the contrary, the “not sure” response was much higher and dominant enough for the youth cohort. Whilst there could possibly be other explanations, one of the logical reasoning for the marked difference between the youth and the parents’ cohorts could have been the degree of accumulation over the life time; the lesser the opportunity, possibly the lesser the reserve capacity. However, targeted as well as systematic enough practice of instilling and nurturing of the positive power of the reserve capacity from early years of life could have balanced the likelihood of the responses pattern (Belsky &

Pluess 2013:1243-1261; Belsky & Beaver 2011:616-629; Galo et al. 2009:269-274; Lake & Crews 2006:119-131).

#### ***5.1.3.5 Resilience Segment of the Attributes Continuum Set***

With all the continuing debates surrounding resilience, it definitely has become one of the catches of scientific as well as programmatic preoccupations across the world at the time (Masten 2021:113-134; Mittelmark 2021:153-164; Schroon 2021:337-338; UNDP 2020:2-3; Ungar 2021:1-11). Whether with depth of analysis or not, but it is indisputable that practically every sector has been talking much about this specific attribute of responsiveness. And, whereas resilience construct has been taken as a very important factor for the advancement of lifelong health development and well-being, its measurement is considered to be complex which may be dependent on the host of circumstances/contexts as well as factors (Lee et al. 2012:1-2; Miller et al. 2010:2-9&15-17; Mittelmark 2021:153-164; Reichy & Zautra 2011:33-35; Ungar 2010:1&6; Windle 2011:1-2&14; Windle 2011:152&161-165; Yates & Masten 2004:522&529-539; Zautra et al. 2010:4-6&9-16).

At the same time, it is worth noting that increasing dynamics of convergence is being recognised between resilience and positive development theories and research efforts and among the various disciplinary orientations to the “strengths-based” or “positive” and “thriving” development paradigm (Lerner 2006:42-47; Lerner 2015:165-173; Liebenberg et al. 2017:4-8&14-17; Reichy & Zautra 2011:36; Ungar 2021:1-11; Ungar 2010:1; Yates & Masten 2004:522&529-539; Zautra et al. 2010:3, 5-9) in particular. And still, the defining thread of resilience has remained overwhelmingly focused on the ability of responding to adversities, disorders, hazards, mishaps risks, shocks, etc. encounters and thereby on effective rebounding back to the earlier status quo per se instead. There really were very few exceptions where resilience gets projected beyond the adversity dimension. And, therefore, the notable core response features are “recovery”, “sustainability”, and “growth” phases’ view of resilience. (Lee et al. 2012:1-2; Lerner 2006:42-47; Lerner 2015:165-173; Reichy &

Zautra 2011:36; Ungar 2010:1; Ungar 2012:1-3; Yates & Masten 2004:522&529-539; Zautra et al. 2010:3, 5-9,15, 23-33&39-43). In a nutshell, the dominant central point of departure of resilience has been adversity and recovery duo.

And like it has already been repeatedly noted under the preceded domains, in the given research, the overall resilience related response profile has exhibited a similar pattern by favouring the parents cohort regarding the “strongly agree” and “agree” response options whereas the “not sure” response was found much dominant for the youth ranging in between 24% and 57% with approximation of the corresponding decimals. Obviously, much will be desired to be done in respect in more coordinated and systematic model (Liebengerg et al. 2017:4-8&14-17; Richey & Zautra 2011:32-34; Ungar 2021:1-11; Windle 2011a:1-2; Windle 2011b:152-165; Zautra & Hall 2011: 33-36) in order to be able to soundly “*harnessing progressively positive health and social development responsiveness optimisation potential*” of resilience segment alongside with cultivation of all the other precursor attributes coined as the composite “*minimal bedrock core building - block attributes continuum set*” construct and to the development of the “*prototype model health and social development innovation guidance framework*” in the given study enterprise.

#### **5.1.4 The Integrative (‘Wholesome’) Composite “*Minimal Bedrock Core Building – Block Attributes Continuum Set*” Construct**

The distinct doctrine, philosophy, argument, and thus the central preoccupation of this specific research enterprise has been about drawing due emphasis on the alignment, constellation, intersections, and inter-feeding overlaps of what gets coined in this Thesis as the foundational composite “*minimal bedrock core building-block attributes continuum set*” construct of “*harnessing progressively positive health and social development responsiveness optimisation potential*” proper. Overall, the concept of positive development across the life span has been increasingly recognised potentially transformational (i.e., highest order) power and process along the theory, research, and practice continuum proper (Belsky & Pluess 2013:1243-

1261; McGowan & Westley 2021:493-505; Ungar 2021:1-11). In connection, like it has already been emphasised within the aforementioned cases, accentuating the overlaps among the attributes continuum set was found worth due emphasis (Bottrell 2009:321-325&336-337; Halfon et al. 2014:357-358; Joseph & Sagy 2017:83-92; Masten & Barens 2018:1-2&7-9; Mittelmark et al. 2017:45-56; Mittelmark 2021:153-164; Reichy & Zautra 2011:35-38&42-45; Ungar 2021:1-11; Zautra et al. 2010:7-8).

As much due attention has been drawn to the distinct elements of the cardinal essential constructs comprising the composite “*minimal bedrock core building-block attributes continuum set*” construct as applicable to “*harnessing of progressively positive health and social development responsiveness optimisation potential*”, it will also be very important to always bear in mind that there do prevail remarkable and equally so useful enough intersections and overlaps among these set of attributes (Bottrell 2009:321-325&336-337; Halfon et al. 2014:357-358; Joseph & Sagy 2017:83-92; Masten & Barens 2018:1-2&7-9; Mittelmark et al. 2017:45-56; Mittelmark 2021:153-164; Reichy & Zautra 2011:35-38&42-45; Ungar 2021:1-11; Zautra et al. 2010:7-8). First and foremost, the logical inter-linkages will be vital. Second, the increasing re-orientation to the positive psychology and strengths-based approach in each case will warrant streamlined enough approach. Third, each attributes segment of the given core constructs will already have inbuilt certain features from the others. Fourth, maximised and multiplied enough progressively positive responsiveness optimisation may be attained with the inter-connected approach (ibid).

Overall positive psychology and positive developmental asset competence/mastery know - how intelligence may rightfully be identified at the very core and foundation of harnessing progressively positive health and social development responsiveness optimisation potential in any context. Notwithstanding some of the counterarguments, the critical value of positive psychology/know – how mastery (i.e., competence) intelligence and positive development assets in advancing optimal health and social aspiration can never get underestimated. The systematic, albeit somehow subtle, reorientation to the strengths-based approach, namely “*optimisation continuum*”,

“*optimisation potential*” or “*positive potential*” to human behaviour and development in particular. Such degree of very distinct development paradigm significance has been increasingly recognised over the years and thus quite lot has been explicated in this respect (Harrilall 2008:2-3; Lerner 2015:165-168; Lerner 2006:42-47; Shedon & Lyubomirsky 2004:128-135; Mittelmark et al. 2017:45-56; Mittelmark 2021:153-164; van Zyl 2012:1-6).

Likewise, the emphasis on the positive human development of the individual and group strengths alike gets mediated through plasticity or reserve capacity identified as one of the critical “positive developmental asset” resources of everyone across the life span (Lerner 2006:42-47; Napolitano et al. 2011:23-25&31-34; Staudinger et al. 1995:801,807-808&830). In fact, the reserve capacity or plasticity resource attribute itself is believed to comprise two complementary domains, namely “internal cognitive capacity” and “external” dimensions proper (AIHW 2012:14-17; Kashadan & Finchman 2004:4852-486; Schonert-Reichi & Lawler 2010:138-148; Staudinger et al. 1995:807-808&830; Yates & Masten 2004:529).

In this study, concerted effort was made to measure the specifically rationalised composite “*minimal bedrock core building – block attributes continuum set*” construct, including some of the salient predictor factors by converging the constituent segments (domains). The findings were notable enough on ranges of parameters, again, where the parents were positioned on the comparatively favourable track than the youth. Among others, the specific feature can also imply that revisiting and reorienting the research, policy and practice enterprises to the increasingly strengths-based and more specifically to the “*optimisation continuum*”, “*optimisation potential*” or “*positive potential*” trajectory will be worthwhile ahead.

And, by the logical extension, up until the essential precursor of the composite “*minimal bedrock core building-block attributes continuum set*” construct leading to resilience segment phenomenon gets well bolstered and harnessed, it will be less likely to be able to reap optimal health and social development responsiveness

optimisation proper and which possibly may be transcendent to all the other domains of life. In the same token, if the exclusive focus becomes merely on resilience the overwhelming inclination will have largely been reactively responding to adversities and risks in particular with little attention to the other more important dimensions of positive or strengths-based development proper. “Maintaining positivity is a daily challenge that requires focus and attention ... must be intentional about staying positive.” (World Economic Forum tweet of 20<sup>th</sup> July 2017 of an unidentified primary source)

The pertinent findings can indicate the synergistic intersections, interdependence and overlaps among the examined constituent domains or segments. To the very effect, among others, sound alignment, streamlining and synchronisation of the composite “*minimal bedrock core building-block attributes continuum set*” construct to “*harnessing progressively positive health and social development responsiveness optimisation potential*” together with the development of a “*model innovation guidance framework*” proper is presumed to be not only a fundamental prerequisite but equally so an imperative going forward (Askura et al. 2015:2-7; Bradshaw et al. 2006:2-4&11-12; Hodges & Clifton 2004: 257-260&266-268; Jorgensen & Nafstad 2004:39&47; Linley & Joseph 2004:XV; Morgan & Ziglio 2007:17-21; Parkes et al. 2003:669-674). To the effect, the scientific importance and significance of the systematic alignment/harmonisation, streamlining, synchronisation, and consolidation in dynamic mode cannot be emphasised enough.

#### **5.1.5 Researching Likely Practical Appreciation, Importance (Relevance) Applicability, Acceptance/Interest, Priority and Feasibility of the Pursuit of “Progressively Positive Health and Social Development Responsiveness Optimisation Potential Responsiveness Optimisation Potential”**

Certain aspects of pertinently applicable discussion points have already been dealt with right at the very beginning of 5.1.4 section in the given research work. In this respect, the apparent lack of evidence-guided practice and the poor quality of

development performance have come out quite clear, coherent, consistent, and also instructively loud enough during the FGDs and IDI in particular. Both the Discussants and Interviewees have expressed clear enough position on the foundational instrumentation prerequisites of very well planned, of good quality and sustainable enough evidences consolidation and education system towards advancing and *“harnessing progressively positive health and social development responsiveness optimisation potential”* as well as to the reasoned development of *“model innovation guidance framework”*. In a more or less very similar mode, the Discussants and Interviewees alike were remarkably appreciative of the importance of addressing health and social development optimisation matters. The illustratively sampled here below perspectives are believed to enrich the discussion:

“Well, it is very important to discuss about health and social matters because both are interrelated ... I do believe that both are inseparable ... The community’s social and health affairs are interconnected.”

“... Based on the questions raised, we have discussed sufficient enough towards optimising health and social development. There is nothing left. ... It should not remain just a talk. Practical implementation of the initiative will be anticipated (expected).”

“I think you have come in order to effect better change by discussing with us ... We will share the ideas ... You are doing this for our growth sake ... We will share the ideas ... We can bring the desired changes.”

“It is important to change community’s attitude in order to be able to bring about the necessary development.”

Based on the triangulated confluence of evidences, it can be safely inferred that the features and patterns of the specific domain did not exhibit divergence from what were observed for the preceded parameters too. The quantitative domain has also

exerted considerable degree of effort to looking into the relevance, importance/significance and feasibility dimensions of the specifically chosen thematic area of research objectives. In view of the indicatively emergent set of the evidences, it feels fair to claim that the quantitative findings do corroborate with what was reflected in the qualitative domain in spite of the veery fact that adults (the parents) were the affirmatively (favourably) dominant in both cases. And, in fact, the youth were not part of the FGDS and IDI processes as a whole. Also, the concrete effect of the prototype intervention effort of the Thesis was made inbuilt into this research in order to injecting further specific piece of information (evidence) along the very same.

#### **5.1.6 Factors of Progressive Positive Health and Social Development Responsiveness Optimisation Potentials as Expressed Through the “*Minimal Bedrock Core Building – Block Attributes Continuum Set*” Construct**

It cannot be emphasised enough that “States role in facilitating positive development outcomes is the most important and the problematic ... the actor best able to facilitate enduring alliances across the boundaries of classes, ethnicity, races, gender, politics and religion ...” (Woolcock & Narajan 2000:236). Here it becomes very important to underscore that the phase of childhood, adolescence and youth offers very special opportunity and equally so pauses challenges towards harnessing progressively positive health and social development responsiveness optimisation potentials in particular. The belief in the future, hope, and optimism about the future outcome should be of vital value of positive development (AIHW 2012:4-6; Benson et al. 2012:5-6; Bowes et al. 2010:721; Bradshaw et al. 2006:11-12; Christie & Russell 2005:301; Christens & Peterson 2012:623-624; Keniston 1970:631-639; Schema et al. 2011:45-46; Shek & Ma 2010:41-42).

Consistent to the foregoing affirmation, the Discussants and Interviewees have drawn the Research Team’s attention to certain themes of specific interest. Along the line, sizeable Discussants and Interviewees have emphasised on the importance and significance of ensuring thorough enough planning as well as maximal participation



at all of the levels. Also, Discussants and Interviewees alike of this research were of strong positive views that the long time-tested indigenous local self-help institutions associations, namely *Idirs* are better positioned and can offer more to the future of equitable development trajectory (Kassahun 2010:122-139) in particular. *Idirs* were perceived being reasonably accountable, dependable, effective and promising to facilitating better development practice in general and optimisation of the health and social development responsiveness in particular. By any measure, underutilisation of the *Idirs*, specifically, by the officialised system was viewed the weakest point to date, including in health and social development spheres (Kassahun 2010:122-139; Tadele 2018:69-103). The samples spotlighted below are presumed to augment the same.

“*Idirs* have huge potential role to the day-to-day social life and existence.”

“*Idirs* posse immense development knowledge and experience asset.”

“*Idirs* are the anchor and the foundation of the government. *Idirs* are the anchors to all forms to bottom ... It is being said that everything can get developed if the *Idirs* get developed enough ... It is very useful to strengthen ...”

“Increasingly greater engagement and participation of local institutions such as the *Idirs* is viewed very important.”

And as it already was discussed within the above sections, sizeable portion of the discussants and Interviewees alike have drawn the necessary attention to evidence – guided development policy and programmatic practices. With the focus on more factors, the Discussants and Interviewees emphasis on certain set of circumstances, conditions and contexts will supplement the discussion:

“Development is closely tied with democracy ... Participation of all the concerned is important in order to ensure ownership of the development.”

“In order to be able to ensure sustainability of development and growth, the government should consult with the people ...”

“The people will believe and accept if we can get the result of this research. I do believe that we can convince them (the public) ... We will see whether you are going to realise it.” (This was the perspective which was reinforced by several of the Discussants in particular)

“I think it will be important to discuss the issue further deeper. It will also be very good if we can receive up-to-date professional support. We will always be prepared and ready to contribute and discharge (i. e., fulfil our respective share).”

“Active engagement and participation of prominent persons within the *woreda* and *ketena* (equivalent to “district” and “sub-district” respectively) are viewed to better facilitate the development practice. We can be more fruitful if such prominent persons get actively participating.”

The illustrative statement samples portray clear enough responsiveness implications. In this research age was one of the key parameters of interest. In the series of the bivariate analyses across the pertinent constructs, age was found consistently and strongly statistically associated factor. In the ordinal and binary logistic regression, the effect of age exhibited variability by the constructs, including by the overall composite measurement of interest, namely the composite “*minimal bedrock core building – block attributes continuum set*” construct of “*progressively positive responsiveness optimisation potential*” in Addis Ababa. In addition to the age bracket, education, employment, occupation, income, availability of functional radio and or television and or computer at home, as well as the individual constructs treated separately were found important predictors in a varying degree for one or more of the constructs and the overall composite measurement.

It is useful to make note of the very fact that the predictors mix across and among the measured constructs did not reveal uniformity. Such may be quite natural enough. Moreover, the chosen factors set cannot be considered exhaustive enough. In general, the importance and significance of the named predictors characteristics cannot be underestimated and also not only to this specific research, but even in equal measure to the broader development agenda as a whole indeed (UNCTAD 2021:XXIV; UNDP 2021:110; UNDP 2020:1-3).

Likewise, specifically, in respect to the preparedness and readiness vital proxy tracer index expressed by/with the vital events and vital statistics system (VEVSS) case scenario coupled with the overall practical relevance/significance, acceptance, priority and feasibility of “*progressively positive responsiveness optimisation potential*” in Addis Ababa of the given research undertaking; did reveal an overall affirmatively favourable response of both the youth and the parents cohorts across the sub-scale items albeit with varying degree and largely in favour of the parents cohort. The factors spotlighted within the aforementioned paragraph were important determinants for the given domains too.

Overall, it is fair and legitimate enough to assert that based on set of triangulated evidences from both the qualitative and quantitative domains, the acceptance, practicality, feasibility, preparedness and readiness dimensions of the research purpose and the objectives were positively received with promising enough momentum to the future. The collective set of evidences are believed to have assisted the systematic consolidation, elaboration, substantiation towards effective “*harnessing of progressively positive health and social development responsiveness optimisation potential*” of the formal residential youth and their parents in Addis Ababa proper. The integrated evidences set could have justified incorporation of model intervention dimension. Surely, eventually, increasingly expanded, intensive, and longitudinal research commitments will have to consolidate, enrich, and shape the future scope of evidences as well as policy and programmatic pathways.

Primarily owing to the financial and time feasibility, only the quasi – experimental was found practicable and feasibly in the given study. The discussions under 5.1.3.2 through 5.1.3.6 are limited to the findings of the Phase I Comprehensive Survey portion of the composite “*minimal bedrock core-building block attributes continuum set*” construct only. Furthermore, the practical significance of the given set of findings will bear importance in no less term to the statistical dimension.

### **5.1.7 Influence/Effects of the Quasi - Experimental (QE) Intervention Effort on Stimulating Progressively Positive Health and Social Development Responsiveness Optimisation Potential**

Even if really not controlled and not pure (“sterile”) model, the findings of the quasi – experimental intervention of the research can be taken indicatively encouraging and promising enough in ranges of dimensions (Ahrens et al. 2014:473-524; Baldwin & Berkeljon 2010:\_\_; Camppbell et al. 2000:494-496; Daves 2010:\_\_; Francheschi & Plummer 2014:365-388; Kass 2014:325-363). Substantial proportions of the increases on the affirmative responses were skewed to the parents’ cohort. Nevertheless, the favourable responses by the youth were not negligible too, especially, in view of the generic feature of the intervention set. Of course, among others, the degree of seriousness and critical thinking as well as assimilations and also the rather short time of intervention exposure could have partly explained the relatively marginal positive difference as a whole (Brofenbrenner & Evans 1979:117&122).

Regardless of the inherent limitations, the specific line of effort and the tangible findings are viewed to playing considerable role of enrichment continuum. Likewise, whereas further research efforts are ought to consider implementing different alternative experimental models, the promisingly indicative findings of this research can possibly serve a useful input to the systematic development guidance and strategic enough approaches. Overall, based on the promising finding, it will be fair and safe to envision informing the systematic cultivating and nurturing (harnessing) of

progressively health and social development responsiveness optimisation potential in settings like Addis Ababa City. To this effect, the Prototype Model Innovation Guidance (Guideline) Framework gets elaborated within the pertinent section below (sub – chapter or section 5.1.10 & Chapter 6).

#### **5.1.8 Vital Proxy Tracer as a Potential to Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation Preparedness and Readiness Dynamics Index: Preparedness and Readiness Index Pertaining Vital Events and Vital Registration (Statistics) System Case Scenario**

The discussion portions which specifically were deliberated under 5.1.5 and 5.1.7 above have partly addressed the issue of particular interest. Nonetheless, some points are worth of specific address over here. According to the official documenting, Ethiopia's in general and Addis Ababa's vital registration and vital statistics system is believed to be yet underdeveloped even by the Sub – Saharan Africa's standard (Ashine 2018:1-38; Dawit 2015:\_\_\_; Ethiopian Planning Commission National Ten – Year Development Plan 2021 – 2030; Kassahun 2010:1596-1604; Tadele 2018:69-103). As such taking the specific dimension as the anchor vital health and social development optimisation preparedness and readiness proxy tracer index can be viewed essential enough undertaking on its own right. And, again, the affirmative proportions by both the youth and their parents during the Initial Comprehensive (Phase I) and the Quasi – Experimental (Phase II) were not negligible justifying the importance of exerting further concerted effort to the increasingly encouraging and promising future.

#### **5.1.9 Overall Summative Likelihood of Applicability (Relevance), Acceptance, Priority and Feasibility of the Progressively Positive Responsiveness Optimisation Potential Research and Development to the Future in Addis Ababa towards Sustainability**

Very much related enough dimensions were already discussed under section 5.1.5 of the Thesis. By exerting due emphasis on what were termed as the “contemporary developmental science” and “relational developmental systems” Lerner (2015:165-168) boldly asserted that “... that developmental science can contribute to both enhancing positive development among diverse individuals across the lifespan and promoting social justice in their communities, nations and regions is supported by decades of theoretical, methodological and research contributions”. “Developmental Systems Theory”, “Relational Developmental Systems” and “Strengths-based” or “developmental asset” approaches (Jorgensen & Nafstad 2004:26; Lerner 2015:165-168, Lerner 2006:40-47; Meyer 2014:10, 18, 50-51&57; Mittelmark et al. 2017:45-56; Mittelmark 2021:153-164; Ungar 2021:1-11; Ungar 2010:1-7) are viewed the cardinal landmark features of progressively positive responsiveness optimisation potential. And among others development as a whole may be viewed the “selective optimisation and compensation” (Staudinger et al. 1995:832).

As it has already been noted in the preceded sections, based on the Discussants and Interviewees, there appeared to have prevailed upbeat conviction, confidence, enthusiasm and optimism pertaining likelihood of progressively positive health and social development responsiveness optimisation potential. And at the very same time, non-negligible portion of the Discussants cohort have tabled a serious demand to translate the research findings into concrete improvement to the future. To the contrary, some of the discussants were not to shy away from openly casting doubts by expressing their pessimism or scepticism and uncertainty about the meaningfulness, usefulness and value addition of the specific research undertaking. The prevalence of such kinds of different perspectives is to be expected. Contrasting views may be justified especially given the overall context and timing of the research process itself. Similarly, majority of the Discussants and Interviewees were appreciative of the specific research undertaking. Indeed, such renders a tangible leveraging point of departure.

The central motive of the research undertaking could not have been expressed well than as: "... In order to develop – intellectually, emotionally, socially and morally – a human being whether child or adult requires – for all of them – the same thing: active participation in progressively more complex reciprocal interaction with persons with whom he or she develops a strong, mutual, irrational attachment and who over time become committed to each other's well-being and development preferably for life." (Bronfenbrenner & Evans 1979:117&122)

Again, as it was duly highlighted by van Lora (2011:10-16), the "Three Pillars" of Sustainable Development are supposed to be the harmonious balance of economic development and growth, environmental quality and attainment of social equity (quality health and social development inclusive). Along the same line, sound enough integration of the non-social and social development dimensions with the dynamically maximised equitable degree of benefits of members of the society should be viewed right at the very core of Sustainable Development proper (Nwachukwu 2011:5-6&14).

Overall, human potential can be received inherent with its universalising attributes; and also such that being able to realise one's potential is said to be "the highest of all human goods". To the effect, conscious and resolute choices and hence sustained enough efforts over time will have to determine the effectiveness of realisation of the potential whether on individual or collective levels in the specific view of "Optimization Potential and Potent Potential", "Learning Potential Model", "Learning Potential Theory", and related to considerations in particular (Boniwell & Zimbardo 2004:172-176; Bretherton & Orner 2004:421-427; Coferon et al. 2011:5540-5544,5549&5551; de Goede 2007:22&41; Jorgen & Nafstad 2004:25; Linley & Joseph 2004:4; Oland 2012:566-577; Sheldon & Lyubomirsky 2004:137-140).

Concerted conscious emphasis on the essential precursors of resilience inclusive, namely the overall positive health and social development psychology and know-how (competence/mastery) intelligence, development assets, and reserve capacity segment potentials in an integral continuum set along the pursuit of "*progressively*

*positive health and social development responsiveness optimisation*” can well be considered the distinct contribution of this specific research per se. Based on the reasonably triangulated set of evidences, therefore, it becomes natural to entertain the Prototype Innovation Intervention Guidelines (Guidance) Framework proper. The noted domain was already made inbuilt to the research (Thesis) enterprise.

#### **5.1.10 Guidance Potential of the Future: Consideration of Prototype Model Innovation Guidance (Guideline) Framework towards Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation Potential**

First and foremost, it will really be very important to differentiate optimisation from the relatively narrower angle of problem identification, fixation, and rehabilitation or even from social welfare oriented services in particular (Oudard et al. 2012:1513-1517). Whereas it may still be rightfully considered a worthwhile optimisation engagement, specifically, from the prognostic point of view proper, as such, the problem or the risk identification, fixation, and rehabilitation or even the social welfare oriented services optimisation efforts cannot be presumed to take into proper account to the much broader, fuller, higher, and larger optimisation scope or scale proper.

Being understood “complex transformation of continuity or discontinuity” progressive change and development will have to include dynamic understanding of the potential on its own right proper; and such will have to require conscious, systematic, and planned pursuit of the “Progressive Modelling” and optimisation trajectory in particular (Alder & Dagli 2012:31-35; Altaeem et al. 2015:57-58; Gestsdottir et al. 2010:764-772; Halfon et al. 2014:355; Helbig 2012:1-3,22-23; Ismail 2013:39-47; Joseph et al. 2013:128; Jorgensen & Nafstad 2004:17-24; Kruger 2014:154-156; Lee et al. 2013:141-146; Lenin et al. 2015:127-130; Lygoe et al. 2010:641; Nakajo et al. 2012:434,438,453-461; Narvaez & Gleason 2012:2; Oland 2012:561-563; Peterson & Park 2004:435; Sun & Shek 2012:3).



Based on the foregoing, it feels scientifically convincing that:

The positive health and social development responsiveness psychology know – how (competence/mastery) intelligence, positive development assets, reserve capacity, and resilience attributes continuum set will have to get intricately coherently assembled – linked and subsumed under the progressively positive responsiveness optimisation potential (i.e., composite “*minimal bedrock core building-block attributes continuum set*” construct) proper - essentially, making the given scientific piece of work progressively strengths-based positive responsiveness optimisation potential continuum framework – a conscious enough concerted departure or innovation terrain. The specific pathway will have to require meaningful operationalisation and measurement practices (Asakura et al. 2015:2-7; Hodges & Clifton 2004:257-268; Jorgensen & Nafstad 2004:39&47; Morgan & Ziglio 2007:17-21; Parkes et al. 2003:669-671; Reichy & Zautra 2011:36-45; Ungar 2010:1-5&11-14; van Zyl 2012:6-15; Zautra et al. 2010:1-8, 13&23-25)

Certainly, the generic concept “potential” cannot be considered a new element since it has been in wider use in multitudes of fields in various ways for long already. What can well be taken legitimately novel in this current piece of work are: firstly, the concerted effort of the logically strategic and systematic alignment (constellation), streamlining, synchronisation, and operationalisation of what may be conceptualised as the “*potential’s continuum*” or more specifically “*optimisation potential*” or else “*positive potential*” of the cardinal attributes set as the foundational continuum; secondly, the innovatively concrete sound consolidation – conceptualisation and enrichment of the potential continuum’s integrative composite “*minimal bedrock core building-block attributes continuum set*” construct framework frontier; and, thirdly, by so doing, exposition to the increasingly broader scale use along the theoretical, research and practice gradients continuum of the health and social development responsiveness optimisation enterprise forward. As such, the approach may well be viewed an expanded philosophical dimension of the “*optimisation potential*” or “*positive potential*” and the “*minimal bedrock core building-block attributes continuum*

set” framework frontier which gets elaborated under the forthcoming sections. With further concerted consolidation, the track may qualify to a notable ‘school of thought’ on its own right.

Furthermore, it is known that to date the concept as well as the application of “optimisation” has been in dynamic active use particularly within the “hard” and “material” science domain but, if at all, has really been receiving very little systematically meaningful attention in health and social development domain per se. Equally importantly, the integrative alignment and convergent worldview pertaining to the composite “*minimal bedrock core building-block attributes continuum set*” construct of harnessing progressively positive health and social development responsiveness optimisation potential has remained the missing critical link within both the scientific research and practical application dimensions. The systematic effort captioned in this Thesis is believed to have expanded and enriched the development discourse, taxonomy, and theory to certain degree.

Specifically, AA City as well as countries like Ethiopia will be required to undertake further multi – dimensional and mutually reinforcing enough innovation reforms in view of the ever complex and dynamic modern life of parents and their offspring. It as well is worthwhile to note that the indigenously time-tested and widely readily existing traditional institutions namely *Idirs* are recognised to facilitating positive development optimisation possibilities (Kumar & Quisuming 2015:406-408,415 &420-421). In any case, important attributes such as previous cognitive component, social component and velocity are among the necessary condition towards facilitating optimum solutions forward (Lenin et al. 2015; 127-128). In summary, it is the finding of the Research that in order to be able to effectively advance “progressively positive health and social development responsiveness optimisation potentials” proper, it will require a significant innovation along the policy, research and programmatic dimensions continuum. Accordingly, leading progressively positive responsiveness optimisation will have to be viewed the most crucial element to concerted the pursuit of sustainability in light of the “social innovation”, “interventionist attitude”, “committed

compliance”, “social prophylaxis” and “willing, eager and wholehearted cooperation”, etcetera tracks proper (Davidou & Grusec 2006:44; Montavon 2010:1-3&5; Windle et al. 2011:14 &16). By duly capitalising on the “*minimal bedrock core building-block attributes continuum set*” of the “optimisation potential” and “positive potential” or else “positive development potential”, the intent is to harnessing progressively positive health and social development.

Based on the above specified and possibly other more reasoning, the Researcher would like to draw the concerted attention of the scientific, policy, programme and service provision communities of practices to be able to effectively align and capitalise upon as well as expand on the composite “*minimal bedrock core building-block attributes continuum set*” construct sub – segments in particular. It is the genuine conviction of the Researcher that such an approach can render better transformational Sustainable Development Goal service aspirations being applied to the optimal good of the health and well-being and quality of life as the principal foundation (Halfon et al. 2018:1-13; Mittelmark et al. 2017:45-56; Mittelmark 2021:153-164; UNDP 2021:110; UNDP 2020:1-3; Ungar 2021:1-11).

### **5.1.11 Strengths and Limitations of the Specific Research Performance**

#### **5.1.11.1 Strengths of the Specific Research Performance:**

This study has exhibited a set of strengths. First and foremost, this research enterprise was reasonably an alternative orientation in ranges of parameters. By relying on the critical – realism research paradigm, the given research has attempted to make reasonable balance and triangulation of the possible approaches. The rigorous implementation of the mixed – methods and multi – methods approaches was presumed to have enhanced the degree of empirical evidence of this research enterprise. Equally importantly, the realistically prudent and rigorous (robust) execution of the integrated design continuum could have enhanced the knowledge generation efforts. In connection the Study’s core strengths features are:

- Ambitious and cross-cutting study undertaking with the expansive resources digest and application of the “meta - theory” and “system of systems” of the health and social development optimisation phenomena complexity perspective as the essential conceptual and methodological point of departure.
- Direct, expansive, firsthand, and primary empirical data set generation.
- Implementation of comprehensive Mixed – Methods and Multi – Methods approach with the systematic employment of integrative, transdisciplinary, and transgenerational research innovation enterprise; effective triangulation of broad scale expertise, tools, processes and evidences dimensions.
- Deployment of reasonably proficient (high calibre and well trained) Research Team along with prudent and rigorous implementation of Field Activity Manual Companion.
- Implementation of two levels as well as two rounds of pre-tests and revisions exercises (i.e., the first level/round by the Field Activity Coordinators – Supervisors alone and the second level/round by the mix of the Field Activity Coordinators – Supervisors and the Data Collectors Teams together).
- Large sample size coupled with the representatively wide enough coverage of the Addis Ababa City’s formal residential youth and their parents’ dyad cross-section. A well powered empirical quantitative analyses domain.
- Cross – Generational (households’ Youth and their Parents) research participants mix.
- Logical assemblage, streamlining, synchronisation - structuring, and measurement of the essential continuum dubbed as the composite “*minimal bedrock core building – block attributes continuum set*” potential construct as an essential dimension of *optimisation continuum, optimisation potential,*

positive potential (*potentiality*), *positive possibility*, *positive power*, etcetera to “harnessing progressively positive health and social development responsiveness optimisation” and beyond.

- Elaborated analyses with robust implementation of the integral descriptive, correlational, and quasi – experimental entities continuum of the interpretive quantitative domain; exploration of the salient factors and perceptions; and logical integration of a prototype innovation intervention.
- Generation and consolidation of triangulated evidences pool rendering inputs to the reasoned development of *A Prototype Model Innovation Guidance Framework* mainly by capitalising on the foregoing key highlights.
- Expansion and enrichment of the discourse narrative, research, taxonomy and theory of health and social development optimisation possibilities.
- The likely expansive applicability of the approach on the broadly cross – cutting disciplines and sectors outside of the health and social development optimisation confines per se.

#### **5.1.11.2 Concerns and Limitations of the Specific Research Performance:**

In spite of the innocently passionate, prudent, and robust enough efforts throughout, this research enterprise had to account to the following set of concerns and limitations:

- Overly demanding complexity for a distance D Litt Et Phil in Health Studies/PhD in Public Health study requiring multifaceted investment in settings with notably pressing circumstances such as Addis Ababa/Ethiopia, particularly, during the empirical domain, including the extended time demands.
- The study was limited to the urban residential setting with the exclusion of the non formal (official) residential youth and parents’ population segment.

- The male dominance in the FGDs and IDIs as well as relative exclusion of the youth in these specific modules.
- The inherent shortcomings of the quasi-experimental design coupled with the exclusively post-hoc feature and short time space of the desired diffusion phenomena; and being a non-sterile and a non-fully controlled but just a single group post-hoc quasi – experimental intervention, the specific findings can only be taken indicative enough.
- Relatively short intervention exposure and measurement assessment time space in view of the requirements for the intensive diffusion, assimilation and internalisation necessities in particular.
- Longitudinal study design approach could have produced better and stronger evidences set profile quality.
- Relative bulkiness of the quantitative questionnaire even if more or less comparable to what gets commonly, periodically and regularly implemented in many of the Developing Countries such as the famous Demographic and Health Survey and Multi – Indicators Cluster Survey modules.
- Aggregating and collapsing variables/data set (e.g. PCA and related) may have resulted in consequential information loss drawbacks.
- For one or more reasons, social desirability bias and responses fluctuation phenomena could not be totally ruled out. Again, the notably uncertain and volatile political protest atmosphere which was widely prevalent across the country (dominantly in the urban settings) during the study periods (2017 and 2018) may have exerted a degree of influence on the responses.

## 5.2 CONCLUSION

Despite the complexity and related to factors, it certainly was a very interesting and equally so a very important research undertaking in ranges of ways. Among others youth and parents cohorts parallel have come out vividly instructive enough to guiding the process ahead. Richness of the variety of research methods and thereby the triangulated evidences set are viewed to bearing considerable significance.

Overall it was encouraging to underscore that the favourable responses (reports) outweigh across the measuring of composite “*minimal bedrock core building-block attributes continuum set*” domains (segments) potential constructs of “*progressively positive health and social development optimisation potential*” and more so among the parents cohort. The promising evidences can render worthwhile complementarity engagement alternative to the overwhelmingly disorder, risk, shock, etcetera dominated health and social responses models, including the overwhelming resilience domain preoccupation to date. And the given complementary alternative is viewed in precise logical coherence with the contemporary global initiatives of transdisciplinary significance such as the human development, positive human development, life course health development, positive youth development, positive peace, salutogenesis, sustainable development, and several others of similar track.

As a general feature, the given Thesis work has revealed encouraging and promising enough set of evidences to expanding knowledge, guiding programs and inputting to further research. Both experience and science continue to prove that there indeed is nothing powerful like the mindset and attitude proper. Our mindsets, attitudes and thoughts (or ideas) are known to greatly shape the courses of the majority of events in our lives in either positive or negative pathway. Being able to reacting to events is one thing but shaping the events right from the very outset and rightly more so progressively positively enough on its own right can be another dimension altogether. As such, having the required degree of conviction that it will be possible for an individual and a collective alike to optimise progressively positive course of events of

health and social development course is different than being able to passively reactively responding to the manifestations of risks or malfunction conditions instead.

Being able to instilling, cultivating and nurturing progressively positive health and social development possibilities (optimisation potentials) and thereby facilitating thriving and flourishing throughout the life-course are viewed at the very crux of this research enterprise. And as such is presumed to be anchored upon the bedrock philosophy of the SDGs inclusive. And whereas building resilience will have to remain an essential part of the continuum set, overall *optimisation potential* or *positive potential* (i.e., harnessing *progressively positive responsiveness optimisation potential*) will have to become the defining as well as overarching principle right from the very outset and across the entire life-course far increasingly ahead. *Optimisation potential* of individual and collective potentials towards *progressively positive health and social development responsiveness* will have to get dynamically instilled, cultivated and nurtured (i.e. learnt and practiced) like any other aspect of our scientific life. Effective integration of the optimization science, solutions and services cannot be emphasized enough. This will have to mean that the pertinent institutions, structures and systems will have to engage with the required breadth and depth of serious reorientation and realignments works too.

In a way, this research can be viewed novel in ranges of respects. First, it has opted to pursue the more holistic and integrative theoretical perspective as the central point of departure including treating health and social development in wholesome synergy. Second, it has entertained the “*positive potential*”/ “*optimisation potential*” or else “*optimisation continuum*” of the health and social development beyond the mere “resilience” dimension per se. Third, it has attempted to measure the composite “*minimal bedrock building-block core attributes continuum set*” potential construct of the “*progressive responsiveness optimisation potential*” of positive health and social development in realistic mode. Fourth, it has employed the complementary methodological (i.e., mixed-methods and multi-methods) continuum of measurement. Fifth, it has attempted to explore *progressive responsiveness optimisation potential* of



positive health and social development of the youth and parents pair life-course in tandem in particular. Sixth, a systematically guided attempt was made to expanding and enriching the discourse, taxonomy and theory of health and social development optimisation.

In summary, it was fairly evident that:

1. On the overall, the youth and their parents in Addis Ababa exhibited favourable interest to *harnessing progressive positive health and social development responsiveness optimisation potential*; the responses across the composite *minimal bedrock core building-block attributes continuum set* potential construct and the vital proxy tracer index parameters by both the youth and their parents could be claimed positive.
2. There was a clear as well as considerable degree of differences (disparity) between the youth and their parents practically across all of the aforementioned investigated parameters.
3. Whereas not exhaustive enough, the documented predictor set of factors are instructive enough. The practical significance in equal terms to the statistical significance dimension can bear multi-faceted implications.
4. The factors for the marked differences between the youth and the parents' cohorts as well for the attributes will require further dynamically deeper investigation.
5. Expansively rich enough perceptions and perspectives generated from the FGDs and IDI will justify maximal attention.
6. Based on the examination of the vital proxy tracer index – the surrogates VEVS as well as the overall PPHSDROP's pursuit significance – the preparedness and readiness dimension of the youth and their parents in Addis Ababa City may be considered yet less optimal.

7. Overall, the quantitative and qualitative findings of this research are believed to be in sound logical concurrence.
8. Even if uncontrolled post hoc and also with relatively marginal effect (possibly due to the rather short exposure and diffusion), rationalised incorporation of the quasi – experimental portion (phase II) was found additionally useful; the systematic integration and implementation of the prototype quasi-experimental wing could enrich the constellation (triangulation) of evidences set as a whole.
9. Overall, it is the Researcher’s honest conviction that very much encouraging and equally so promising set of evidences were generated to soundly guiding the research, policy and program and academics territories, specifically pertaining to the youth and their Parents in Addis Ababa City Administration as well as to building upon and developing of a broader – scale Prototype Model Innovation Gguidance Framework in general.

### 5.3 RECOMMENDATIONS

Based on the reasonably triangulated set of evidence of the Mixed – Methods and Multi – Methods (Critical Realism) track, therefore, it should be plausible to place core set of recommendations:

- Cognisant of the fact that *optimisation* and *potential*, in generic terms, have been in wide use, the dynamic, focused, planned and systematic pursuit of same, specifically, within the health and social development dimension among youth and their parents in Addis Ababa (and probably in contexts of similar features elsewhere) should merit fundamental traction imperative ahead.
- Harnessing *Progressively* “Strengths-based” or *Positive Health and Social Development Responsiveness Optimisation Potential* pathway should become the major systemwide pursuit preoccupation across the sectors and levels as well as equally across the research, academics and policy – program (i.e.,

science, solutions, and services) domains in Addis Ababa City Administration and elsewhere with similar context(s) to the future.

- The concrete, encouraging as well as promising positive scenario will call for further bolstering and maximising along with the systematically tailor-made, integrated, and earliest possible starts by the pertinent sectors and equally so across the life-course in Addis Ababa City cannot get overemphasised enough. Dynamic automation and digitalisation of the pertinent platforms, processes, tools and et cetera cannot be emphasised enough.
- Pertinent actors in Addis Ababa City Administration should consider conscious, dynamic, strategic and systematic integration of *progressively positive health and social development responsiveness optimisation potential* across the research, knowledge, training and service continuum at all levels.
- Harnessing progressively positive health and social development responsiveness optimisation potential should warrant concerted emphasis with consideration of the pertinent dimensions of the life-course in proper balance within Addis Ababa City and elsewhere as applicable.
- The concerted pursuit of “*optimisation potential*” and “*positive potential*” as expressed with the composite “*minimal bedrock core building – block attributes continuum set*” potential construct, which are understood to leading to “*harnessing progressively positive health and social development*”, should take account of the ranges of factors.
- Maximally City-wide, inclusive, integrative, multi-level, participatory and transdisciplinary (technical) research, innovation and programmatic health and social development optimisation collaboration facility, including the maximal

participation of the long time-tested indigenous grassroots local self – help institution “*Idirs*” should warrant priority attention to the future.

- The study and practice of composite “*minimal (positive) bedrock core building block attributes continuum set*” potential construct and “*optimisation potential*”/ “*positive potential*” continuum should be received the plausible and useful orientation trajectory emphasis to harnessing progressively positive health and social development responsiveness optimisation potential among youth and parents in Addis Ababa City.
- Based on the scientifically reasoned analyses of the theoretical and empirical domains, the composite “*minimal bedrock core building block attributes continuum set*” potential construct comprising and expressed by the interfeeding/interacting positive development know – how (mastery competence) psychology intelligence, developmental asset, reserve capacity, and resilience logic should warrant increased societal research, academic and practice (science, solutions, and services) interest.
- The concerted pursuit of *Optimisation Potential (OP)/Positive Potential (PP)* continuum or else *Progressively Positive Responsiveness Optimisation Potential (PPROP)* should be expanded as well as intensified experimentation and innovation on dynamic mode.
- Sustained research, innovation and programmatic investments are recommended to comprise among the fundamental prerequisites towards harnessing *progressively positive health and social development responsiveness optimisation potential* in Addis Ababa
- In view of the SDGs in general and SDG3 in particular, prime priority advancement of *progressively positive health and social development*

*responsiveness optimisation* aspirations should be considered among the fundamental rights of the youth and their parents in Addis Ababa City.

- Future research enterprising should ensure maximal representation of the diversity of the Addis Ababa City Population and also regular periodicity of the undertaking. In due course, further testing, validating and implementing of the pertinent tools among the diversity of population segments across Ethiopia and elsewhere may be justifiable. One of the realistically feasible and practicable models may be integrating the pertinent tools into the already existing regular routine study undertakings such as the Demographic and Health Survey, Multiple Indicator Cluster Survey, Health Behavior School Children Study and similar others. Based on the concrete experience, rescaling the response choice options by just the “Disagree” or “Low”, “Uncertain” and “Agree” or “High” may be considered.
- Future research practice should explore different alternative modules, including plausibility, applicability, practicality, reliability, and validity of the suggested shorter series versions (*annexes 5a & 5b*) across the life-course in structured and systematic mode. The proposed progressively positive health and social development innovation and optimisation potential are presumed and thus recommended to apply across the entire life-course without any degree of exception. Properly staggered, streamlined and custom-made/tailor-made implementation of the set of suggested alternative tools should be viewed among the justifiably useful considerations. Subsequent implementation of whether the full – scale or else the abridged versions of the tool set should have to depend on the specific context (see *annexes 5a & 5b*).
- Cross-generational and realistically balanced longitudinal research programme ought to be initiated at the earliest possibility in Addis Ababa City.

- Depending on the subsequent breadth and depth of evidences across the diversity of population segments, adaptation may be warranted on the periodical regular Demographic and Health Survey and incorporation of realistic module, specifically, to accommodating and addressing (covering) the composite “*minimal building block bedrock attributes continuum set*” potential construct and “*progressively positive optimisation potential*” segment domains
  
- Development and piloting of a Prototype Model Innovation Guidance Framework should receive a priority consideration in Addis Ababa City and in similar settings elsewhere.
  
- As a whole, based on the promising evidence, the very prominent and equally so instructive enough learning was such that resolute harnessing commitment to the *progressively positive health and social development responsiveness optimisation potential* is ought to be embraced during the early years and also should be sustained across the entire life – courses of the individual, family members and the society alike. Further explications of the broader complementary strategic implications to the development of the Prototype Model Innovation Guidance Framework get systematically structured under the cross-cuttingly key domains here underneath.

**CHAPTER 6**

**A PROTOTYPE MODEL**

**HEALTH AND SOCIAL DEVELOPMENT**

**INNOVATION GUIDANCE FRAMEWORK**

“Familiarity is the staunchest enemy of inquisitiveness and criticism ...  
and thus also of innovation and the courage to change.”

(Bauman, 1990)

“We need to mobilise the power of ideas in order to influence the idea of power  
that is to say the ideas of those with the power to make decisions.”

- Gilson (2012:13)

## **6.1 A PROTOTYPE MODEL INNOVATION GUIDANCE FRAMEWORK: HARNESSING PROGRESSIVELY POSITIVE HEALTH AND SOCIAL DEVELOPMENT RESPONSIVENESS OPTIMISATION POTENTIAL**

This research has revealed that there is a considerable degree of difference (disparity) between the youth and the parents' cohorts in respect to the widely ranging progressively positive health and social development optimisation preparedness and readiness dimensions. There prevailed a clear difference (disparity distinction) between these two population segments in the overwhelming majority of the cases. Largely favourable response was skewed to the parents. The concrete reality will bear all – rounded implications cross – cutting the policy and strategic, programmatic and services, research and evaluation and, broader level conceptual and theoretical dimensions. This research work has inbuilt within the core set of objectives incorporation and the generation of prototype model innovation guidelines (guidance) framework per se. Pertinent insights get explicated in view of the robust as well as rigorous implementation of the mixed-methods, multi-methods and hence holistic enough research exercise proper.

### ***Policy and Strategic Level Implications***

Pertinent actors and parties at the various levels within Addis Ababa City Administration are advised to consider the pursuit of harnessing progressively positive health and social development responsiveness optimisation potential as one of the fundamental strategic directions ahead. Such will warrant active and sustained preoccupation endeavours by all. To the very effect, all the appropriate policy, research and programmatic measures must be taken by the pertinent parties early enough. Establishment of a pertinent innovation, incubation, evaluation, and dissemination project should be considered in consultation and in collaboration with the pertinent ministries and institutions in particular.



Future policy, research and programmatic initiatives at the various levels within the Addis Ababa City Administration are advised to entertain progressively positive health and social development optimisation dimension in a realistically integrated model, particularly, in line to “*ensuring good health and well-being for all of all ages*” of the SDG3 running ethos.

Dynamically increased enough energy, financial and, technical resources and time should be exerted by all the concerned parties to the specific (i. e., harnessing progressively positive health and social development responsiveness optimisation potential) dimension at par with (in fact, if not more than) the medical, chemical, genetical, etcetera level optimisation efforts.

### ***Programmatic and Service Level Implications***

The individual, youth and parents (or other adults) alike in Addis Ababa must be able to receive timely professional guidance and support in order for them to be able to actively own, lead and attain (i.e., enjoy) sustainable (i.e., progressive) positive health and social development optimisation dividends.

Harnessing of the potentials and thereby optimising progressively positive health and social development responsiveness must cover the entire lifecycle of the individual and society alike; comprehensive, and at the same time, duly customised initiatives must get implemented in systematically concerted and sustainable model ahead.

Effective institutionalisation in the early years of the life-course will ensure sustainability.

Ensuring progressively positive (and sustainable) health and social development responsiveness optimisation potential in Addis Ababa and even beyond should demand the concerted pursuit of synergistic model.

Establishment of a pertinent innovation, incubation, evaluation, and dissemination project should be considered in consultation and in collaboration with the pertinent Ministries and institutions in particular.

### ***Research and Evaluation Level Implications***

In order to be able to effectively guide the policy and programmatic measures forward, periodical series of similar research enterprises must be undertaken under different models and also in different settings across Ethiopia or even elsewhere.

It also is recommended that the periodical Demographic and Health Survey (DHS) incorporates the pertinent portion(s) of the research model which specifically gets presented in this Thesis. The recommended here approach is envisioned to ensuring wider and sustainable benefits.

Future empirical research implementation on harnessing progressively positive health and social development responsiveness optimisation potential should consider further adapting and entertaining the tailor-made long and short forms of the tools set; the tools set should get customised and duly tailor-made for the early, mid and late childhood, youth, and adult phases of the population's life-course trajectory respectively. Based on the findings of the Principal Component Analysis, the modified Shortened and Ultra Short editions' samples of the integrated composite "*minimal bedrock core building block attributes continuum set*" potential construct are proposed and presented elaborated supplement (see annex enclosure).

Eventually a fully randomised and controlled trial should be implemented with due consideration of the different contexts, population segments, settings and timings in particular. In doing so, further dynamic contextualization and adaptation of the methodology, methods, and tools spectra will be very worthwhile.

### ***Broader Analytical, Conceptual and Theoretical Level Implications***

Both theoretical and empirical investigation of “*progressively positive health and social development responsiveness optimisation potential*” should warrant a serious consideration in Addis Ababa City Administration as well as in similar contexts elsewhere.

All-rounded investigation of the composite “*minimal bedrock core building-block attributes continuum set*” construct of harnessing progressively positive health and social development responsiveness optimisation potential should be viewed useful conceptual-theoretical, research, and practice continuum engagement consideration.

In view of the cross-cutting multi-sectoral development influence potential of the specific undertaking, the concrete set of principles and practices which specifically were applied for health and social development domain in the given research must get further adapted, tested and determined in the various other sectors as well.

Systematic entertainment of the Optimisation Model Innovation Guidance Framework to harnessing progressively positive health and social development optimisation potential across the life – course should be made inbuilt among the prime priority considerations.

Further elaborated is a Prototype Model Innovation Guidance Framework of the Thesis as part of guiding the overall process in the future. The given Model is presumed to rendering the generic guidance and may have to further be adapted and adopted in reasonably flexible way in light of the specific context as deemed necessary.

### **6.1.1 Individual and Family Unit Level**

First and foremost, harnessing progressively positive health and social development responsiveness optimisation potential innovation needs to get solidly anchored at the individual and family unit levels. The concerted positive understanding, by-in, ownership and active leadership by the individual and the family entities are viewed crucial foundation particularly to the advancement of the aforementioned innovation. It is exactly on why the prototype model guidance framework must treat the individual and the family unit level in the very first order priority proper.

#### **6.1.1.1 What**

Ranges of progressively interconnected, systematic and sustained positive responsiveness optimisation innovation initiative will have to get implemented among individuals and family units in the very first priority order. The interconnected, systematic and sustained innovation initiative will have to cover the education, implementation and research domains. Individuals and family units will have to re-frame the mindset together with the enabling environment and corresponding professional support in particular.

#### **6.1.1.2 Why**

Health and social developments, forming the two interdependent faces of the same domain, are viewed the foundation of/to every other conceivable dimension of development and growth. To date, however, the dominant practice model has largely been passive receptor consumer and reactive service provider transaction orientation of the research, education and programmatic implementation dimensions. But with the concerted innovation paradigm, individuals and family units will have to own and lead the progressively positive responsiveness optimisation traction – individuals and family units have to harness their positive potential on progressive mode.

Optimisation of development potential must be made the overarching guiding philosophy. Most importantly, integrating of the composite “*minimal bedrock core building-block attributes continuum set*” potential construct towards harnessing *progressively positive responsiveness optimisation* will have to form the overarching traction proper. It is believed that the concerted pursuit of the specific innovation will have to ensure the fullest possible attainment of the aspirations stipulated in the SDGs inclusive. Being able to harnessing progressively positive health and social development responsiveness optimisation is far more than just complementing the existing principles and practices. The benefits and value addition dividends are believed to be multi-faceted.

#### **6.1.1.3 How**

The interfeeding research, education and practical implementation domains of harnessing progressively positive development responsiveness optimisation potential will have to be addressed in concerted unison. The preparation and updating of duly contextualised and elaborated guideline should be the starting point. Cross-section of individuals and family units must form active and even proactive participants (i.e., rightful initiators, owners and leaders) of the generation of the pertinent guideline(s). The entire process is required to be fully inclusive and transparent. Concerted coordinated and educated decision and action will have to form the dynamic innovation traction both at the individual and family unit levels. Also, the time-tested and proven credible indigenous grassroot social welfare institutions such as the “*Idirs*” in Ethiopia can serve useful enough assets.

#### **6.1.1.4 Whom and When**

The innovation is required to get implemented across the entire life-course, at the earliest possibilities and in a sustainable model. Harnessing progressively positive health and social development responsiveness optimisation should be made

constant, coherent, consistent and integral lifetime commitment by the individual and family units alike.

### **6.1.2 Sub-National and Local Levels**

The sub-national and local levels include the regions (equivalent to provinces), municipalities, districts, lowest level administrative units and neighbourhood settings in particular.

#### **6.1.2.1. *What***

It is highly recommended to be able to undertaking duly contextualised, harmonised and tailor-made enough engagements of the research, education and program implementation domains continuum of harnessing progressively positive health and social development responsiveness optimisation at the local and sub-national levels as well.

#### **6.1.2.2 *Why***

Proactive participation of the sub-national and local levels will be essential in view of the dynamic unleashing of positive potentials to the realisation of the thriving and flourishing aspirations of the various societies and the members. The individual and family unit innovations are required to get translated at the local and sub-national levels and also will have to get supported by these levels too. By systematically tapping and harnessing the local and sub-national potentials, the aim of the innovation initiative is complementing and thereby making individual and collective progressively positive health and social development responsiveness optimisation norms or standards of practices in particular.

### **6.1.2.3 How**

Based on the concrete experience, it will be advisable to get the innovation initiative realistically scaled from the urban to the rural settings. Piloting and expansion of pertinent local and sub-national innovation policies, strategies, inquiries and programs-projects/services will be the recommended model. Likewise, systematically cascaded and hence phased enough approach will be the main model during the interim period in particular. Inclusive and systematic coverage of the formal and the informal residential settings as well as population settings will have to be equally important. Promotion of positive competition and recognition will be recommended too.

### **6.1.2.4 Whom and When**

The existing formal and informal institutions as well as systems will be the priority targets at this level. Like in the case of the individual and family unit levels, the local and sub-national levels are desired to get engaged at the earliest possibilities and also with sustainable enough commitment.

### **6.1.3 Macro National and Broader Level**

The primary scope of this specific research is consciously limited to the metropolitan (i. e., Addis Ababa) formal residential population. Accordingly, the findings and consequentially the conclusions of the given research cannot get directly extended to the communities and societies outside of the formal residential population proper. Nonetheless, some of the observations will have to trigger further active interests and actions outside of the formal Addis Ababa residential communities and societies. In principle, Research Doctoral (e.g. D Litt et Phil) (PhD) work is supposed to be provocative warranting further field-testing, elaborating and fine-tuning the scale and scope of the theoretical, research and programmatic application at the macro national

and broader levels as well. The preliminary thoughts and propositions get highlighted along the same.

#### **6.1.3.1 What**

The main focus at the national and broader levels will have to be systematic devising and institutionalising the pertinent policy, research and programmatic-service innovation initiatives continuum towards harnessing progressively positive health and social development responsiveness optimisation potential across the different institutions/settings and the nested layers of systems.

#### **6.1.3.2 Why**

At the national and broader levels, the overarching aim as well as goal will have to be about ensuring inclusiveness, equity and universality of harnessing positive progressively health and social development responsiveness optimisation potentials in view of the “*leaving no one behind*” global principle of the SDGs aspirations and going forward.

#### **6.1.3.3 How**

As appropriate, both tailor-made piloting and realistic scale up of the research, normative guidance and programmatic-project implementation continuum set may be viewed the recommended approach. Obviously, the innovation initiative will have to involve positive re-orientation of the pertinent formal institutions, standards of practices and systems as well. To the very minimum, cultivation and nurturance of synergistic positive roles will have to get entertained in dynamically concerted, systematic and sustainable model. Just as an illustrative example, reasonably realistic and systematic enough adaptation and ultimate incorporation of the pertinent research and project implementation tool(s) into the already existing regular or routine practices such as the Demographic and Health+ Surveys, School Health



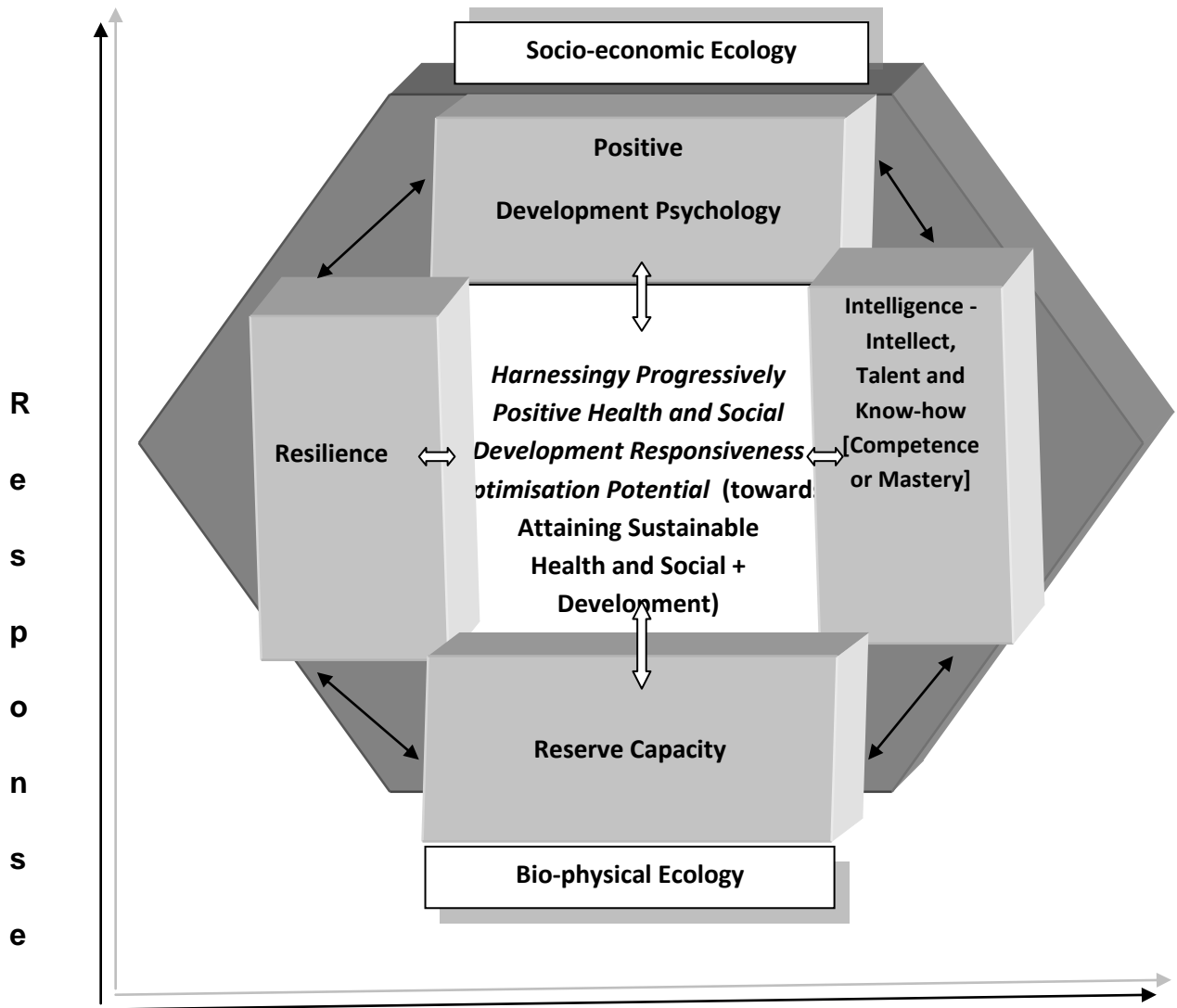
Behaviour Survey and similar others may be justifiable specifically from the long-term value addition point of view in particular.

#### **6.1.3.4 Whom and When**

From the national and broader dimension, due consideration of the diversity or heterogeneity, multiplicity, and plurality of the various settings and societies will be very fundamental. Systematic piloting or field-testing, proving the comparative values and thereby scaling will have to be the main model of innovation initiatives application. Early enough phasing into the innovation initiative and then progressively scaling up by the various diversities will be the recommended standard of practice. Long-term commitment and sustainability of the innovation initiative will have to be recommended on the basis of the progressive comparative value addition proper.

Overall, dynamic automation and digitalisation of the pertinent platforms, processes, tools, et cetera to harnessing positive health and social development responsiveness optimisation potential across the life-cycle cannot be emphasised enough.

## Integratively Convergent Dynamics of Responsiveness Optimisation Potential



### The Life-course or Lifespan

*Figure 6.1 Recommended Strategic OPTIMISATION Model Research, Theory and Practice INNOVATION: The Composite “Minimal Bedrock Core Building-block Attributes Continuum Set” Construct of Harnessing Progressively Positive Health and Social Development Responsiveness OPTIMISATION Potential to Sustainability (MULUGETA Betre Gebremariam, 2016-2020).*

The Prototype Model Innovation Guidance (Guideline) Framework essentials get summarised across the life-cycle and by the domains in the sub-section within the *Panel 6.1* here underneath.

**Panel 6.1 Indicative, Dynamic Theory, Research and Programmatic Prototype Model Innovation Synergy Continuum Application Framework towards Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation across the Life-Course (MULUGETA Betre G/M)**

<b>Core Domains</b>	<b>Formative Childhood</b>	<b>Mid-Childhood</b>	<b>Adolescence (Late Childhood)</b>	<b>Fully Active Youth and Adulthood</b>	<b>Retired and Elderly Adulthood</b>
<b>Theory: Philosophy and Principles</b>	Cross-cutting general parental and adults positivity	Enthusiasm and hope building principles	Positive and strengths-based abstraction and constructive thinking enhancement model	Full-scale positive development responsiveness optimisation	Positive experience and wisdom expansion principles
<b>Research</b>	Adapt primary set of instruments or tools for the tailor-made application  Initiate longitudinal research, innovation and development lab system	Expanded set of instruments or tools for the tailor-made application  Continue with the longitudinal research, innovation and development lab system	Implement the full set of instrument or tools  Continue with the longitudinal research, innovation and development lab system	Implement the full set of instrument or tools  Continue with the longitudinal research, innovation and development lab system	Implement duly tailor-made set of instrument or tools  Continue with the longitudinal research, innovation and development lab system

<b>Programmatic Application</b>	Provision of holistically nurturing care including appropriate nutrition	Continue with the nurturing set of care	Bolster positive thinking, listening and response mechanism	Full-scale implementation of progressive positive responsiveness optimisation	Tailor-made implementation of progressive positive responsiveness optimisation
	Create enabling and stimulating household and neighbourhood environment	Foster optimal quality of education and play service	Cultivate flourishing/ thriving of positive emotions	Expand role-modelling and best practices system	Ensure systematic exchange of role-modelling and best practices
	Pay maximum attention to early childhood development	Incorporate positive psychology into the curriculum	Cultivate the positive development assets	Expand the positive development assets	Cultivate dynamic innovations
	Instil and cultivate positive mindset at individual and collective levels during plays	Ensure the strengthening of the enabling environment	Expand the positive networks-support and strengths-based systems	Expand positive networks-support and strengths-based systems	

## 6.2 SUPERSEDINGLY CROSS-CUTTING AND CROSS-DIRECTIONAL STRATEGIC INPUTS' FRAMEWORK

From the relatively simplistic and easily conceivable point of view, development, in its generic standing, can get conceptualised as a dynamic (progressively) positive process of unleashing and harnessing the responsiveness optimisation potential both at the individual and societal levels. The dynamic positive process of unleashing and

harnessing responsiveness optimisation potentials could not have been far more and better applicable than to health and social development dimension proper because ensuring sound state of health and well-being serve the fundamental building block to any of the other forms of development and growth.

The central argument of this Thesis is that to date not enough research and programmatic implementation have been done by the pertinent professionals' community of practices and the public at large along harnessing progressively positive health and social development responsiveness optimisation potential. Most importantly the conventionally passive and reactive responses by the general public and pertinent professionals' community of practice alike cannot be viewed any more sustainable enough. Proactively innovative response optimisation should be viewed the promising sustainable way forward instead. Such latter pathway becomes increasingly important along meaningful realisation of the infinite timeless aspiration of sustainable development goals in particular.

The study and practice of resilience are viewed important, but even more so the increased focus and emphasis should be on the optimisation potential (i. e., progressively positive responsiveness optimisation potentials) of health and social development. Also, if the global community is going to be able to resulting in real meaningful difference along the very specific aspirations of "*Ensuring Healthy Lives and Well-being of All Ages: Survival, Flourishing, & Thriving*", then the usual business model cannot be viewed optimally promising enough. Accordingly, therefore, the concrete strategic contributions and implications of this given research enterprise would be:

1. Broadening the horizons, perspectives, and points of departures of the public and the pertinent professionals' community of practice alike pertaining dealings with health and social development optimisation enterprising since health and social development and in connection ensuing (resultant) well-

being are viewed intricate interdependent consistent to the WHO's original definition inclusive;

2. Revisiting the long established conventional and comparatively narrow-angled consumer-receiver and prescriber-provider relationship paradigm of health and social development programming and services alike thereby indicating a more promisingly holistic alternative where all parties will have to serve active synergistic owner, leader and responsive actor engines to the attainment of progressively positive health and social development enterprise;
3. Rewiring, catalysing and thereby uplifting the mindfulness mindset of all parties to the level of the concerted proactive advancement pursuit of soundly balanced "*harnessing of progressively positive health and social development responsiveness optimisation potential*", to the very minimum, at par and in tandem with that of the dominantly prevalent and by default conventionally accepted, reactive, consumer-receiver and prescriber-provider geared modus operand paradigm;
4. Challenging the existing mainstream research, policy, and practice establishment systems that the health and social development entrepreneurship endeavour must get transformed from the exclusive "*resilience*" lens to the promisingly holistic "*progressively positive optimisation potential*" or else just "*optimisation*" paradigm or trajectory proper;
5. Generating comprehensively integrative and holistic empirical evidence across the health and social development responsiveness optimisation intelligence-competence, positive psychology and development assets, reserve capacity, and resilience: "*minimal bedrock core building-block attributes continuum set*";
6. Assisting the evidence-generation and policy formulation landscape at the various levels in that the concerted pursuit of unleashing and harnessing positive health and social development optimisation potential on progressive mode must get viewed the overriding frontrunner strategic pathway over and

above the prevailing conventional paradigm overwhelmingly geared to the fixing and overcoming of adverse experiences per se;

7. Inculcating the very fact that the desired “*progressively positive health and social development responsiveness optimisation*” will have to require systematically active, concerted, and dynamic enough participation of the public across the entire life-course; and such is learnable along the life-course like everything else.
8. Recognising the vested value of strategically balanced, coordinated, and synergistically synchronised enough efforts of the institutions, public, and individual towards effectively addressing the “*progressively positive health and social development responsiveness optimisation*” matters;
9. Injecting a provisional generic prototype model innovation guidance (guideline) framework towards facilitating the systematic operationalisation of “*harnessing progressively positive health and social development optimisation potential*” proper; and at the very minimum,
10. Facilitating convergence along the reasonable path of “*bolstering and harnessing progressively positive responsiveness optimisation potential*” complementarities and synergy pertaining health and social development endeavours in Addis Ababa as well as settings of similar context within and outside of Ethiopia.

### 6.3 THE FINAL REMARK

**“Maintaining positivity is a daily challenge  
That requires focus and attention. ...  
must be intentional about staying positive.”**

– WEF tweet 20<sup>th</sup> July 2017 (Unidentified Primary Source)

**“አዎንታዊነትን የማረጋገጥ ጉዳይ፣ የዕለት ከዕለት ተልዕኮ ብሎም ፈተና ሲሆን፣  
በሁነኝነት በዓይነተኝነት፣ ተገቢ የትኩረት ምልክታና ጥረትን ስለሚጠይቅ፣ ...  
አዎንታዊ ሆኖ ለመዝለቅ በፅኑና በአንክሮ በውል የታሰበበት መሆን ይኖርበታል።”**

(ግርድፍ ትርጉም ከዓለም የምኔ ሀብት ሙረከ ትዊት እ.ኤ.አ. ሐምሌ 20 ቀን 2017)

**HARNESSING PROGRESSIVELY POSITIVE OPTIMIZATION POTENTIALS  
TO THE FLOURISHMENT OF HEALTH AND SOCIAL DEVELOPMENT  
AND WELL-BEING ACROSS THE LIFE-COURSE!!**

**ዕምቅ አዎንታዊ አቅምቻችንን፣ በልዩ ትኩረት በተከታታይነትና በዘላቂነት ማበልፀግ፣**

**ለተዋጣለት የጤናና የማህበራዊ ልማትና ሁለንተናዊ ደህንነት ልህቀት ተልዕኮ፣**

**ሁነኛ ዋስትና!!**



## BIBLIOGRAPHY

Achenson, A. 2010. *Sample Size*. In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*, Thousand Oaks: SAGE Pub. Inc. 1300-1302.

Addis Ababa City Administration. 2015. *Addis Ababa 2014/15 Year Book*. Addis Ababa: Addis Ababa City Administration Communication Affairs Office (translated by the Researcher from the Federal Official Working Local Language, *Amharic*).

Adler, C. O. and Dagli, C. H. 2012. Enabling Systems and the Adaptability of Complex Systems of Systems. *Procedia Science* 12:31-36.

Affleck, D. L. R. 2010. *Probability Sampling*. In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub. Inc. 1110-1113.

African Union. 2008. *Social Policy Framework for Africa*. First Session of the AU Conference of Ministers in Charge of Social Development, Windhoek, Namibia, 27-31 October 2008 (CAMSD/EXP/4/1).

Agarwal, S. and Dagli, C. H. 2013. Augmented Cognition in Human System Interaction through Coupled Action of Body Sensor Network and Agent Based Modelling. *Procedia Computer Science* 16:20-28.

Agyepong, I. A., Sewankambo, N., Binagwcho, A., Coll-Seck, A. M., Corrah, T., Ezeh, A. et al. 2017. The path to longer and healthier lives for all Africans by 2030: The Lancet Commission on the Future of Health in Sub-Saharan Africa. *The Lancet* 390; 2803-2889.

Ahmed, A. 2008. *Ontological, Epistemological and Methodological Assumptions: Qualitative versus Quantitative*. School of Education and Lifelong Learning. University of Exeter, UK.

Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media.

Ahrens, W., Pigeot, I. and Wild, P. 2014. *Design and Planning of Epidemiological Studies*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media 473-524.

Ahrens, W., Krickeberg, K., and Pigeot, I. 2014. *An Introduction to Epidemiology of Part I: Concepts and Designs in Epidemiology* (pp 1-470) In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media. 3-42.

Akl, E. A. and Langlois, E. V. 2018. *Presenting and interpreting evidences syntheses for health policy and systems* In: Langlois, E. V., Daniels, K. and Akl, E. A. *Evidences for Health Policy and Systems: A Methods Guide*. Alliance for Health Policy and Health Systems Research and World Health Organization: Geneva. 108-121.

Akl, E. A., Lofti, T., El-Jadali, F. and Langlois, E. V. 2018. *Addressing challenges in the conduct of policy-relevant evidence syntheses* In: Langlois, E. V., Daniels, K. and Akl, E. A. *Evidences for Health Policy and Systems: A Methods Guide*. Alliance for Health Policy and Health Systems Research and World Health Organization: Geneva. 122-131.

Alkire, S. 2010. *Human Development Research Paper 2010/01 Human Development: Definitions, Critiques, and Related Concepts*. United Nations Development Programme Human Development Reports Research Paper 2010. UNDP, New York: UNDP Publications

Altamam, T. A., Nikolo, V., Shamshibrand, S., Petkovic, D., Javidnin, H, Kaih, M. L. M and Gani, A. 2015. Potential of support vector regression of lens system. *Computer-Aided Design* 62:57-63.

Alonge, O., Li, O., Lawhorn, C., and Hyder, A. 2016. The Burden of Child Injuries in Ethiopia: A Review of Evidence and Policy Implications. *Special Bulletin FDRE Ministry of Health 18<sup>th</sup> Annual Review Meeting*. 121-124.

Antonovsky, A. and Sagy, S. 2017. *Aaron Antonovsky, the Scholar and the Man Behind Salutogenesis* In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Springer: Zurich. 15-24.

Arden, R., Luciano, M., Deary, I. J., Reynolds, C. A., Pedersen, N. L. Plassman, B. L., et al. 2015. The Association between Intelligence and Lifespan is Mostly Genetics. *Inter. J. Epidemiology* 0(0). (1-8). Doi:10.1093/ije/dyv112. (Access: 11 September 2015).

Asakura, T., Mallee, H., Tomokawa, S., Maji, K., and Kobayashi, J. 2015. The Ecosystem Approach to Health is Promising Strategy in International Development: Lessons from Japan and Laos. *Globalization and Health*. 11:3. Doi: 10.1186/512992-015-0093- 1-7(access date: 24/03/2016).

Ascione, A. C. A. 2003. *An Exploration of the Theory and Practice of Post-Development as an Alternative to Development*. Thesis. UNISA, South Africa.

Ashine Y. 2018. *The Politics of Inclusive and Participatory Development: What is the Experience in Ethiopia*. In: Rahmato, D. and Ayanaw, M. (Eds). 2018. Challenges and Opportunities for Inclusive Development in Ethiopia: Proceedings of Conferences held in 2017. Forum for Social Studies (FSS): Addis Ababa. 1-38.

Assefa, Y. Van Damme, W., Williams, O. D., and Hill, S., P. 2017. Successes and challenges of the millennium development goals in Ethiopia: lessons for the sustainable development goals. *BMJ Glob Health* 2017; 2:e000318. doi:10.1136/bmjgh-2017-000318 ([http:// dx. doi. org/ 10. 1136/bmjgh- 2017- 000318](http://dx.doi.org/10.1136/bmjgh-2017-000318)). (11<sup>th</sup> May 2019).

ATLAS.ti WIN 7 (Build 1991) ©1993-2018 by ATLAS.ti GmbH Berlin accessed through the authorised licence privilege of the University of South Africa (UNISA).

Australian Institute of Health and Welfare (AIHW). 2012. *Social and Emotional Well-being: Development of Children's Headline Indicator Information Paper*. Canberra: Australian Institute of Health and Welfare.

Awofeso, N. 2005. Re-defining 'Health' Article: Ustun & Jakob 2005; 83:802 *Bulletin of the World Health Organization*. Available from: [http://www.who.int/bulletin/bulletin\\_board/83/ustun1105/en](http://www.who.int/bulletin/bulletin_board/83/ustun1105/en) (accessed: 16th July 2015).

Ayaore, M. A., Amuna, N., Aviisah, M., Awolu, A., Dramani, D., Mogre, Kipo-Sunyehzi, V. M. et al. 2019. Toward Resilient Health Systems in Sub-Saharan Africa: A Systemic Review of the English Language Literature on Health Workforce, Surveillance, and Health Governance Issues for Health Systems Strengthening. *Annals of Global Health*, 85(1):113, 1-15 DOI <http://doi.10.5334/aogh.2514> (access date: 03/01/2020)

Azetsop, J. 2011. New Directions in African Bioethics: Ways of Including Public Health Concerns in Bioethics Agenda. *Developing World Bioethics* 11(1)4-15.

Babbie, E. 2010. *The practice of social research*. 12<sup>th</sup> edition. Wadsworth: Cengage Learning.

Baldwin, S. and Berkeljon, A. 2010. *Quasi-Experimental Design*. In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub. Inc. 1172-1177.

Bandalos, D. L. 2010. *On the Theory of Scales of Measurement*. In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks. SAGE Pub. Inc. 972-974.

Baron, M. W., Pettity, P., and Stole, M. 1997. The Three Methods of Ethics: A Debate. *Kantian Review*, 3:122-131.

Bauer, G. F. 2017. *Application of Salutogenesis in Everyday Settings*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer 151-158.

Bekele, A., Amenu, K., Getachew, T., Defar, A., Teklie, H., Gelibo, T. et al. 2016. Risk factors for chronic non-communicable diseases and prevalence of selected NCDs in Ethiopia. *Special Bulletin FDRE Ministry of Health 18<sup>th</sup> Annual Review Meeting* 99-100.

Belsky, J. and Pluess, M. 2013. Beyond risk, resilience and dysregulation: Phenotypic plasticity and human development. *Development and Psychology* 25:1243-1261.

Belsky, J. and Beaver, K. M. 2011. Cumulative-genetic plasticity, parenting and adolescent self-regulation. *The Journal of Child Psychology and Psychiatry* 52:619-626. Available from: [doi.10.1111/j.1469-7610.02327.x](https://doi.org/10.1111/j.1469-7610.02327.x) (accessed 16 July 2015).

Benson, P. L., Leftert, N., Scates, P. C. and Blyth, D. A. 2012. Beyond the “Village” Rhetoric: Creating Healthy Communities for Children and Adolescents. *Applied Developmental Science* 16(1):3-23.

Benson, P. I., Scales, P. C., Svertsen, A. K. 2011. The contribution of the developmental assets framework to positive youth development theory and practice. *Advances in Child Development and Behavior*; 41:197-230.

Bithell, J. E. 2014. *Statistical Inferences*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. Handbook of Epidemiology. Second Edition. New York: Springer Science + Business Media. 929-978.

Bogin, B. 2009. Childhood, adolescence, and longevity: A multilevel model of the evolution of reserve capacity in human life history. *American Journal of Human Biology* 21:567-577.

Bond, P. 2011. Africa's "Recovery", Economic Growth and Social Protest. *African Institute of South Africa Insight* 41(3)30-45.

Boniwell, I. and Zimbarde, P. 2004. *Balancing Time Perspective in Pursuit of Optimal Functionings*. In: Linley, A. and Joseph, S. (eds.) Positive Psychology in Practice. Hoboken: Wiley John Wiley & Sons. 165-167

Bowers, E. P., Geldohof, G. J., Schmidt, K. L., Napolatino, C. M., Minor, K., and Lerner, J. V. 2012. Relationships with Important Non-Parental Adults and Positive Youth Development: An examination of youth self-regulatory strengths and mediators. *Research in Human Development* 9(4)28-36.

Bowers, E. P., Li, Y., Kelly, M. K., Brittan, A., Lerner, J. V. and Lerner, R. M. 2010. The Five Cs Model of Positive Youth Development: A Longitudinal Analysis of Confirmatory Factor Structure and Measurement Invariance. *J. Youth Adolescence* 39:720-735.

Boyer, B. B. and Nelson, J. A. 2015. Longitudinal Association of Childhood Parenting and Adolescent Health: The mediating influence of social competence. *Child Development* 86(3)828-843.

Bradshaw, C. P., Brown, J. S. and Hamilton, S. F. 2006. Applying Positive Youth Development and Life-Course Research to the Treatment of Adolescents Involved with the Judicial System. *Journal of Addiction & Offender Counselling* Vol. 27:2-26.

Braun-Lewensohn, O., Idan, O., Lindstrom, B. and Margalit, M. 2017. *Salutogenesis: Sense of Coherence in Adolescence*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer. 123-136.

Bray, F. and Parkin, D. M. 2014. *Descriptive Studies*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media. 187-258.

Breslow, N. E. 2014. *Case-Control Studies*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media. 293-324.

Bretherton, R. and Orner, R. J. 2004. *Positive Psychology & Psychotherapy: An Existential Approach*. In: Linely, A. and Joseph, S. (eds.) *Positive Psychology in Practice*. Hoboken: Wiley John Wiley & Sons.

Bricher, J. 2005. Towards dynamic definition of health and disease. *Medicine, Health Care and Philosophy*. *Social Work*. 8(3)335-341.

Bronfenbrenner, U. 1994. Ecological model of human development. *Readings on the Development of Children*, 2(1):37-43.

Bronfenbrenner, U. 1992. *Ecological Systems Theory*. In: Vasta, R. (ed.) *Six Theories of Child Development*. Greenwich: JAI Press

Bronfenbrenner, U. and Evans, G. W. 1979. *Developmental Science in the 21<sup>st</sup> Century: Emerging Questions, Theoretical Models, Research Designs and Empirical Findings*. Oxford and Malden: Blackwell.

Bronfenbrenner, U. and Morris, P. A. 1998. *The ecology of developmental process* In: Damon, W. and Lerner, R. M. (eds.) *Handbook of child psychology. Theoretical Models of Human Trauma Development*. Hoboken, NJ: John Wiley 993-1028.

Bronstand, P. M. and Hemmesch, A. R. 2010. *IBM SPSS (Statistical Package for Social Sciences) version* In: Salkind, N. J. (ed.) *Encyclopaedia of Research Design*. Thousand Oaks: SAGE Pub Inc. 1419-1422.

Brown, J. S. 2010. *Variable* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc. 1604-1607.

Brown, K. 2021. *Multisystemic Resilience: An Emerging Perspective from Social – Ecological Systems* In: Ungar, M. (Ed.). 2021. *Multisystemic Resilience: Adaptation and Transformation in the Context of Chang*. New York, NY: Oxford University Press, 771-778. <https://oxford.org/doi:10.1093/080/9780190095888.001.0001> (access date: 19/03/2021).

Brown, K. W. and Ryan, R. M. 2004. *Fostering Healthy Self-Regulation from Within and Without: Self-Determination Theory Perspective*. (9105-124) In: Linley, PA & Joseph, S. (eds.) *Positive Psychology in Practice*. Hoboken: Wiley, 105-124.

Bush, N. R. and Bibbms-Domigo, K. 2019. Power of the Positive: childhood assets and future cardiometabolic health. *Pediatrics*, 143(3)1-3 e20184004. <http://doi.10:1542/peds.2018-4004> (access date: 19/03/2021); 1-3.



Bush, N. and Roubinov. 2021. *Bringing a Neurological Perspective to Resilience* In: Ungar. M. (Ed.) 2021. *Multi-Systemic Resilience: Adaptation and Transformation in the Context of Change*. New York, NY: Oxford University Press. <https://oxford.org/doi:10.1093/010/978019005888.001.0001> (access date: 16/02/2021); 35-56.

Buzas, J. B., Stefanski, L. A., and Testeson, T. D. 2014. *Measurement Error*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media 1241-1287.

Camilli, G., Vargas, S., Ryan, S., and Barenett, W. S. 2010. Meta-Analysis of Early Education Intervention on Cognitive and Social Development. *Teachers College Record* 112(3)579-620.

Campbell, M., Fitzpatrick, R., Haines, A., Kinchonth, A. L., Sanderock, P., Spiegelhalter, D., Tyrer, P. et al. 2000. Framework for Design and Evaluation of Complex Intervention to Improve Health. *BMJ* 321:494-496.

Carey, G., Crammond, B. and De Leeuw. 2015. Towards Health Equity: A framework for the application of proportionate universalism. *International Journal for Equity in Health* 14:81 doi.10.1186/s12939-015-0207-6 (date of access: 16<sup>th</sup> March 2016); 1-8.

Catalano, R. F., Berglund, M. L., Ryan, J. A. M., Lonezak, H. S. and Hawkins, J. D. 2004. Positive Youth Development in the US: Research Findings on Evaluation of Positive Youth Development Programs. *Annals AAPSS* 596:98-124.

Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. *Ethiopian Demographic and Health Survey 2016*. Addis Ababa and Rockville: CSA and ICF.

Chao, C. T. 2010. *Proportional Sampling* In: Salkind, N. J. D. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc. 1120-1122.

Chipota, E. M. 2015. *Social Entrepreneurship Intentions among University Students in Gaueng*. Dissertation (MA). North-West University, South Africa.

Christians, C. G. 2005. *Ethics and politics in qualitative research*. In: *Qualitative research*, edited by NK Denzin and S Yvonna. 3<sup>rd</sup> edition. London: Sage. 158.

Christens, B. D. and Peterson, NA. 2012. The Role of Empowerment in Youth Development: A study of socio-political control as a mediator of ecological systems influence on development outcomes. *J. Youth & Adolescence*. 41:623-635.

Chen, J. & Kingston, N. & Tiemann, G. & Gu, F. 2010. *Hypothesis* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc. 586-589.

Clapham, C. 2018. The Ethiopian Developmental State. *The Third World Quarterly* 39(6):1151-1165.

Clarke, G. and Powell, S. (Eds). 2009. *Quality and Standards of Postgraduate Research Degrees*. London: UK Council for Graduate Government.

Coleman, J. S. 2010. *Principal Component Analysis* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc. 1098-1103.

Commission on Social Determinants of Health. 2008. *Closing the gaps in a generation: Health equity through action on social determinants of health*. Geneva: World Health Organization.

Cornell SC Johnson College of Business, INSEAD and World Intellectual Property Organization (WIPO). 2019. *Creating Healthy Lives – The Future of Medical*

*Innovations* (12<sup>th</sup> Edition). Ithaca, Fontaineblew and Geneva: Cornell, INSTEAD and World Intellectual Property Organization.

Currie, C., Moloho, M., Boyce, K., Holbein, B., Torshen, T., and Richter, M. 2008. Researching health inequalities in adolescents. The development of the Health Behaviour in School-aged Children (HBSC) Family Affluence Scale. *Social Science and Medicine* 66:1429-1436.

Daniel, D. A., Tsutsumi J., and Bendewald, M. J. 2010. Urban Environmental Challenges in Developing Cities: The Case of Ethiopian Capital Addis Ababa. World Academy of Science, Engineering, and Technology. *International Journal of Environmental and Ecological Engineering - International Scholarly and Scientific Research & Innovation* 4(6):164-169.

Daniel, K. 2018. *Performing Reviews of Complex Health Policy and Systems Interventions* In: Langlois, E. V. et al. (eds.) Evidence Synthesis for Health Policy and Health Systems: A Methods Guide. Alliance for Health Policy and Health Systems Research and World Health Organization: Geneva; 66-75.

Daves, M. A. 2010. *True Experimental Design* In: Salkind, N. J. (ed.) Encyclopedia of Research Design. Thousand Oaks: SAGE Pub Inc. 1544-1547.

Dawes, M. A. 2010. *Type III Error* In: Salkind, N. J. (ed.) Encyclopedia of Research Design. Thousand Oaks: SAGE Pub Inc. 1580-1583.

Davidou, M. and Grusec, J. 2006. Untangling the Links of Parental Responsiveness to Distress and Warmth to Child Outcomes. *Child Development* 77(1)44-58.

Davis, G. 2004. *A History of Social Development Network in The World Bank, 1972 – 2002*. Paper 56/2004. Washington, DC: The World Bank.

Dawit A. H. 2015. *How Real Is the Ethiopian Rising Narrative?* [Http://www.hufftopost.com/dawit-ayele-hailemariam/how-real-is-the-ethiopian-rising-narrative](http://www.hufftopost.com/dawit-ayele-hailemariam/how-real-is-the-ethiopian-rising-narrative) (access date: 19th August 2015).

DeForge, B. R. 2010. *Research Design Principles* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc. 1253-1260.

Denis, D. J. 2010. *Alternative Hypothesis* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGA Pub Inc. 12-13.

Denscombe, M. 2008. *Communities of Practice: A Research Paradigm for Mixed Method Approach*. *Journal of Mixed Methods Research* 2(3)270-283.

Denzin, N. K. 2009. *The elephant in the living room: extending the conversation about the politics of evidence*. *Qualitative Research* 9(2)139-160. Available from: [Doi:10.1177/1468794108098034](https://doi.org/10.1177/1468794108098034). <http://qrj.sagepub.com/content/9/2/139> (accessed 10<sup>th</sup> January 2015); (139-160).

Devex and Johnson&Johnson. 2018. *Forging a Shared Future through Health and Well-being*. Devex Report. Devex; 1-21.

Devex. 2016. *Unleashing the Power of Positive Deviance*. [Http://www.devex.com/news/unleashing-the-power-of-positive-deviance](http://www.devex.com/news/unleashing-the-power-of-positive-deviance). (Access date: 22<sup>nd</sup> July 2016).

Dialeman, J., Templin, T., Sadat, N., Reidy, P., Chapin, A., Foreman, K. et al. 2016. *National spending on health by source for 184 countries between 2013 and 2040*. *The Lancet* published online [http://www.dx.doi.org/10.1016/s0140-6736\(16\)30167-2](http://www.dx.doi.org/10.1016/s0140-6736(16)30167-2) (access date: 20<sup>th</sup> February 2017); 1-15.

Dodson, S., Good, S., and Osborne, R. (eds.) *Optimising health literacy: improving health and reducing health inequalities: as selection of health information sheets from the health literacy toolkit for low- and middle-income countries*. New Delhi: World Health Organization's Regional Office for South-East Asia.

Duncan, K. 2010. *Psychometrics* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc. 1139-1143.

Durlak, J. A., Weissberg, R. P. and Pachan, M. 2010. A Meta-Analysis of After-School Programs that Seek to Promote Personal and Social Skills in Children and Adolescents. *Am. J. Community Psychology* 45:294-306.

Echas, K., Albrecht, R. E., Garcia, A. J., Ritchie, R. J., Varela, A., Garcia, A. et. al. 2010. Mediators of Positive Youth Development Intervention Change: Positive and Problem Outcome. *Youth Care Forum* 39:2110237.

Edelstein, R. S., Alexander, K. W., Shaver, P. R., Schand, J. M., Quas, J. A., Lovas, G. S. et al. 2004. Adult Attachment Style and Parental Response during Stressful Event. *Attachment and Human Development* 6(1)33-52.

Elashoff, J. D. and Lemeshow, S. 2014. *Sample Size Determination in Epidemiological Studies*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media 1023-1056.

Elias, Y and Elizabeth W. Giorgis. 2014 *The changing DNA of Addis Ababa: Addis Ababa's transformation in the eyes of architects, sociologists and artists*. Addis Ababa: Goethe Institute.

Elizabeth W. Georgis. 2012. *What is “Zemenawinet”?* Perspectives on Ethiopian Modernity. Addis Ababa University, Goethe Institute and Friedrich Ebert Stiftung. Addis Ababa: Friedrich-Ebert-Stiftung.

El Nokali, N. E., Bachman, H. J. And Votruba-Drzal, E. 2010. Parental Involvement and Children’s Academic and Social Development in Elementary School. *Child Development* 81(3)988-1005.

Elurkar, A. S., Mekbib, T. Sime, N., Gulema, T. 2006. Differential use of adolescent reproductive health programs, Addis Ababa, Ethiopia. *Journal of Adolescent Health* 38:253-260.

Emas, R. 2015. *The Concept of Sustainable Development: Definitions and Defining Principles*. Brief for GSDR, 2015. Florida: Florida International University.

Eriksson, M. and Mittelmark, M. B. 2017. *The Sense of Coherence and Its Measurement*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer; 97-106.

Eshel, N. Daelmas, B, de Mello, M. C., and Martins, J. 2006. Responsive parenting: interventions and outcomes. *Bull. WHO*. 84:992-999.

Ethiopian National Planning Commission. 2021. *Ethiopia’s National Ten-Year Plan 2021-2030 (2013-2022EC)*. Addis Ababa, Ethiopia: Ethiopian National Planning Commission

Evenboer, K. E., Huygher, A. M. U., Tuinstra, J., Reijneveld, S. A. and Knorthy, E. J. 2012. Taxonomic Systems in the Field of Health Care, Family Care and Child and Youth Care. *Children and Youth Service Review* 34:2304-2310.

Ezepue, P. O. 2005. Optimisation of Human and Academic Potential. Part 1 Case Study in Academic Career Planning. Conference Paper; 1-23.

Fana Gebresenbet. 2014. Securitisation of development in Ethiopia: the discourse and politics of developmentalism, *Review of African Political Economy*, 41:sup1, S64-S74, DOI: 10.1080/03056244.2014.976191 published Online 13 Jan 2015 (access date: 06/05/2021); S64-S74.

Farber, S, Miller, H. J. and Li, X. 2013. The Social Interaction Potentials of Metropolitan Regions: A Time – Geographic Measurement Approach Using Joint Accessibility. *Annals of the Association of American Geographers* 103(3)483-504.

Farquhar, J. W. 2014. *Community-Based Health Promotion* In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. New York: Springer Science + Business Media; 419-438.

Farvacque – Vitkovic, C. and Kopanyi, C. 2019. *Better Cities Better World: A Handbook on Local Governments Self – Assessment*. The World Bank Group, Washington, DC: The World Bank.

Federal Democratic Republic of Ethiopia. 2021. *National Ten Year Development Plan 2021-2030 (ETH 2013-2022)*. National Planning Commission, Addis Ababa, Ethiopia.

Federal Democratic Republic of Ethiopia. 2016. *Growth and Transformation Plan II (GPTII) (2015/16-2019/20) Volume I: Main Text*. National Planning Commission: Addis Ababa.

Federal Democratic Republic of Ethiopia. 2012. *National Social Protection Policy of Ethiopia*. Ministry of Labour and Social Affairs: Addis Ababa.

Federal Democratic Republic of Ethiopia Ministry of Education. 2012. *National School Health and Nutrition Strategy: "Healthy to Learn and to Learn be Healthy"*. Addis Ababa: Ministry of Education.

Federal Democratic Republic of Ethiopia. 2016. *National Health Policy*. Addis Ababa: Ministry of Health.

Federal Democratic Republic of Ethiopia Ministry of Health. 2016. *Health Sector Transformation Plan (HSTP) 2015/16-2019/20*. Addis Ababa: Ministry of Health.

Federal Democratic Republic of Ethiopia Ministry of Health. 2016. *Envisioning Ethiopia's Path towards Universal Health Coverage through Strengthening Primary Health Care*. Addis Ababa: Ministry of Health.

Fink, A. 2014. *Epidemiological Field Work in Population-based Studies*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media; 577-612.

Finkelhor, D., Turner, H., and LaSelva, D. 2021. Receipt of Behavioral Health Services Among US Children and Youth with Adverse Childhood Experiences or Mental Health Symptoms. *JAMA Network Open* 4(3):e211435. 1-11 <http://doi:10.1001/jamanetworkopen.2021.1435> 15 March 2021 (access date: 19/03/2021); 1-11.

Fonn, S. 2011. Linking public health training and health systems development in Sub-Saharan Africa: Opportunities for improvement and collaboration. *Journal of Public Health Policy* 32(SII):S44-S51.

Foresight Africa. 2020. *Bolstering Africa's Role in the Global Economy: The Importance of Regional Integration*. African Growth Initiative at Brookings; 74-90.



Francheschi, S. and Plummer, M. 2014. *Intervention Trials*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media; 365-388.

Frank, C. and Nason, E. 2009 Health Research: Measuring the social, health and economic benefits. *Canadian Medical Association Journal* 180(5):528-534.

Fraser, M. W. and Galinsky, M. J. 2010. Steps in Intervention Research: Designing and Developing Social Programs. *Research in Social Work Practice*. 000(00):1-8. doi: 10.1177/1049731509358424 (date of access: 02<sup>nd</sup> September 2015); 1-8.

Fritz, A. E. and Morgan, G. 2010. *Sampling* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1303-1306.

Fukuda-Parr, S. 2011. The Human Development Paradigm: Operationalizing Sen's Ideas on Capabilities. *Feminist Economics* 9(2-3):301-317. DOI: 10.1080/1354570022000077980 <http://dx.doi.org/10.1080/1354570022000077980> (accessed 05 March 2015); 301-317.

Fuller, S. 2010. *Threats of Validity* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1509-1513

Gaber, J. and Gaber, S. 2010. *Planning Research* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*: Thousand Oaks: SAGE Pub Inc.; 1040-1043.

Galo, L. C., De los Monteros, Karla, E., and Shivpuri, S. 2009. Socioeconomic status and health: what is the role of reserve capacity? *Current Directions of Psychological Science* 18(5):269-274.

Gebre, G. G. 2011. Determinants of Food Insecurity among Households in Addis Ababa City, Ethiopia. *Interdisciplinary Description of Complex Systems* 10(2):159-173.

Gelo, O. C. G. 2012. On research methods and their philosophical assumptions "Raising the consciousness of researchers", again. *Psychotherapie & Sozialwissenschaft* (2):109-128.

Gestsdottir, S., Bowers, E., von Eye, A., Napolitano, CM. and Lerner, M. 2010. Intentional Self-Regulation in Middle Adolescence: the emerging role of loss-based selection in Positive Youth Development. *J. Youth Adolescence*. 39; 764-782.

Getachew, M. 2008. *Review of the National Population Policy of Ethiopia* In: Taye, A. (ed.) Digest of Ethiopia's National Policies, Strategies and Programs. Forum for Social Studies: Addis Ababa.

Getnet, T. 2018. <http://www.capitalethiopia.com/capital/nearly-half-million-snnpr-students-dropout-school-annually> (Access Date: 15th May 2019).

Ghaffar, A., Gilson, L., Tomson, G., Viergever, R. and Rottingent, J. A. 2016. Where is the policy in health policy and systems research agenda? *Bull World Health Organ* 94;306-308.

Gilson, L (Ed.) 2012. *Health policy and systems research: A methodology reader*. Alliance for Health Policy and Systems Research. Geneva: World Health Organization.

Gilson, L. 2003. Trust and the development of health care as a social institution. *Social Science and Medicine* 56;1453-1468.

Global Burden of Diseases (GBD) Collaborative Group. 2016. Measuring health-related Sustainable Development Goals in 188 Countries: A baseline analysis from the Burden of Disease Study 2015. *The Lancet*. [http://dx.doi.org/10.1016/S0140-6736\(16\)31467-2](http://dx.doi.org/10.1016/S0140-6736(16)31467-2) (access date: 26/03/2018)

Golembiewski, J. A. 2017. *Salutogenic Architecture in Healthcare Settings*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer; 267-276.

Gozdwin, N. 2016. Towards People-centered Integrated Care: From Passive Recognition to Active Co-Production. *International Journal of Integrated Care* 16(2)15-21.

Greeberg, M. T. 2006. Promoting resilience in children and youth: Preventive interventions and their interface with neuroscience. *Ann. N.Y. Acad. Sci.* 1094:139-150.

Greenland, S. 2014. *Regression Methods for Epidemiological Studies*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media; 1087-1160.

Greenland, S. 2014. *Sensitivity Analysis and Bias Analysis* In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media; 685-706.

Gubu, E. G. and Lincoln, Y. S. 2005. *Paradigmatic controversies, contradictions and emerging confluences*. In: *Qualitative research*, edited by KN Denzin and YS Lincoln. 3<sup>rd</sup> edition. London: Sage.

Guest, G. 2012. Describing mixed methods research: An alternative to typologies. *Journal of Mixed Methods Research* 7(2):141-151.

Guftanson, P. and Greenland, S. 2014. *Misclassification* In: Arhens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. New York: Springer + Business Media; 639-658.

Guryan, J., Hurst, E., and Kearney, M. 2008. Parental Education and Parental Time with Children. *Journal of Economic Perspectives* 22(3)23-36.

Habte, M. 2017. *Gender and Economic Opportunities*. In: Rahmato, D. and Ayanaw, M. (eds.). 2018. *Challenges and Opportunities for Inclusive Development in Ethiopia: Proceedings of Conferences held in 2017*. Forum for Social Studies (FSS): Addis Ababa); 39-67.

Haig, B. D. 2010. *Scientific Method* In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1326-1330.

Halfon, N., Forest, C. B., Lerner, R. M, and Faustman, L. M (Eds). 2018. *Handbook of Life Course Health Development*. Cham: Springer 1-13.

Halfon, N., Larson, K., Lu, M., Tullis, E. and Russ, S. 2014. Life-course health development: Past, present and future. *Matern. Child Health J.* 18;344-365.

Halfon, N. and Hochstein, M. 2002. Life-course Health Development: Integrated Framework for Developing Health Policy and Research. *The Milbank Quarterly* 80(3):433-479.

Hall of Architecture and Urbanism. 2020. *Addis Ababa City Center Design Guidelines*. Addis Ababa, Ethiopia: Hall of Architecture and Urbanism

Hanjra, M. A., Ferede, T., and Gutta, D. G. 2009. Pathways to breaking the poverty trap in Ethiopia: Investments in agricultural water, education, and markets. *Agricultural Water Management* 96;1596–1604.

Harrilall, S. 2008. *Positive Psychological Capacities, Empowerment and Job Performance*. Dissertation (MA), North-West University, South Africa.

Hart, C. S. 2012. "Professionalisation" of community development in South Africa: process, issues and achievements. *Africanus* 422(2)55-56.

Hartge, P. and Cahill, J. 2008. *Field methods in epidemiology* In: Modern epidemiology, edited by KJ Rothman, et al. 3<sup>rd</sup> edition. Philadelphia: Wolters Kluwer-Health Lippincott Williams & Wilkins; 492-494.

Hartling, L. M. 2011. Strengthening resilience in a risky world: It's all about relationships. *Women and Therapy* 31:2-4, 51-70. Available from: <http://DOI:10.1080/02703140802145870> (accessed 6 March 2015); 51-70.

Hastings, S. L. 2010. *Triangulation* In: Salkind, N. J. (ed.) Encyclopedia of Research Design. Thousand Oaks: SAGE Pub Inc.; 1538-1541.

Helbig, M. 2012. *Solving Dynamic Multiple-Objective Optimisation Problems Using Vector Evaluated Practice Swarm Optimisation*. Thesis (D. Phil.) University of Pretoria, South Africa.

Henry, GT. 2009. *Practical sampling* In: The Sage Handbook of Applied Research Methods, edited by L Bickman and DJ Roy. Los Angeles: SAGE.

Herrera, C. 2010. *Ethics in Research Process* In: Salkind, N. J. (Ed.) Encyclopedia of Research Design. Thousand Oaks: SAGE Pub Inc.; 426-431.

Heyvaert, M., Maes, B. and Onghena, P. 2013. Mixed - Methods Research Synthesis: definition, framework and potential. *Qual Quant* 47; 659-676.

Hodges, T. D. and Clifton, D. O. 2004. *Strengths-based Development in Practice*. (256-268) In: Linley, PA. & Joseph, S. (Eds.) *Positive Psychology in Practice*. Hoboken: Wiley. <http://addisbiz.com/ethiopian-business-news/332-addis-abeba-s-10th-master-plan-sees-13-districts> (25th February 2017).

Holtzhausen, M. 2016. *Swartland Social Development Policy and Strategy*. Master Dissertation. Stellenbosch University, South Africa.

Hortko, J., Reuda-Sabater, E., Lang, N., and Chin, V. 2019. *Measuring Well-Being to Improve It: The Sustainable Economic Development Assessment*. Boston Consulting Group.

Huber, M., Knottnerus, J. A., Green, L., Van der Horst, H., Jadad, A. R., Kromhout, D., et al. 2011. How should we define health? *BMJ* 342:d4163. Available from: [doi: 10.1136/bmj.d4163](https://doi.org/10.1136/bmj.d4163) (accessed 4 August 2015).

Huch, S. W., Beavers, A. S. and Esquivel, S. 2010. *Sample* In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1296-1300.

Huitt, WG and Dawsen, C. 2011. Social Development: Why Is It Important and How to Impact It? *Educational Psychology Interactive*. Valdosta: Valdosta State University. <http://www.edpsychinteractive.org/papers/socdev.pdf>. (Access: 03 September 2015).

*IBM ©SPSS Statistics WIN 20 1989*, by IBM SPSS USA access through the Information and Computer Technology Service (ICT) Support Unit of the College of Health Sciences of the Addis Ababa University.

Idan, O., Eriksson, M., and Al-Yagon, M. 2017. *The Salutogenic Model: The Role of Generalized Resistance Resources*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer; 57-70.

Idan, O., Braun-Lewensohn, Lindstrom, B., and Margalit, M. 2017. *Salutogenesis: Sense of Coherence in Childhood and in Families*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer; 107-121.

Institute for Economics & Peace. 2019. *Positive Peace Report 2019: Analysing the factors that sustain peace*. Sydney: Institute for Economics & Peace. <https://visionofhumanity.org/reports> (access date: 27/02/2020)

Institute for Economics & Peace. 2018. *Global Peace Index: Measuring Peace in a Complex World*. Sydney: Institute for Economics & Peace.

Ismail, M. 2013. Progressive Modelling: The Process, the Principles and the Application. *Procedia Computer Science* 16; 39-48.

Jabareen, Y. 2008. Building a Conceptual Framework: Philosophy, Definitions and Procedures. *International Journal of Qualitative Methods* 8(4)49-62.

Jick, T. D. 1979. Mixing QUAL and QUANT Methods: Triangulation in Action. *Adm. Science Quarterly* 24; 602-611.

Johnson, R. B. and Onwuegbuzie, A. J. 2004. Mixed Methods Research: A Research Paradigm Whose Time Has Come. *Educational Research* 33(7)14-26.

Jorgensen, I. S. & Nafsted, H. E. 2004. *Positive Psychology: Historical, Philosophical and Epistemological Perspectives*. In: Linley, PA. & Joseph, S. (eds.) *Positive Psychology in Practice*. Hobkoken: Wiley. 15-34.

Joseph, S. and Sagy, S. 2017. *Positive Psychology in the Context of Salutogenesis*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer; 82-88.

Kashadan, T. B. and Fincham, F. D. 2004. *Facilitating Curiosity: A Social and Self-Regulatory Perspective for Scientifically-based Interventions* In: Linley, A. and Joseph, S. (eds.) *Positive Psychology in Practice*. Hoboken: Wiley John Wiley & Sons.

Kass, P. H. 2014. *Modern Epidemiological Study Designs*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media; 325-363.

Kassahun, S. 2010. Social Capital as a Catalyst for Community Development: A Case of Poor Localities in Addis Ababa, Ethiopia. *Journal of Sustainable Development in Africa* 12(.6):122-139.

Kasser, T. 2004. *The Good Life or the Goods Life? Positive Psychology and Personal Well-being in the Culture of Consumption* In: Linley, A. and Joseph, S. (ed.) *Positive Psychology in Practice*. Hoboken: Wiley John Wiley & Sons.

Kaufman, JS. 2008. *Social epidemiology*. In: *Modern epidemiology*, edited by KJ Rothman, J Kenneth et al. 3<sup>rd</sup> edition, Philadelphia: Wolters Kluwer-Health Lippincott Williams & Wilkins.

Kelly, K. 2010. *Accuracy in Parameter Estimation* In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 3-5.

Kelly, K. 2010. *Sample Size Planning* In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1302-1303.

Kenston, K. 1970. Youth: A "New" Stage of Life. *The American Scholar* 39(4)631-654.



Kesetebirhan A. 2014. Supporting Evidence-based Decision-making: Towards the achievement of the health Millennium Development Goals. Editorial. Federal Ministry of Health Ethiopia *Quarterly Health Bulletin* 6(1)1-2.

Kesetebirhan A. 2016. The Challenge of Monitoring Health Inequalities Using Available Data in a Low Income Country: The Ethiopian Experience. *Special Bulletin FDRE Ministry of Health 18<sup>th</sup> Annual Review Meeting*; 7-15.

Kesetebirhan, A., Addis, T., and Sintayehu, T. 2014. Envisioning the Future of the Health Sector: An Update. *Quarterly Health Bulletin* 6(1)3-12.

King, L. A. 2001. The hard road to the good life: the happy mature person. *J. Humanistic Psychology* 41; 51-2.

Kingston, N. 2010. *Sequential Tests of Statistical Hypotheses* In: Salkind, N. J. (Ed.) Encyclopedia of Research Designs. Thousand Oaks: SAGE Pub Inc.; 1352-1353.

Kirmayer, L. J., Seddeu, M., Whitley, R., Dandeneau, S. F. and Isaac, C. 2009. Community resilience: models, metaphors and measures. *Journal of Aboriginal Health* 62-117.

Kironji, E. 2018. *Measuring Quality of Life in South Africa: A Household-based Development Index Approach*. Thesis (D. Phil.) University of Pretoria, South Africa.

Koes, D. R. 2006. *Towards a More Principled Progressive Backend Computer Optimization*. Thesis Proposal (D. Phil.) Carnegie Mellon University, Pittsburgh, PA, USA.

Koelen, M., Eriksson, and Cattan, M. 2017. *Older People, Sense of Coherence and Community*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer; 137-149.

Konchanska, G. 2002. Mutually Responsive Orientation between Mothers and Their Young Children: A Context for the Early Development Conscience. *Current Directions in Psychological Science* 11(1)191-195.

Konchanska, G. and Askan, N. 2004. Development of Mutual Responsiveness between Parents and Their Young Children. *Child Development* 75(6)1657-1676.

Krauss, S. E. 2005. Research Paradigms and Meaning Making: A Primer. *The Qualitative Report* 10(4)758-770.

Kruger, R. 2014. The globalisation body in sites: stasis and flow. *SAJAH* 27(2)154-181.

Kruk, M. E., Dage, A. D., Arsenault, C., Jordan, K., Leslie, H. H., Roder-DeWan S. et al. for The Lancet Global Health Commission. 2018. High Quality Health Systems in the Sustainable Development Goals era: time for a revolution. *Lancet Global Health* 6: e1196-252 (Access: 20<sup>th</sup> December 2018).

Kumar, N. and Quisumbing, A. R. 2015. Policy Reform toward Gender Equality in Ethiopia: Little by Little Egg Begins to Walk. *World Development* 67; 406-423.

Lai, T. and Ing, C. K. 2010. *Stepwise Regression* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1450-1452.

Landau, S. and Everitt, B. S. 2004. *A Handbook of Statistical Analysis Using SPSS*. Boca Roton, London, New York and Washington, DC: Chapman & Hall/CRC

Lang, T. A. and Secic, M. (Eds.). 2005. *How To Report Statistics in Medicine: Annotated Guidelines for Authors, Editors, and Reviewers* (Second Edition). Philadelphia: American College of Physicians.

Langlois, E. V., Daniels, K., and Akl, E. A. (Eds.). 2018. *Evidence Synthesis for Health Policy and Systems: A Methods Guide*. Alliance for Health Policy and Health Systems Research and World Health Organization: Geneva.

Langlois, E. V. and Akl, E. A. 2018. *Fostering the use of evidences syntheses findings in policy and practice* In: Langlois, E. V. et al. (Eds.) *Evidence Synthesis for Health Policy and Systems: A Methods Guide*. Alliance for Health Policy and Health Systems Research and World Health Organization: Geneva; 132-143.

Larke, A. and Crews, D. 2006. Parental investment, late reproduction, and increased reserve capacity are associated with longevity in humans. *Journal of Physiological Anthropology* 25(1):119-131.

Leach, N., Barrett, K., and Morgan, G. A. 2015. *SPSS for Intermediate Use and Interpretation* (Second Edition). Mahwah and London: Lawrence Erlbaum Associate, Inc.

Lee, T. Y., Cheung, C. K., and Kwong, W. M. 2012. Resilience as a Positive Youth Development Construct: A Conceptual Review. *The Scientific World Journal* Volume 2012. Article ID 39045, 9 pages; doi:1100/2012/390450 (13 August 2015).

Leech, N. L. 2010. An Array of Qualitative Data Analysis Tools: A Call for Data Analysis Triangulation. *School of Psychology Quarterly* 22(4)557-584.

Lemm, K. 2010. *Stratified Sampling* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1452-1455.

Lenin, K., Reddy, B. R. and Kalavatrini, M. S. 2015. Progressive Particle Swarm Optimization Algorithm for Solving Reactive Power Problem. *International Journal of Advances in Intelligent Informatics* 1(3)125-131.

Lerner, R. M. 2015. Promoting Positive Human Development and Social Justice: Integrating Theory, Research, and Application in Contemporary Developmental Science. *International J. Psychology*. 50(3):165-173.

Lerner, R. M., Bowers, E. P., Geldhof, G. J., Gestsdorrrir, S., and DeSouza, L. 2012. *Promoting positive youth development in the face of contextual changes and challenges: The roles of individual strengths and ecological assets*. NEW DIRECTIONS FOR YOUTH DEVELOPMENT, NO. 135, FALL 2012 © WILEY PERIODICALS, INC. Published online in Wiley Online Library (wileyonlinelibrary.com). <http://DOI:10.1002/yd.20034;119-128> (accessed 2 August 2015).

Lerner, R. M. 2006. Resilience as an attribute of the development system: Comments on the papers of Professors Masten and Wuchs. *Ann. N.Y. Acad. Sci.* 1094:40-51. Available from: <http://doi.10.1196/annals.1376-005> (accessed 6 March 2015); 40-51.

Lerner, R. M., Almerigi, J. B., Theokas, H. and Lerner, V. 2005. Positive youth development: A View of the issues. *Journal of Early Adolescence* 25(1):10-16.

Lerner, R. M., Dowling, E. M. and Anderson, P. M. 2003. Positive youth development: thriving as the basis of personhood and society. *Applied Developmental Science* 7(3):172-180.

Leufkens, H. G. and van Delden, J. J. M. 2014. *Ethical Aspects of Epidemiological Research* In: Ahrens, W. and Pigeot, I. (Eds.) 2014. Handbook of Epidemiology. New York: Springer + Business Media; 903-926.

Lewin, S. and Glenton, C. 2018. *Using evidences syntheses in the development of health systems guidance* In: Langlois, E. V. et al. (Eds.) Evidence Synthesis for Health Policy and Systems: A Methods Guide. Alliance for Health Policy and Health Systems Research and World Health Organization: Geneva; 144-155.

Lewis, C. and Lamb, M. E. 2003. Father's Influence on Children's Development: The Evidence from Two-Parent Families. *European Journal of Psychology of Education* XVIII (2)211-228.

Liberman, A. F., Padron, E., van Horn, P., and Harris, W. 2005. Angels in the Nursery: the intergenerational transmission of benevolent parental influences. *Infant Mental Health Journal* 26(6)504-520.

Liebengerg, L, Joubert, N., and Foucaelt, ML. 2017. *Understanding Core Resilience Elements and Indicators: a comprehensive review of literature*. Public Health Agency of Canada Resilience Report. <http://lindalienberg.com/wp-content/update/2017/PHAC-Resilience-Report-Final-Version-November-2017.pdf> (access date: 19/03/2021).

Linley, A. and Joseph, S. 2004. (Ed.) *Positive Psychology in Practice*. Hoboken: Wiley John Wiley & Sons.

Linley, A. and Joseph, S. 2004. *Applied Positive Psychology: A New Perspective for Professional Practice* In: Linley, A. and Joseph, S. (Eds.) *Positive Psychology in Practice*. Hoboken: Wiley John Wiley & Sons.

Lipsey, MW and Hurley, SM. 2009. *Design sensitivity* In: *The Sage Handbook of Applied Research Methods*, edited by L Bickman and DJ Roy. Los Angeles: SAGE. 61-66.

Liteire, S. 2010. *Type I Error* In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1575-1578.

Liteire, S. 2010. *Type II Error* In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1578-1580.

Litt, A. 2010. *Population* In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1053-1054.

Lopez, S. J., Snyder, C. R., Magyar-Moe, J. L., Edwards, L. M., Pedrotti, J. T., Janowski, K. et al. 2004. *Strategies for accentuating hope* In: Linley, A. and Joseph, S. (Eds.) *Positive Psychology in Practice*. Hoboken: Wiley John Wiley & Sons.

Luthans, F and Jensen, SM. 2002. Hope: A New positive strength for human resource development. *Human Resource Development Review* 1(3):304-322.

Lygoe, R. J., Cary, M. and Fleming, P. J. 2010. *A Many-Objective Optimisation Decision-making Process Applied to Automotive Diesel Engine Calibration*. Springer-verlag Berlin Heidelberg: SEAL

Lynch, F. L., Dickerson, J. F., Rozenman, M. S., Gonzalez, A., Schwartz, K. T. G., Porta, G. et al. 2021. Cost-effectiveness of Brief Behavioral Therapy for Pediatric Anxiety and Depression in Primary Care. *JAMA Network Open* 4(3):e211778 <http://doi.10.1001/jamanetworkopne.2021.1778> 1-13, 15 March 2021 (access date: 19/03/2021).

Maass, R., Lillefjell, M., and Espnes, G. A. 2017. *The Application of Salutogenesis in Cities and Towns*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer; 171-179.

Maddux, J. E., Snyder, C. R. and Lopez, S., J. 2004. *Towards a positive clinical psychology: deconstructing the illness ideology and constructing an ideology of human strengths and potential* In: Linley, A. and Joseph, S. (Eds.) *Positive Psychology in Practice*. Hoboken: Wiley John Wiley & Sons.

Makhetha, M. T. 2015. *A policy-making framework for social assistance in South Africa: the case of the Department of Social Development and the South African Social Security Agency*. Dissertation. North West University, South Africa.

Mariba, A. 2014. *History of Epidemiological Methods and Concepts* In: Ahrens, W. and Pigeot, I. (Eds.) *Handbook of Epidemiology*. New York: Springer Sciences + Business Media; 187-258.

Marshal, B., Cordon, P., Poddar, A. and Fontenat, R. 2013. Does Sample Size Matter in Qualitative Research? *A Review of Qualitative Interviews in Research*. *Journal of Computer Information Science* 11-22.

Marsh, T. N., Eshakakogan, C., Eibl, J. K., Spence, M., Morin, K. A., Gauthier, G. J. and Marsh, D. C. 2021. A study protocol for a quasi-experimental community trial evaluating the integration of indigenous healing practices and a harm reduction approach with principles of seeking safety in an indigenous residential treatment program in Northern Ontario. *Harm Reduct J.* 18:35 <http://doi.org/10.1186/s12954-021-00483-7> (access date: 02/04/2021)

Masten, A. S. 2014. Global Perspective on Resilience on Children and Youth. *Child Development*, 85(1):6-20 <http://doi.10.1111/child-development> (access date: 19/03/2021); 6-20.

Masten, A. S. 2015. *Ordinary Magic: Resilience in Development*. New York, NY: Guildford Press.

Masten, A. S. 2021. *Resilience in Developmental Systems: Principles, Pathways, and Protective Process in Research and Practice* In: Ungar, M. (Ed.) 2021. *Multi-Systemic Resilience: Adaptation and Transformation in the Context of Change*. New York, NY: Oxford University Press 113-134.

<https://oxford.org/doi:10.1093/010/978019005888.001.0001> (access date: 16/02/2021); 113-134.

Masten, A. S. 2007. Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology* 19:921–930. Available from: <http://DOI:10.1017/S0954579407000442> (accessed 7 March 2015); 921-930.

Masten, A. S. and Barners, A. J. 2018. Resilience in Children: Developmental Perspectives. *Children*, 5(7)98 <http://doi:10.3390/children5070098> (access date: 19/03/2021).

Masten, A. S. 2018. Resilience Theory and Research in Children and Families: Past, Present, and Promise. *Journal of Family Theory and Review*, 10(1):12-31 <http://doi.1111/jftr.12255> (access date: 19/03/2021); 12-31.

Masten, A. S. and Motti – Stefanidi, F. 2020. Multisystem Resilience in Children and Youth in Disaster Reflections in the Context of COVID-19. *Adversity and Resilience Science*, 1(2): 95-106. <http://doi:10.1007/s4844-020-00010-w> (access date: 19/03/2021); 95-106.

Masten, A. S., Gewirtz, A. H. and Sapienza, J. K. 2013. Resilience in development: The importance of early childhood. *Encyclopaedia on Early Childhood Development*, CEECD/SKC-ECD | RESILIENCE.

Masthoff, E. D., Trompenaars, F. J., van Heck, G., L., Hodiamont, P. P. and De Vries, J. 2005. Validation of the WHO Quality of Life Assessment Instrument (WHOQOL-100) in a Population of Dutch Adult Psychiatric Outpatient. *European Psychiatry* 20:465-473.

Maxwell, J. A. 2009. *Designing a qualitative study*. In: The Sage Handbook of Applied Research Methods, edited by L. Bickman and DJ. Roy Los Angeles: SAGE.



McGowan, S. and Westley, F. 2021. *Transformative Social Innovations and Multisystemic Resilience: Three Case Studies* In: Ungar, M. (Ed.) 2021. *Multi-Systemic Resilience: Adaptation and Transformation in the Context of Change*. New York, NY: Oxford University Press 493-505. <https://oxford.org/doi:10.1093/010/978019005888.001.0001> (access date: 16/02/2021)

McGregor, S. L. T. and Murnane, J. A. 2010. Paradigm, methodology and method: Intellectual integrity in consumer scholarship. *International Journal of Consumer Studies* 34(4)419-427.

McKinsey Global Institute. 2020. *The Social Contract in the 21<sup>st</sup> Century*. McKinsey Global Institute

Megerssa, D. F. 2014. The Ethiopia's Legal Framework on Domestic Violence against Women: A Critical Perspective. *International Journal of Gender and Women's Studies* 2(1)49-60.

Merriam Webster Dictionary (online). 2015. [Http://www.merriam-webster.com/dictionary/](http://www.merriam-webster.com/dictionary/)... (for the different words at different times in 2017).

Merlo, J. and Lynch, K. 2010. *Association Measures* In: Salkind, N. J. (ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 47-52.

Mesganaw, A., Hailemariam, D. and Araya, T. 2012. The Double Mortality Burden in Addis Ababa. *Prev Chron Dis* 9:100142. DOI. <http://dx.doi.org/10.5888/pcd9.100142>. (Date: 11th May 2019).

Mesganaw, A., Hailemariam, D., Araya, T. and Ayele, K. 2012. Patterns of Mortality in Public and Private Hospitals of Addis Ababa, Ethiopia. *BMC Public Health* 12-1007. <http://www.biomedicalcentral.com/1471-2458/12/1007> (Date: 11th May 2019).

Meyer, M. F. 2014. *The Relationships between Quality of Life, Education and Poverty & Inequality in South Africa. The Capability Approach as an Alternative Analytical Framework*. Dissertation (MA). University of the Western Cape, South Africa.

Midgley, J. 2013. *Defining social development* In: *Social development: theory and practice*, edited by J Midgley. Los Angeles: SAGE.

Miller, F, Osbahr, H, Boyd, E, Thomala, F, Bharwani, S, Zeirvogel, G. Walker, B, et al. 2010. Resilience and Vulnerability: Complementary or Conflicting Concepts? *Ecology and Society*. 15 (3). <http://www.ecologyandsociety.org/vol15/1853/art11> (access: 20 July 2015).

Minnaar-McDoland, M. L. 2013. *Work, Women and Welfare: a critical gendered analysis of social development with special reference to income generation prospects in the transition period (1994-2001) in South Africa*. Thesis (D. Phil.). University of Western Cape, South Africa.

Mittelmark, M. B. 2021. *Resilience in the Salutogenetic Model of Health* In: Ungar, M. (Ed.) 2021. *Multi-Systemic Resilience: Adaptation and Transformation in the Context of Change*. New York, NY: Oxford University Press 153-164. <https://oxford.org/doi:10.1093/010/978019005888.001.0001> (access date: 16/02/2021); 153-164.

Mittelmark, M. B. 2017. *Introduction to the Handbook of Salutogenesis*. In: Mittelmark, M. B., Sagy, S., Eriksson, M., Bauer, G. F., Petikan, J. M., Lindstrom, B. and Espenses, G. A. (Eds.) 2017. *Handbook of Salutogenesis*. New York, NY: Springer, 3-6. <http://doi:10.1007/978-3-319-04600-6> (access date: 19.03/2021); 3-6.

Mittelmark, M. B. and Brauer, G. F. 2017. *The Meaning of Salutogenesis*. In: Mittelmark, M. B., Sagy, S., Eriksson, M., Bauer, G. F., Petikan, J. M., Lindstrom, B.

and Espenses, G. A. (Eds.) 2017. Handbook of Salutogenesis. New York, NY: Springer, 7-14. <http://doi:10.1007/978-3-319-04600-6> (access date: 19.03/2021); 7-14.

Mittelmark, M. B., Bull, T., and Bodwaman, L. 2017. *Emerging Ideas Relevant to the Salutogenetic Model of Health*. In: Mittelmark, M. B., Sagy, S., Eriksson, M., Bauer, G. F., Petikan, J. M., Lindstrom, B. and Espenses, G. A. (Eds.) 2017. Handbook of Salutogenesis. New York, NY: Springer, 45-56. <http://doi:10.1007/978-3-319-04600-6> (access date: 19.03/2021); 45-56.

Mittelmark, M. B., Bull, T., Daniel, M., and Urke, H. 2017b. *Specific Resistance Resources in the Salutogenic Model of Health*. In: Mittelmark, M. B., Sagy, S., Eriksson, M., Bauer, G. F., Petikan, J. M., Lindstrom, B. and Espenses, G. A. (Eds.) 2017. Handbook of Salutogenesis. Zurich: Springer, 71-76. <http://doi:10.1007/978-3-319-04600-6> (access date: 19.03/2021); 71-76.

Mmusi-Phetoe, R. M. M. 2011. *A Model for Integrating Social Interventions into Primary Health Care in Order to Reduce Maternal and Child Mortality in South Africa*. Thesis (Doctor of Literature et Philosophy). University of South Africa, South Africa.

Mohammed, Z. 2011. *Perceptions of Social Development by Senior Officials in the National Department of Social Development, South Africa. Dissertation*. University of Witwatersrand, South Africa.

Mohseni, M. and Lindstrom, M. 2007. Social capital trust in health care system and self-rated health: the role of access to health care in a population-based study. *Social Science & Medicine* 64; 1272-1383.

Morabia, A. 2014. *History of Epidemiological Methods and Concepts* In: Ahrens, W. and Pigeot, I. (Eds.) Handbook of Epidemiology. Second Edition. New York: Springer Science + Business Media 43-74.

Morgan, A. and Ziglio, E. 2007. Revitalising the evidence base for public health: an asset model. International Union of Health Promotion and Education (IUHPE). *Promotion & Education Supplement 2*; 17-22.

Moss, P. A. 2010. *Validity* In: Salkind, N. J. (ed.) Encyclopedia of Research Design. Thousand Oaks: SAGE Pub Inc.; 1590-1592.

Mugah, R. and Hill, K. 2018. African cities will double in population by 2050: Here 4 ways to make sure they thrive. <http://www.wef.org/agenda/2018/06/Africa-urbanization-cities-double-popuation-2050-4ways-thrive/> (accessed 27th June 2018).

Mulugeta B. G/M. 2012. Perspectives on Optimization of Vaccination and Immunization of Ethiopian Children and Women: What should and can we further do? Why and how? *Ethiopian Medical Journal* (50th Anniversary) 50(2)167-184.

Mulugeta B. 2011. Pursuance of Quality Survival and Development Re-Directions in Settings Such as Contemporary Ethiopia. *Ethiopian Journal of Pediatrics and Child Health* VII(7):2-11.

Mulugeta B. 2010. *A Perspective on Human Health Resource Development*. Addis Ababa University, School of Public Health Batch Graduates Bulletin 32-33.

Mulugeta B. 2003. *Some More "Foods for Thought": Viewpoints towards an accelerated as well as long-term envisioned HIV/AIDS and development response in Ethiopia*. A Discussion Paper (Technical Paper) 1-20.

Mulugeta B. 2000. *Here comes transformation: impressive move forward*. Editorial *Special Commentary*. Ethiopian Medical Association (EMA). EMA Newsletter 4(4):1.

Mulugeta B., Derege K., Mesfin K. 1999. Hypertension and Diabetes Mellitus in Addis Ababa. *Journal of Ethiopian Medical Practice*. 1(1):23-26.

Mulugeta B. (Betre, M.), Derege K., Mesfin K. 1997. Modifiable Risk Factors for Coronary Heart Diseases among Young People in Addis Ababa. *East African Medical Journal*. 74 (6):376-381.

Mulugeta B. 1996. *Clear Consciousness and Genuine Contribution*. Ethiopian Medical Association (EMA), EMA Newsletter 1(3)3-4.

Nakajo, A., Mueller, F., Brower, J., van Herle, J. and Favrat, D. 2012. Progressive activation of degradation process in solid oxide fuel cell stacks. Part I: Lifetime exclusion by optimization of the operating conditions. *Journal of Power Sources* 216:449-463.

Napolitano, C. M., Bowers, E. P., Gestsdotliz, S. and Chase, P. A. 2011. The Development of Intentional Self-Regulation in Adolescence: Describing, Explaining and Optimizing Its Links to Positive Youth Development. *Advances in Child Development and Behavior* 19-38.

Narvaez, D. and Gleason, T. 2012. *Development Optimization*. In: Narvaez, D., Panksepp, J., Shore, A. and Gleason, T. (eds.) *Human Nature, Early Experience and the Environments of Evolutionary Adaptedness*. New York: Oxford University Press (unpaged).

Neta, G., Samet, J. M. and Rafaraman, P. 2014. *Quality Control and Good Epidemiological Practice*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. Second Edition. New York: Springer Science + Business Media; 525-576.

Ngubeni, S. P. 2013. *Youth Development Performance Management in Municipalities: A Nkangala District Municipality Case Study*. Dissertation (MA). University Stellenbosch, South Africa.

Nwachukwu, P. T. T. 2011. *The Impact of Socio-Economic Status of the People towards Participation in Development Programs*. Dissertation (MA). University of Zululand, South Africa.

O'Farrelly, C., Watt, H., Babalis, D., Bakermans-Kranenburg, M. J., Baker, B., Byford, S. et al. 2021. A Brief Home-Based Parenting Intervention to Reduce Behavior Problems in Young Children: A Programmatic Randomized Clinical Trial. *JAMA Pediatrics* <http://doi:10.1001/jamapediatrics.2020.6834> Published online March 15, 2021 (access date: 19/03/2021).

Organization of Economic Cooperation and Development (OECD). 2021. *Development Cooperation Report 2020: Learning from Crises, Building Resilience*. Paris: OECD Publishing, <https://doi.org/10.1787/f6d42aa-5-en> (access date: 01/03/2021).

Oland, T. 2012. Human Potential and Progressive Pedagogy: a long cultural history of race and intelligence. *Race, Ethnicity and Education* 15(4)561-585.

Oslo Manual 2018. Guidelines for collecting, reporting and using data on innovation <http://oe.cd/oslomanual> (access date: 15 March 2019) OECD, 1-2.

Oslo Manual. 2005. GUIDELINES FOR COLLECTING AND INTERPRETING INNOVATION DATA Third edition A joint publication of OECD and Eurostat. OECD, 46-47.

Oudard, S., Thiam, R., Fournier, L., Medion, J. Lamurgalia, M., Scotte, F. et al. 2012. Optimisation of the tumour response threshold in patients treated with everolimus for

metastatic renal cell carcinoma: analysis of response and progression free survival in the RECORD-1 Study. *European Journal of Cancer* 48; 1512-1518.

Pan American Health Organization (PAHO). 2019. *Universal Health in the 21<sup>st</sup> Century: 40 Years of Alma – Ata*. Report of the High – Level Commission, Washington, DC: PAHO.

Parker, M. and Bull, S. 2015. Sharing Public Health Research Data: Towards the Development of Ethical Data Sharing Practice in Low- and Middle-Income Settings. *Journal of Empirical Research on Human Research Ethics* 10(3)217-224.

Parker, M., Pannel, R., and Weinstein, P. 2003. Converging Paradigms for Environmental Health Theory and Practice. *Environmental Health Perspective* 111:669-675.

Parris, T. M. and Kates, R. W. 2003. Characterising and Measuring Sustainable Development. *Annu. Rev. Resource.* 28:559-586; doi:10.1146/annurev.20.050302.105551 (02 September 2015); 559-586.

Pearce, N. and Greenland, S. 2014. *Confounding and Interaction* In: Arhens, W. and Pigeot, I. (Eds.) 2014. *Handbook of Epidemiology*. New York: Springer + Business Media; 659-684.

Pelikan, J. M. 2017. *The Application of Salutogenesis in Healthcare Settings*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer; 291-298.

Peterson, C. 2009. Positive psychology, reclaiming children and youth reclaiming. *Journal of Psychology* 18(2)3-7.

Peterson, C. and Park, N. 2004. *Classification and Measurement of “Character of Strengths”*: Implication for Practice In: Linley, A. and Joseph, S. (eds.) Positive Psychology in Practice. Hoboken: Wiley John Wiley & Sons.

Petrocelli, J. V. 2010. *Validity of Research Conclusion* In: Salkind, N. J. (ed.) Encyclopedia of Research Design. Thousand Oaks: SAGE Pub Inc.; 1597-1600.

Petrocelli, J. V. 2012. Processes and Stages of Change: Counselling with the Trans – Theoretical Model of Change. *Journal of Counselling & Development* 80; 22-30.

Petrikova, I. 2014. The short- and long-term effects of development projects: evidence from Ethiopia. *J. Int. Dev* 26; 1161-1180.

Pohalabein, H., Reineke, A., and Schill, W. 2014. *Data Management in Epidemiology*. In: Ahrens, W. and Pigeot, I. (Eds.) 2014. Handbook of Epidemiology. Second Edition. New York: Springer Science + Business Media; 979-1022.

Ponterotto, JG., Mathew, J. T., and Raughley, B. 2013. The value of mixed methods designs to social justice research in counselling and psychology. *Journal for Social Action in Counselling and Psychology* 5(2):42-68.

... 2018. *Protecting and Promoting the Health of Ontarians*. <http://www.health-gov-can/eng/pro/programs/publichealth/oph-standards/docs/protocols-guidelines/ontario-public-health-standards-2018-en-pdf> (access date: 19/03/2021).

Pursual, N. 2010. *Primary Data Source* In: Salkind, N. J. (ed.) Encyclopedia of Research Design. Thousand Oaks: SAGE Pub Inc.; 1095-1098.

Rahmato, D. 2016. *Introduction* In: Rahmato, D., Ayenew, M., Kefale, A., and Haberman (eds.), B. 2016 Reprint. Reflections on Development in Ethiopia: New



Trends, Sustainability and Challenges. Forum for Social Studies: Addis Ababa. XI-XVII)

Raiphea, Y. P. 2015. Variables: Classification, Measurement and Importance in Social Science Research. *J. Business Management & Social Science Research* 4; 435-438.

Reichy, J. W., Zautra, A. J. and Hall, J. 2011. *Resilience Science and Practice: Current Status, Future Directions*. In: Marek J. Clinski & Kathryn M. Joq (Eds.) Continuity versus Creative Response to Challenge the Primacy of Resilience and Resourcefulness in Life and Therapy. New York: Nova Science.

Reznitskaya, A. and Sternberg, R. 2004. *Teaching students to make wise judgments: the "teaching of wisdom programme"*. In: Linley, A. and Joseph, S. (Eds.) Positive Psychology in Practice. Hoboken: Wiley John Wiley & Sons.

Richer, M. Erbarck, M, Vereecken, C. Zamborn, A., Boyce, W. and Gabhoin, S. N. 2009. The role of behavioural factors in explaining socio-economic differences in adolescent health: a multi-level study in 33 countries. *Social Science & Medicine* 69; 396-403.

Robine, J-M, Romieu, I. and Cambois, E. 1999. Health expectancy indicators. *Bulletin of WHO* 77(2)181-185.

Rockers, P. C. 2018. *Quasi-experimental studies in health systems syntheses review* In: Langlois, E. V., Daniels, K. and Akl, E. A. (Eds.) 2018. Evidence Synthesis for Health Policy and Health Systems: A Methods Guide. Alliance for Health Policy and Health Systems Research and World Health Organization: Geneva

Rosa, E. M. and Tudge, J. 2013. Urie Bronfenbrenner's Theory of Human Development: Its Evolution from Ecology to Bio-Ecology. *Journal of Family Theory & Review* 5; 243-258.

Rothman, KJ, Greenland, S. and L. Lash, TL. 2008. *Introduction*. In: Modern Epidemiology, edited by KJ Rothman et al. 3<sup>rd</sup> edition, Philadelphia: Wolters Kluwer-Health. Lippincott Williams & Wilkins.

Rudatsikira<sup>1</sup>, E. Abdo, A., Adamson S and Muula, A. S. 2007. Prevalence and determinants of tobacco use among adolescents in Addis Ababa, Ethiopia. *BMC Public Health* 7:176 doi: 10.1186/1471-2458-7-176 (Date of Access: 11<sup>th</sup> May 2019).

Ruini, C. and Fava, G. 2004. *Clinical Application of Well-being Therapy*. In: Linley, P. A. and Joseph, S. Positive Psychology in Practice. Hoboken: Wiley Johns Wiley and Sons. 371-387.

Rukmana, D. 2010. *Precision* In: Salkind, N. J. (ed.) Encyclopedia of Research Design. Thousand Oaks: SAGE Pub Inc.; 1075-1077.

Ryan, R. M. and Deci, E. L. 2001. On happiness and human potentials: a review of research on hedonic and eudemonic well-being. *Ann. Review of Psychology* 152-166.

Ryff, C. D. and Singer, B. 1998. Contours of Positive Human Health. *Psychological Inquiry* 9:1-28.

Sagiu, L. Roccas, S. and Hazan, O. 2004. *Value pathways to well-being: healthy values, valued goal attainment, and environmental congruence* In: Linley, A. and Joseph, S. (Eds.) Positive Psychology in Practice. Hoboken: Wiley John Wiley & Sons.

Sagy, S. 2017. *Salutogenesis in the Era after Anthonovsky*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer; 43-44.

Sagy, S. and Mana, A. 2017. *The Relevance of Salutogenesis to Social Issues Besides Health: The Case of Sense of Coherence and Intergroup Relations*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer; 77-81

Salkind, N. J. 2010. *Cluster Sampling* In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 159-160.

Salovey, P., Caruso, D. and Mayer, J. D. 2004. *Emotional Intelligence in Practice* In: Linley, A. and Joseph, S. (Eds.) *Positive Psychology in Practice*. Hoboken: Wiley John Wiley & Sons; 450.

Schmia, K. L., Phelps, E., Kelly, M. K., Napolitano, C. M., Boyd, M. J., and Lerner, R. M. 2011. The role of adolescents' hopeful future in predicting positive and negative developmental trajectories: findings from the 4-H study of positive youth development. *The J. Positive Psychology* 6(1)45-56.

Schoon, I. 2021. *A Sociological Developmental Systems Approach for the Study of Human Resilience* In: Ungar, M. (Ed.) 2021. *Multi-Systemic Resilience: Adaptation and Transformation in the Context of Change*. New York, NY: Oxford University Press. <https://oxford.org/doi:10.1093/010/978019005888.001.0001> (access date: 16/02/2021); 335-358.

Schunemann, J. 2020. *What strategic foresight matters for Africa?* Institute of Security Studies. Frederick S. Parde Center for International Future African Futures Paper 12.

Shagani, M. and Mazahery, A. 2012. Optimization of process conditions in casting aluminium matrix composites via inter-connection of artificial neurons and progressive solution. *Ceramics International* 38; 4541-4547.

Shean, M. 2015. *Current Theories Related to Resilience and Young People: A literature review*. Melbourne, Australia: Victorial Health Promotion Foundation.

Shek, D. T. L. and Ma, C. M. S. 2010. Dimensionality of the Chinese Positive Youth Development Scale: Confirmatory factor analysis. *Soc. Indic. Res.* 98; 41-59.

Sheldon, K. M. and Lyubomirsky, S. 2004. *Achieving Sustainable New Happiness: prospects, practices and prescriptions* In: Linley, A. and Joseph, S. (Eds.) *Positive Psychology in Practice*. Hoboken: Wiley John Wiley & Sons; 128-135.

ሺፈራው በቀለ (አርታኢ). 2006. *ክድኅነት ወደ ልማት፡ ዕውቀትን ለትውልድ ማስተላለፍ፡ በፎረም ፎር ሶሻል ስተዲስ የውይይት መድረክ ላይ የቀረቡ ዕውቅናዎች*. ፎረም ፎር ሶሻል ስተዲስ፡ አዲስ አበባ (translated from Ethiopia's Federal Working Language, *Amharic*, to English as Bekele, S. [ed.] 2006. *From Poverty to Development – Transferring Knowledge to the Generation: Papers Presented in Forum for Social Studies Discussion Sessions*. Addis Ababa: Forum for Social Studies).

Shonert-Reichl, K. A. and Lawlor, M. S. 2010. Mindfulness: The effects of Mindfulness-based Education Program on Pre and Early Adolescents. *Well-being and Social and Emotional Competence* 1; 137-151.

Shruuman, F. J. 2010. Paradigms lost, paradigms regained? Development studies in the 21<sup>st</sup> Century. *Third World Quarterly* 21(1):7-20. Available from: <http://dx.doi.org/10.1080/01436590013198> (accessed 5 March 2015) 7-20.

Sivanathan, N., Arnold, K. A. and Turner, J. B. 2004. *Leading well: transformational leadership and well-being* In: Linley, A. and Joseph, S. (Eds.) *Positive Psychology in Practices*. Hoboken: Wiley John Wiley & Sons.

\_\_\_\_\_. 2016. *Six Practices to Strengthen Evaluation of Global Health Research for Development*. Essence of Good Practice Document Series. Essence of Health Research.

Small, S and Marina, M. M. 2004. Contemporary models of youth development and problem prevention: Toward an integration of terms, concepts, and models. *Family Relations* 53(1):3-11.

Song, M.-K., Lin, F.-C, Ward, S. E. and Fine, J. P. 2013. Composite Variables: When and How *Nurs Res.* 62(1):45-46.

Staudinger, UM, Marsiske, M. and Baltes, PB. 1995. Resilience and Reserve Capacity in Later Adulthood: Potentials and Limits of Development across the Lifespan. In: Cicchetti, D & Cohen, DJ. (Eds.) *Developmental Psychology* Vol. 2 Risk, Disorder, and Adaptation. New York: Wiley; 801-847

Steinberg, L. 2001. We Know Something: Parent – Adolescent Relationships in Retrospect and Prospect. *Journal of Research on Adolescence* 11(1)1-19.

Stillwell, S., Fineout-Overholt, E., Melnyk, B. M. and Williamson, K. 2010. Evidence-Based Practice, Step by Step: Asking the Clinical Question: A Key Step in Evidence-Based Practice. *AJN, American Journal of Nursing* 110(3):58-61.

Stockburger, D. W. 2010. *Variability, Measures of ...* In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1600-1604

Sullivan, G. M. and Artino Jr. 2013. Analyzing and Interpreting Data from Likert-Type Scales (Editorial). *Journal of Graduate Medical Education* 541-542.

Sun, RCF. and Shek, DTL. 2012. Beliefs in the Future as a Positive Youth Development Constructs: A Conceptual Review. *The Scientific World Journal*. <http://doi:10.1100/2012/527038> (access: 02 September 2015).

Sun, J. and Stewart, D. 2007. Development of population-based resilience measures in the primary school setting. *Health Education* 107(6):575-599.

Suri, T., Boozer, M. A., Ranis, G. and Stewart, F. 2011. Paths to Success: The Relationship between Human Development and Economic Growth. *World Development* 39(4):506–522.

Tadele, F. 2018. *Towards a More Inclusive Economic Growth and Social Development in Ethiopia: The State of Vulnerable Social Groups and Social Protection*. In: Rahmato, D. and Ayanaw, M. (Eds). 2018. Challenges and Opportunities for Inclusive Development in Ethiopia: Proceedings of Conferences held in 2017. Forum for Social Studies (FSS): Addis Ababa), 69-103.

Tashakkori, A. 2009. *Integrating qualitative and quantitative approaches to research* In: The Sage handbook of applied research methods, edited by L Bickman and DJ Roy. Los Angeles: SAGE.

Taylor, N. A. S. and Cotter, J. D. 2006. Heat adaptation: Guidelines for the optimisation of human performance. *International Sport Med. Journal* 7(1)33-57.

Tesfaye, F. Byass, P., Berhane, Y., Ruth Bonita, R. Wall, S. 2008. Association of Smoking and Khat (*Catha edulis* Forsk) Use with High Blood Pressure among Adults in Addis Ababa, Ethiopia, 2006. *Prev Chronic Dis* 5(3)... [http://www.cdc.gov/pcd/issues/2008/jul/07\\_0137.htm](http://www.cdc.gov/pcd/issues/2008/jul/07_0137.htm). Accessed (11th May 2019).

The Economist. 2020. *The Future of Public Spending: why the way we spend is critical for the Sustainable Development Goals*. The Economist Intelligence Unit Limited 2020; London: The Economist.

The National Academies of Sciences, Engineering, and Medicine. 2019a. *Promoting Positive Adolescent Health Behaviors and Outcomes: Thriving in the 21<sup>st</sup> Century*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25552> (access date: 10/02/2020).

The National Academies of Sciences, Engineering, and Medicine. 2019b. *Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25201> (date of access: 01/01/2020).

The National Academies of Sciences, Engineering and Medicine. 2019c. *Global Health Transitions and Sustainable Solutions: The Role of Partnerships*. Proceedings of a Workshop. Washington, DC: The National Academies Press

The National Academies of Sciences, Engineering, and Medicine. 2019d. *Reproducibility and Replicability in Science*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25323> (access date: 21/01/2020).

The National Academies of Sciences, Engineering, and Medicine. 2019e. *The Science of Effective Mentorship in STEMM*. Washington, DC: The National Academies Press. <http://doi.org/17226/15568> (access date: 30/12/2019).

The National Academies of Sciences, Engineering, and Medicine. 2018. *How People Learn II: Learning, Contexts and Cultures*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24783> (access date: 23/12/2019).

The National Academies of Sciences, Engineering, and Medicine. 2020a. *Leading Health Indicators 2030: Advancing Health Equity and Well-Being*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25682> (access date: 10/03/2020).

The National Academies of Sciences, Engineering, and Medicine. 2020b. *Reorienting Health Care and Business Sector Investment Priorities Toward Health and Well-Being*. Proceedings of a Workshop. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25667> (access date: 25/05/2020).

\_\_\_\_\_. 2015. *The Roadmap for Health Measurement and Accountability*. M4A Health Measurement and Accountability for Results in Health: A Common Agenda for the Post-2015 Era.

Tod, A. M. and Hirst, J. 2014. *Public health for a fairer society*. Oxon and New York: Routledge.

Thompson, P. A. 2013. *An Analysis of Dubai's Socio-Economic Development Strategies and Performance 1998-2008*. Thesis (D Litt et Phil) University of South Africa.

Thorkildsen, T. A. 2010. *Validity of Measurement* In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*. Thousand Oaks: SAGE Pub Inc.; 1592-1597

THRIVE Project Report. 2004. *A community approach to address health disparities. THRIVE Toolkit for Health Resilience in Vulnerable Environment*. Final Project Report.

Tracy, C. J. 2010. *Assent* In: Salkind, N. J. (Ed.) *Encyclopedia of Research Design*: Thousand Oaks: SAGE Pub Inc.



Trivotte, C. M., Denst, C. J. and Hamby, D. W. 2010. Influence of Family-systems Interventions Practices on Parent-Child Interactions and Child Development. *Topics in Early Childhood Special Education* 30(1)3-19.

Turner, S., Cilliers, J. and Hughes, B. 2014. *Reducing Poverty in Africa: Realistic targets for the post-2015 SDGs and Agenda 2063*. Institute for Security Studies Frederick S. Pardee Center for International Futures Africa Futures Paper 10: 3, 9-12.

Ungar, M. 2010. What is resilience across cultures and contexts? Advances to the theory of positive development among individuals and families under stress. *Journal of Family Psychotherapy* 21(1):1-16. Available from: <http://dx.doi.org/10.1080/08975351003618494> (accessed 6 March 2015) 1-16.

Ungar, M. 2021. *Connecting Biological, Psychological, Social, and Ecological Adaptation in Contexts of Adversity*. In: Ungar, M. (Ed.) 2021. *Multi-Systemic Resilience: Adaptation and Transformation in the Context of Change*. New York, NY: Oxford University Press. <https://oxford.org/doi:10.1093/010/978019005888.001.0001> (access date: 16/02/2021) 1-11.

Ungar, M. (Ed.) 2021. *Multi-Systemic Resilience: Adaptation and Transformation in the Context of Change*. New York, NY: Oxford University Press. <https://oxford.org/doi:10.1093/010/978019005888.001.0001> (access date: 16/02/2021).

Ungar, M., Liebenberg, L., Boothroyd, R., Man, W., Kuong, T. Y. L., Lebank, J. et. al. 2008. The Study of Youth Resilience across Cultures: Lessons from Pilot Study of Measurement Development. *Research in Human Development*. 5(3)166-180.

United Kingdom (UK) Council for Graduate Education. 2009. *Quality and Standards of Postgraduate Research Degrees*. London: UK Council for Graduate Education.

United Nations Conference on Trade and Development (UNCTAD). 2021. *Technology and Innovation Report 2021: Catching technological waves innovation with equity*. New York, NY: United Nations Publications

United Nations Development Programme. 2021. *Human Development Report 2020: The Next Generation Development and the Anthropocene*. New York, NY: United Nations Development Programme.

United Nations Development Programme. 2020. *Beyond Recovery Towards 2030*. New York, NY: United Nations Development Programme.

United Nations Development Program (UNDP) Ethiopia. 2018. *ETHIOPIA National Human Development Report 2018 Industrialization with a Human Face*. Addis Ababa: United Nations Development Program.

United Nations Development Programme. 2015. *National human development report 2014 Ethiopia: Accelerating inclusive growth for sustainable human development in Ethiopia*. Addis Ababa: United Nations Development Programme.

United Nations Economic Commission for Africa (ECA). 2007. *Survey of Economic and Social Conditions in Africa in 2007*. First Joint Annual Meetings of the AU Conference of Ministers of Economy and Finance and ECA Conference of African Ministers of Finance, Planning and Economic Development, Addis Ababa, Ethiopia. E/ECA/COE/27/3AU/CAMEF/EXP/3(III).

United Nations Population Fund Agency (UNFPA) and United Nations Economic Commission for Eastern Europe (UNECE). 2018. *Fulfilling the Potential of Present and Future Generations Report on ICPD Programme of Action Implementation in the UNECE Region*. Europe: UNFPA and UNECE.

United Nations General Assembly Economic and Social Council. 2017/18. *Report of the Secretary General Repositioning the United Nations development system to deliver on the 20130 Agenda: our promised for dignity, prosperity and peace on healthy planet*. Report of the Secretary-General: A72/684-E/2018/7. New York: United Nations.

United Nations Research Institute for Social Development (UNRISD). 2011. *Social Development in an Uncertain World*. UNRISD Research Agenda 2010-2014.

University of South Africa. Department of Health Studies. 2018 & 2020. *Tutorial Letter 301/0/2018 & 2020 General tutorial letter for proposal, dissertation and thesis writing MNUALLL Year module*. Pretoria: UNISA.

University of South Africa. Department of Health Studies. 2020. *Procedures for Master's and Doctoral Degrees*. Reviewed – Approved – Senate 12-03-2020 @2020 UNISA. Pretoria: UNISA.

University of South Africa. 2020. *National Doctoral Review - Repositioning Quality of Student Experience at UNISA - Self Evaluation Report*. UNISA Facilitated by the Council on Higher Education (South Africa). Pretoria: UNISA.

University of South Africa. 2013. *Policy for Research Ethics*. Pretoria: UNISA; 9-16.

Vaillant, G. E. 2004. *Positive Aging* In: Linley, A. and Joseph, S. (Eds.) *Positive Psychology in Practice*. Hoboken: Wiley John Wiley & Sons.

van Belle, G., Fisher, L. D., Heagerty P. T. and Lumley, T. S. 2004. *Biostatistics: A Methodology for Health Sciences*. Second Edition. Seattle, Washington: John Wiley & Sons, Inc.; 553-639.

Vaandrager, L. and Kennedy, L. 2017. *The Application of Salutogenesis in Communities and Neighbourhoods*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Zurich: Springer.

van Zyl, L. E. 2012. *The Development and Evaluation of Positive Psychological Interventions Aimed at Happiness*. Thesis (PhD) North-West University, South Africa.

Veenhoven, R. 2012. Social Development and Happiness in Nations. Presentation at Conference "Taking Stock: Measuring Social Development" December 14-15, 2011. International Institute of Social Studies, The Hague Working Paper No. 2012-3. Erasmus International Institute of Social Studies. *Indices of Social Development* 1-43.

Vella, S., Oades, L. and Crowe, T. 2011. The Role of Coach in Facilitating Positive Youth Development: Moving from Theory to Practice. *J. Applied Sport Psychology*. 23:33-48. DOI: 10.1080/10413200.2010.511423 (Access: 03 September 2015) 33-48.

Venkatesh, V., Brown, S.A. and Bala, H. 2013. Bridging the qualitative-quantitative divide: Guidelines for conducting mixed methods research in information systems. *MIS Quarterly* 37(1):21-54.

ven Lora, T. 2011. *A Business Model Development Strategy to Expand into the Bottom of the Pyramid Population*. Thesis. University of Stellenbosch, South Africa.

Vinje, H. F., Langeland, E., and Bull, T. 2017. *Aaron Anthonovsky's Development of Salutogenesis, 1979-1994*. In: Mittelmark et al. (Eds.) *The Handbook of Salutogenesis*. Springer: Zurich; 25-40.

Vo, H. T. 2010. *Power* In: Salkind, N. J. (Ed.) *Encyclopedia of Research in Research Design*. Thousand Oaks: SAGE Pub Inc.; 1066-1068.

Wals, J., Taylor, S. Jang, K. L. and Amundsen, J. G. 2006. *Literature Review of Concepts: Psychological Resiliency*. Do McCreay: DRDC Toronto Scientific Authority

Ward, H., Toledano, M. B., Shaddick, G, Davios, B., and Elliott, D. 2012. *Oxford Handbook of Epidemiology for Clinicians*. Oxford (UK): Oxford University Press. 37-39-58, 218-241.

*Webster's New Twentieth Century Dictionary*. 1971. Unabridged. 2<sup>nd</sup> edition. Cleveland & New York: The World Publication Company.

Wild, P. 2005. *Design and planning of epidemiological studies* In: Handbook of Epidemiology, edited by W. Ahrens and I. Pigeot. Berlin: Springer.

Windle, G. 2011. What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology* 21:152-169 Available from: [Doi.10.1017/50959259810000420](https://doi.org/10.1017/50959259810000420) (accessed 5 March 2015).

Windle, GM, Bennett, KM and Noyes, J. 2011. A methodological review of resilience measurement scales. *Health and Quality of Life Outcomes* 9:8. Available from: <http://www.hqlo.com/content/9/1/8> (accessed 5 March 2015).

Wolf, MG, Sander van Doorn, and Weissing, FJ. 2008. Evolutionary emergence of responsive and unresponsive personalities. *PNAS* 105(41):15825-15830. Available from: [www.pnas/cgi/doi/10.1073/pnas.0805473105](http://www.pnas/cgi/doi/10.1073/pnas.0805473105) (accessed: 24 July 2015).

Wolfgang Ahrens, Wolfant, Krickeberg, K, and Pigeot, I. 2005. *Epidemiology* In: W Ahrens and I Pigeot (Eds). 2005. Handbook of Epidemiology, Berlin: Springer.

Wood, A. M. and Tarrier, N. 2010. Positive Clinical Psychology: A new vision and strategy for integrated research and practice. *Clinical Psychology Review* 30; 819-829.

Woolcock, M. and Narjan, D. 2000. Social Capital: Implications for Development Theory, Research and Policy. *The World Bank Research Observers*. 15(2)225-249 (<http://www.wbro.oxfordjournals.org>) (access date: 22<sup>nd</sup> July 2016) 225-249.

World Economic Forum. 2018a. *Harnessing the Fourth Industrial Revolution for Life on Land Towards an Inclusive Bio-Economy*. Geneva: World Economic Forum (access: 28<sup>th</sup> March, 2018)

World Economic Forum Insight Report. 2017a. *The Global Human Capital Report 2017: Preparing people for the future of work*. Geneva: World Economic Forum.

World Economic Forum Insight Report. 2017b. *The African Competitiveness Report 2017: Addressing Africa's Demographic Dividend*. Geneva: World Economic Forum.

World Economic Forum Insight Report. 2018b. *The Global Risks Report 13<sup>th</sup> Edition*. Geneva: World Economic Forum.

World Economic Forum Insight Report. 2017c. *The Global Risks Report 12<sup>th</sup> Edition*. Geneva: World Economic Forum.

World Economic Forum Insight Report. 2017d. *The Future of Jobs and Skills in Africa: Preparing the Region for the Fourth Industrial Revolution*. Geneva: World Economic Forum.

World Economic Forum Insight Report. 2018c. *Towards a Reskilling Revolution Future of Jobs for All*. Geneva: World Economic Forum.

World Economic Forum Insight Report. 2017e. *Value in Health Care: Laying the Foundation for Health System Transformation*. Geneva: World Economic Forum.

World Economic Forum. 2015. *What are the 10 biggest global challenges?* The Annual Meeting, “Mastering the Fourth Industrial Revolution” Davos, Switzerland 20-23 January (<http://www.weforum.org/agenda/2016/01/what-are-the-10-biggest-global-challenges?utm-content=buffer8218utm> published Thursday 21 January 2015 (access date: 16<sup>th</sup> March 2017).

World Health Organization’s Commission on Social Determinants of Health (WHO-CSDH). 2008a. *Closing the gap in generation: health equity through action on the social determinants of health*. Commission on Social Determinants of Health Final Report, World Health Organization, Commission on Social Determinants of Health. Geneva: World Health Organization.

World Health Organization Commission on the Social Determinants of Health. 2005. *Action on the Social Determinants of Health: Learning from Previous Experiences*. A Background paper prepared for the Commission on Social Determinants of Health, March 2005, World Health Organization Secretariat of the Commission on Social Determinants of Health. [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/) (access date: 27/03/2020).

\_\_\_\_\_. 2018. *Handbook for National Quality Policy and Strategy: A Practical Approach for Developing Policy and Strategy to Improve Quality of Care*. Geneva: World Health Organization.

WHO Pan-American Health Organization (PAHO). 2016. *Roadmap for the Health in All Policies Plan of Action*. Washington, D. C.: PAHO

World Health Organization. 2008b. *World Health Report 2008 Primary Health Care Now More Than Ever Before*. Geneva: World Health Organization.

World Health Organization. 2005b. *Re-defining "Health" Article: Ustun & Jakob*". 2005; 83:802. Available from: [http://who.int/bulletin\\_board/83/ustun11051/en/](http://who.int/bulletin_board/83/ustun11051/en/) (accessed 16 July 2015).

World Health Organization. 2018. *World Health Statistics 2018: Monitoring Health for the SDGs, Sustainable Development Goals*. Geneva: World Health Organization 26.

WHO, UNICEF and WB Group. 2018. *Nurturing Care for Early Childhood Development: A framework for helping children survive and thrive to transform health and human potential*. Geneva: World Health Organization.

WHO, UNAIDS, UNFPA, UNICEF, UN Women and the WB Group. 2018. *Every Woman Every Child Survive, Thrive, and Transform 2018 Monitoring Report: Current status and strategic priorities*. Special Theme ECD, Geneva: World Health Organization

Yang, C. Y., Boen, C., Gerken, K., Schorp, L. T., and Mullan, K. H. 2018. Social Relationships and Physiological Determinants of Longevity across the Human Life Span. *PNAS* 113(3)578-583.

Yang, A., Stingl, M., Berry, D. A., Lohscheller, J. Voigt, D., Eysholdy, U. and Dollinger, M. 2016 Computation of physiological human vocal fold parameters by mathematical optimization of a biomedical model. *J. Acoust. Soc. Am.* 130(2)948-964.

Yates, T. M. and Masten, A. S. 2004. *Fostering the Futures: Resilience Theory and Practice of Positive Psychology*. 521-539. In: Linley, PA. & Joseph, S. Positive Psychology in Practice. Hoboken: Wiley.

Yayehyirad K. 2016. *Lessons for the Future in the Health Sector in Ethiopia: Sharing Experiences with the New Generation*. Paper of the College of Health Sciences



Public Speech of Community Practice Knowledge Forum. Ethiopian Academy of Sciences: Addis Ababa.

Yilmaz, K. 2013. Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. *European Journal of Education* 48(2):311-325.

Yintiso, G. 2008. Urban Development and Displacement in Addis Ababa: The Impact of Resettlement Projects on Low-Income Households. *East African Social Science Research Review* 24(2):53-57.

Youngblade, L. M. and Theokas, C. 2006. The Multiple Contexts of Youth Development: Implications for Theory, Research and Practice. *Applied Developmental Sciences* 10(2)58-60 (doi: 10.1022/S1532480xads10022-1 (03<sup>rd</sup> September 2015)).

Zachariadis, M, Scott, S and Barrett, M. 2013. Methodological implications of critical realism for mixed-methods research. *MIS Quarterly* 37(X):1-XX/Forthcoming (Special Issue: Critical Realism in *IS Research*).

Zautra, A. J., Hall, J. S. and Murray, K. E. 2010. *Resilience: A New Definition of Health for People and Communities*. In: Reich, J. R., Zautra, A. J., & Hall, J. S. (Eds.) *Handbook of Adult Resilience*. New York: Guilford. 3-30

Zeldin, S., Christens B. D., and Powers, J. L. 2013. The Psychology and Practice of Youth – Adult Partnership: Bridging generations for youth development and community change. *Am. J. Community Psychology* 51:385-397.

## ANNEXES

### **Annex 1a: Intera – Class Correlation Characteristics**

<b>Category</b>	<b>Grand Mean</b>	<b>Average Correlation</b>
201-215	3.68	0.883 (Inter-Item Correlation Mean = 0.343)
301-352*	2.35*	0.925 (Inter-Item Correlation Mean = 0.207)*
401-415	2.34	0.921 (Inter-Item Correlation Mean = 0.445)
501-528	2.08	0.954 (Inter-Item Correlation Mean = 0.444)
601-610	2.22	0.894 (Inter-Item Correlation Mean = 0.462)
701-714	1.94	0.934 (Inter-Item Correlation Mean = 0.505)

\*: Several Sub-Categories of the Construct (Category) do exhibit widely varying Grand Mean and Inter – Item Correlation Mean

### **Annex 1b: Expanded correlation phenomena characteristics of the positive developmental asset domain (segment) construct by the sub-constructs set**

<b>Category</b>	<b>Grand Mean</b>	<b>Average Correlation</b>
301-306	3.46	0.796 (Inter-Item Correlation Mean = 0.416)
307-310	3.46	0.793 (Inter-Item Correlation Mean = 0.482)
311-316	3.75	0.860 (Inter-Item Correlation Mean = 0.508)
317-320	3.62	0.651 (Inter-Item Correlation Mean = 0.315)
321-325	3.84	0.871 (Inter-Item Correlation Mean = 0.581)
326-331	4.00	0.879 (Inter-Item Correlation Mean = 0.550)
332-336	3.96	0.790 (Inter-Item Correlation Mean = 0.452)

337-340	4.13	0.907 (Inter-item Correlation Mean = 0.710)
341-343	3.57	0.856 (Inter-Item Correlation Mean = 0.664)
344-350	2.80	0.896 (Inter-Item Correlation Mean = 0.550)
351-352	2.80	0.809 (Inter-Item Correlation Mean = 0.683)

**Annex 2: Principal Component Analysis (PCA) Items of Variation Explanation by the Constructs**

<b>Measurement Construct/Scale Category</b>	<b>Measurement of KMO Sampling Adequacy</b>	<b>Approximately Two-Third Variation Explanation</b>	<b>Three-fourth or more Variation Explanation</b>
201-215	0.878	63% (209, 208 & 210)	86% ( <b>209, 208, 210, 214, 201, 215, 213 &amp; 204</b> )
301-352	0.935	66% (304, 310, 332, 329, 308, 313, 307, 352, 311, 349 & 317)	83% ( <b>304, 310, 332, 329, 308, 313, 307, 352, 311, 349 &amp; 317, 318, 321, 325, 331, 344, 345, 351, 316, 342, 334, 337, 319 &amp; 322</b> )
401-415	0.921	66% (414, 415 & 412)	80% ( <b>414, 415, 412, 413, 402, &amp; 401</b> )
501-528	0.969	61% (501, 502, 503 & 510)	( <b>501, 502, 503, 510, 509, 505, 508, 507, 521, 523 &amp; 514</b> )
601-610	0.883	63% (609 & 604)	78% ( <b>609, 604, 610 &amp; 606</b> )
701-714	0.942	64% (702 & 712)	80% ( <b>702, 712, 714, 701, &amp; 714</b> )

**Annex 3 ADDITIONAL ELABORATION ON THE CONSTITUENT SEGMENTS (CONSTRUCTS):**

**Annex 3a: Characteristics of the ORDINAL and BINARY Logistic Regression of the Positive Health and Social Development Psychology Know – How (Mastery) Intelligence Segment**

Consideration Factors	N=3,319 ORDINAL Regression AOR (95%CI)	N=3,319 BINARY Logistic Regression AOR (95%CI)
Residential Type	1.176(1.056,1.296)	0.753(0.649,0.874)*
Sex	0.393(-0.441,-0.051)	LI
Age	0.596(0.505,0.686)	0.372(0.281,0.551)*
Marital Status	-1.115(-1.157,-0.474)	1.608(1.178,2.194)*
Religion	0.154,0(-0.093,0.285)	LI
Education	1.643(1.179,2.107)	0.598(0.543,0.658)*
Occupation	-0.584(0.918,-0.249)	LI
Residents Average Monthly Income	0.361(0.034,0.762)	LI
Household's Aver. Monthly Income	-0.596(-0.767,-0.414)	1.004(1.002,1.006)+
Availability of Functional Radio	0.187(-0.144,0.518)	LI
Availability of Functional Television	-0.814(-1.308,-0.319)	1.476(1.185,1.839)*
Availability of Functional Computer	-0.395(-0.616,-0.175)	1.146(1.113,1.183)*
Positive Developmental Asset	-0.750(-1.284,-0.266)	1.383(1.189,1.495)*
Reserve Capacity	-1.096(-1.451,-0.751)	1.276(1.189,1.495)*
Resilience	-0.860(-1.379,-0.320)	1.379(1.208,1.573)*
Vital Proxy Tracer Index	-0.820(-1.334,-0.061)	1.161(1.051,1.282)*
Researching Overall Optimisation	-0.576(-1.238,-0.084)	1.288(1.147,1.447)*

\*: Statistical significance at  $p$  value  $<0.01$  level; ±: Equivocal; LI: Less (became) important predictor in the final step of the series of models among the given set of factors;

**Annex 3b: Characteristics of the ORDINAL and BINARY Logistic Regression of Positive Developmental Asset Segment**

Consideration Factors	ORDINAL Regression AOR (95%CI)	BINARY Logistic Regression AOR (95%CI)
Residential Type	1.213(0.423,2.005)	0.618(0.462,0.828)*
Sex	-1.011(-0.615,1.406)	0.904(0.705,1.317)
Age	-1.264(-1.198,1.331)	0.490(0.220,,1.093)
Marital Status	-0.872(0.831,-0.913)	0.875(0.435,1.566)
Religion	-0.312(-0.407,0.217)	1.101(0.789,1.535)
Education	0.551(0.320,0.810)	0.932(0.779,1.114)
Occupation	-0.652(-1.290,0.013)	1.005(0.999,1.010)
Residents Average Monthly Income	-2.200(-2.740,1.659)	0.999(0.991,1.008)
Household's Aver. Monthly Income	1.012(0.286,1.739)	0.997(0.994,1.000)
Availability of Functional Radio	-0.520(-1.090,0.050)	1.358(0.783,2.355)+
Availability of Functional Television	1.093(-0.440,2.326)	0.423(0.155,1.159)
Availability of Functional Computer	0.031(-0.358,0.420)	0.848(0.590,1.218)
Positive Psychology Mastery	-1.034(-1.467,0.042)	1.350(1.213,1.502)*
Reserve Capacity	-1.442(-1.962,0.285)	1.491(1.322,1.652)*
Resilience	-1.374(-2.255,-0.492)	1.614(1.352,2.000)*
Vital Proxy Tracer Index	-1.585(-2.174,-0.986)	1.510(1.319,1.728)*
Researching Overall Optimisation	-1.153(-2.060,-0.245)	1.528(1.312,1.778)*

\*: Statistical significance at  $p$  value  $<0.01$  level; ±: Equivocal; LI: Less (became) important predictor in the final step of the series of models among the given set of factors;

**Annex 3c: Characteristics of the ORDINAL and BINARY Logistic Regression of the Reserve Capacity Segment**

Consideration Factors	ORDINAL Regression AOR (95%CI)	BINARY Logistic Regression AOR (95%CI)
Residential Type	1.305(0.956,1.654)	0.583(0.484,0.704)*
Sex	-0.156(-0.328,0.016)	1.498(1.198,1.842)*
Age	1.183(0.991,1.375)	0.477(0.298,0.763)*
Marital Status	-0.502(-1.224,0.220)	1.281(0.879,1.866)±
Religion	-0.477(-0.580,0.050)	1.013(0.798,1.286)
Education	0.999(0.468,1.516)	0.731(0.650,0.882)*
Occupation	-0.503(-0.555,0.072)	0.998(0.995,1.002)
Residents Average Monthly Income	-0.744(-0.435,-1.747)	0.998(0.993,1.003)
Household's Aver. Monthly Income	-0.307(-0.497,0.636)	0.998(0.995,1.001)
Availability of Functional Radio	-0.038(-0.400,0.323)	1.065(0.714,1.590)
Availability of Functional Television	0.106(-0.113,1.185)	0.569(0.274,1.182)
Availability of Functional Computer	0.219(-0.019,0.457)	0.830(0.646,1.058)
Positive Psychology Mastery	-0.958(-1.257,-0.659)	1.261(1.167,1.361)*
Positive Developmental Asset	-1.244(-1.725,-0.763)	1.518(1.354,1.716)*
Resilience	-1.906(-2.597,-1.216)	1.864(1.566,2.218)*
Vital Proxy Tracer Index	0.203(-0.370,0.777)	1.289(1.160,1.432)*
Researching Overall Optimisation	-0.402(-1.118,-0.556)	1.356(1.197,1.536)*

\*: Statistical significance at  $p$  value <0.01 level; ±: Equivocal; LI: Less (became) important predictor in the final step of the series of models among the given set of factors;

**Annex 3d: Characteristics of the ORDINAL and BINARY Logistic Regression of the Resilience Potential Segment**

Consideration Factors	ORDINAL Regression AOR (95%CI)	BINARY Logistic Regression AOR (95%CI)
Residential Type	-0.843(-0.108,1.549)	0.675(0.527,0.865)*
Sex	0.070(-0.226,0.367)	LI
Age	0.102(-0.928,1.133)	0.169(0.108,0.264)*
Marital Status	0.880(-1.126,2.287)	LI
Religion	0.085(-0.238,0.408)	LI
Education	-0.732(-1.271,0.194)	LI
Occupation	0.513(0.191,1.432)	0.989(0.981,0.996)*
Residents Average Monthly Income	-0.506(-2.713,-1.701)	LI
Household's Aver. Monthly Income	0.317(-0.377,1.010)	LI
Availability of Functional Radio	-0.473(-1.002,0.056)	LI
Availability of Functional Television	-1.156(0.710,-0.224)	LI
Availability of Functional Computer	0.122(-0.226,0.471)	LI
Positive Psychology Mastery	-0.448(-0.942,0.026)	1.192(1.075,1.321)*
Positive Developmental Asset	-1.563(-2.156,-0.969)	1.801(1.589,2.0042)*
Reserve Capacity	-1.313(-1.884,-0.743)	1.728(1.547,1.931)*
Vital Proxy Tracer Index	0.929(0.045,1.817)	1.454(1.285,1.648)*
Researching Overall Optimisation	1.325(-0.005,2.655)	2.160(1.890,2.409)*

\*: Statistical significance at  $p$  value <0.01 level; ±: Equivocal; LI: Less (became) important predictor in the final step of the series of models among the given set of factors;

**Annex 4: Contrasting the Proportions of the Responses of Phase I and Phase II by the Abridged Set Version (Edition), Youth and Their Parents, Addis Ababa, Ethiopia, 2017 and 2018.**

Key Characteristics	2017 (Phase I)			2018 (Phase II)		
	Youth (1,719)	Parents (1,600)	Both (3,319)	Youth (416)	Parents (406)	Both (822)
<b>%</b>						
<b>Abridged Version of the Positive Health &amp; Social Development Know – How Psychology (201-215) Segment of the “Minimal Bedrock Core Building – Block Attributes Set” of Optimisation Potential</b>						
Having the required competence about marital relationship and parenthood						
- Strongly Agree	6.7	23.9	15.3	<u>2.2</u>	<u>35.2</u>	<u>18.5</u>
- Agree	25.6	65.9	45.0	<u>15.4</u>	59.4	37.1
- Not Sure	54.5	7.3	31.7	<u>60.1</u>	14.9	<u>32.9</u>
- Disagree	12.3	2.8	7.7	<u>20.4</u>	<u>0.5</u>	<u>10.6</u>
- Strongly Disagree	1.0	0.01	0.05	<u>1.9</u>	0	0.09
Regular followers of health and social dev-t optimisation matters on mass media (radio, internet, TV, etc.)						
- Strongly Agree	8.7	17.5	12.9	<u>6.7</u>	<u>28.1</u>	<u>17.3</u>
- Agree	42.7	60.0	50.8	<u>46.4</u>	60.1	<u>53.2</u>
- Not Sure	39.8	12.3	26.5	<u>42.3</u>	<u>9.6</u>	26.2
- Disagree	8.2	9.6	8.9	<u>3.4</u>	<u>1.7</u>	<u>2.6</u>
- Strongly Disagree	1.2	0.07	0.09	1.2	0.5	<u>0.9</u>
Having the required competence to overcoming potentially health harmful modern practices (alcohol, cigarette, coercion, violence, sedentary life, dieting, substances, etc.)						
- Strongly Agree	14.3	28.6	19.4	<u>9.1</u>	<u>34.7</u>	<u>21.8</u>
- Agree	50.0	59.5	54.7	<u>65.4</u>	58.9	<u>62.2</u>
- Not Sure	32.0	11.4	22.1	<u>24.5</u>	<u>5.4</u>	<u>15.1</u>
- Disagree	3.2	2.8	3.0	<u>0.05</u>	<u>0.05</u>	<u>0.05</u>
- Strongly Disagree	0.07	0.08	0.05	0.05	<u>0.05</u>	0.05
<b>Abridged Version of the Positive Developmental Asset (301-352) Segment of the “Minimal Bedrock Core Building – Block Attributes Set” of Optimisation Potential</b>						
Neighbourhoods are caring enough						
- Strongly Agree	13.7	18.1	15.8	<u>23.1</u>	<u>28.6</u>	<u>25.8</u>
- Agree	51.3	63.3	57.0	46.9	60.3	53.5
- Not Sure	29.2	13.4	21.6	<u>25.2</u>	<u>9.6</u>	<u>17.5</u>
- Disagree	4.6	4.3	4.5	<u>3.6</u>	<u>1.2</u>	<u>2.4</u>
- Strongly Disagree	1.3	0.09	1.1	1.2	0.2	<u>0.07</u>
The community value youth						
- Strongly Agree	6.9	11.6	9.2	<u>16.3</u>	<u>20.0</u>	<u>18.1</u>
- Agree	41.2	53.4	47.1	43.5	52.7	48.1
- Not Sure	36.2	19.7	28.3	<u>31.5</u>	20.7	26.2
- Disagree	13.3	13.8	13.5	<u>5.5</u>	<u>5.2</u>	<u>5.4</u>
- Strongly Disagree	2.4	1.6	2.0	3.1	1.2	2.3
The community gives useful roles to youth						
- Strongly Agree	6.0	9.8	7.8	<u>12.5</u>	<u>17.5</u>	<u>13.0</u>
- Agree	40.0	52.4	46.0	<u>45.7</u>	50.5	47.9
- Not Sure	37.3	20.9	29.4	<u>32.2</u>	23.6	29.0
- Disagree	13.8	14.6	14.2	<u>5.5</u>	<u>5.9</u>	<u>5.7</u>
- Strongly Disagree	2.9	2.3	2.6	<u>4.1</u>	2.7	3.4

Feeling of safeness prevails at home, school, neighbourhood and work							
- Strongly Agree	12.8	18.0	15.3	12.7	<b>21.2</b>	<b>17.2</b>	
- Agree	47.7	60.2	53.2	46.6	51.0	<b>48.8</b>	
- Not Sure	32.6	15.2	24.2	<b>28.6</b>	<b>18.5</b>	23.6	
- Disagree	5.3	5.9	5.6	<b>3.6</b>	<b>3.7</b>	<b>3.6</b>	
- Strongly Disagree	1.6	0.08	1.2	<b>8.4</b>	<b>5.7</b>	<b>7.1</b>	
Neighbours take appreciable responsibility for youth and adults alike							
- Strongly Agree	8.4	12.3	10.3	<b>19.0</b>	<b>21.7</b>	<b>20.3</b>	
- Agree	49.3	62.0	55.4	47.1	<b>58.1</b>	<b>52.6</b>	
- Not Sure	33.6	18.3	26.4	<b>25.2</b>	<b>14.8</b>	<b>20.1</b>	
- Disagree	8.0	6.9	7.5	7.7	<b>3.2</b>	<b>5.5</b>	
- Strongly Disagree	0.08	0.06	0.07	1.0	<b>2.2</b>	<b>1.6</b>	
Adults <b>and</b> young people in the family model to "tell the truth even when it may not be easy"							
- Strongly Agree	16.6	23.2	19.8	<b>23.8</b>	<b>31.3</b>	<b>27.5</b>	
- Agree	58.4	62.3	62.2	<b>53.8</b>	<b>56.7</b>	<b>55.2</b>	
- Not Sure	21.5	8.0	15.0	21.2	10.1	15.7	
- Disagree	3.1	2.3	2.7	<b>1.0</b>	2.0	1.5	
- Strongly Disagree	0.05	0.02	0.03	0.2	0	0.1	
I do often plan ahead <b>and</b> make informed choices							
- Strongly Agree	11.7	16.1	13.8	<b>21.6</b>	<b>23.6</b>	<b>22.6</b>	
- Agree	52.2	62.3	57.0	50.7	58.9	54.7	
- Not Sure	25.1	11.3	18.5	<b>20.2</b>	<b>10.8</b>	<b>15.6</b>	
- Disagree	9.5	9.3	9.4	<b>5.0</b>	<b>4.4</b>	<b>4.7</b>	
- Strongly Disagree	1.5	1.1	1.3	2.0	2.2	2.1	
Air cleanness & safety of the internal and external environmental surroundings							
- Strongly Agree	3.5	4.1	3.8	3.4	<b>6.4</b>	4.9	
- Agree	18.6	23.3	20.8	<b>22.4</b>	<b>25.4</b>	<b>23.8</b>	
- Not Sure	51.8	39.9	46.1	50.7	<b>44.6</b>	47.7	
- Disagree	19.1	23.8	21.3	<b>14.7</b>	<b>13.1</b>	<b>13.9</b>	
- Strongly Disagree	7.0	8.9	7.9	8.9	<b>5.2</b>	<b>9.7</b>	
Quality of accessible equitably fair education and continuous learning dev-t for all ages that effectively serves all ages							
- Strongly Agree	2.6	3.0	2.8	<b>3.6</b>	<b>6.4</b>	<b>5.0</b>	
- Agree	17.3	21.3	19.2	<b>11.3</b>	20.7	19.0	
- Not Sure	56.6	45.8	51.4	56.0	<b>48.3</b>	52.3	
- Disagree	18.3	24.6	21.3	<b>13.7</b>	<b>13.5</b>	<b>13.6</b>	
- Strongly Disagree	5.3	5.3	5.3	<b>8.9</b>	<b>11.3</b>	<b>10.0</b>	
<b>Abridged Version of Reserve Capacity (401-415) Segment of the "Minimal Bedrock Core Building – Block Attributes Set" of Optimisation Potential</b>							
Vibrant entrepreneurial community							
- Very High	4.8	7.3	6.0	<b>7.0</b>	<b>12.3</b>	<b>9.6</b>	
- High	23.5	34.0	28.6	<b>33.01</b>	<b>37.9</b>	<b>35.5</b>	
- Moderate	55.6	36.4	46.3	<b>47.8</b>	35.5	<b>41.7</b>	
- Low	14.9	20.8	17.7	<b>9.1</b>	<b>12.6</b>	<b>10.8</b>	
- Very Low	1.2	1.4	1.3	2.4	2.2	2.3	
Tendency to be hopeful with enthusiastic inclinations							
- Very High	15.0	20.1	17.5	<b>18.5</b>	<b>22.7</b>	<b>20.6</b>	
- High	40.2	52.5	46.2	<b>57.5</b>	<b>65.8</b>	<b>61.6</b>	
- Moderate	41.3	23.1	32.5	<b>23.8</b>	<b>10.8</b>	<b>17.3</b>	
- Low	3.2	3.9	3.6	<b>0.05</b>	<b>0.07</b>	<b>0.06</b>	
- Very Low	0.03	0.04	0.03	0	0	0	

Inclination to exert optimistic efforts							
- Very High	14.0	18.9	16.0	<u>22.1</u>	<u>27.3</u>	<u>24.3</u>	
- High	41.5	54.5	47.8	<u>58.7</u>	<u>61.8</u>	<u>60.2</u>	
- Moderate	42.1	23.3	33.0	<u>18.5</u>	<u>9.6</u>	<u>14.1</u>	
- Low	2.0	3.4	2.8	<u>0.07</u>	1.2	<u>1.0</u>	
- Very Low	0.06	0.03	0.04	0	0	0	
<b>Abridged Version of the Resilience (501-528) Segment of the “Minimal Bedrock Core Building – Block Attributes Set” of Optimisation Potential</b>							
I have been experiencing considerable health and social development challenges							
- Strongly Agree	3.7	9.0	6.2	4.8	<u>17.7</u>	<u>11.2</u>	
- Agree	14.2	40.0	27.9	<u>16.8</u>	<u>45.3</u>	30.1	
- Not Sure	45.3	12.5	29.5	<u>58.4</u>	<u>16.1</u>	<u>37.7</u>	
- Disagree	33.2	34.3	33.7	<u>19.0</u>	<u>19.9</u>	<u>19.1</u>	
- Strongly Disagree	3.6	1.2	2.6	<u>1.0</u>	1.2	<u>1.1</u>	
Challenges and/or problems both of the past and to the future prompt positive response							
- Strongly Agree	6.3	13.5	9.8	10.8	<u>24.4</u>	<u>17.5</u>	
- Agree	37.1	68.9	52.4	44.0	<u>62.6</u>	53.2	
- Not Sure	51.5	13.9	33.4	44.1	11.8	<u>27.6</u>	
- Disagree	4.7	3.6	4.2	1.4	<u>1.0</u>	<u>1.2</u>	
- Strongly Disagree	0.04	0.01	0.03	0.07	0.02	0.05	
I am able to positively adapt to change in increasingly flexible and open transactions							
- Strongly Agree	9.5	16.2	12.7	<u>13.7</u>	<u>24.1</u>	<u>18.9</u>	
- Agree	6.1	70.4	55.6	<u>47.4</u>	<u>57.4</u>	<u>52.3</u>	
- Not Sure	46.1	11.1	29.2	<u>37.5</u>	<u>17.7</u>	27.7	
- Disagree	2.4	2.2	2.3	<u>1.2</u>	0.07	<u>1.0</u>	
- Strongly Disagree	0	0.01	0.01	0.02	0	0.01	
I often bounce back in the face of hardships and/or illness							
- Strongly Agree	12.2	18.2	15.1	13.5	<u>24.0</u>	<u>19.0</u>	
- Agree	53.9	68.4	60.9	<u>61.8</u>	59.4	60.6	
- Not Sure	30.8	10.2	20.9	<u>22.8</u>	<u>14.3</u>	<u>18.2</u>	
- Disagree	3.0	2.9	2.9	1.2	1.0	<u>1.1</u>	
- Strongly Disagree	0.01	0.03	2.1	0.07	0.05	<u>0.06</u>	
<b>Abridged Version of the Vital Health &amp; Social Development Optimisation Preparedness and Readiness Proxy Tracer Index (601-610)</b>							
Under the current circumstances wholesome application/ implementation of the CRC will be likely realistic							
- Strongly Agree	8.5	12.4	10.4	<u>13.2</u>	<u>22.7</u>	<u>17.9</u>	
- Agree	41.6	55.4	48.3	<u>57.9</u>	56.4	<u>57.2</u>	
- Not Sure	42.1	24.8	33.7	<u>28.1</u>	<u>18.7</u>	<u>23.5</u>	
- Disagree	6.7	7.0	6.8	<u>0.02</u>	<u>1.7</u>	<u>1.0</u>	
- Strongly Disagree	1.2	0.04	0.08	<u>0.04</u>	0.05	0.05	
The local community will be committed to having constant-permanent Official Civil Vital Events Surveillance system Institutionalized							
- Strongly Agree	12.7	19.5	16.0	<u>16.6</u>	<u>33.0</u>	<u>27.1</u>	



- Agree	47.2	58.7	52.7	<u>59.4</u>	56.7	58.0
- Not Sure	36.2	18.3	27.5	<u>18.5</u>	<u>8.9</u>	<u>13.7</u>
- Disagree	3.4	3.4	3.4	0.04	<u>1.2</u>	<u>0.09</u>
- Strongly Disagree	0.05	0.02	0.03	0.02	0.02	0.02
<b>Abridged Version of the Overall Prioritisation and Feasibility of Researching Health &amp; Social Development Optimisation (701-714)</b>						
Overall appropriateness of researching PPHSDROP among members of the local/ Addis Ababa community						
- High	49.6	62.3	55.9	<u>55.2</u>	<u>68.2</u>	<u>61.8</u>
- Medium	23.5	29.1	26.2	<u>26.0</u>	<u>20.9</u>	<u>23.5</u>
- Not Sure	28.9	7.1	16.8	<u>18.5</u>	<u>10.8</u>	<u>26.9</u>
- Low	0.08	1.0	0.09	0	<u>0</u>	0
- Very Low	0.02	0	0.02	0	0	0
Hopeful visualisation of PPHSDROP practice in Addis Ababa						
- High	29.3	37.9	33.5	29.8	<u>41.6</u>	<u>35.6</u>
- Medium	32.8	42.5	37.5	<u>37.2</u>	<u>38.4</u>	37.2
- Not Sure	35.4	16.8	26.4	<u>33.7</u>	<u>20.0</u>	26.9
- Low	2.2	2.6	2.4	<u>0.02</u>	<u>0.02</u>	<u>0.02</u>
- Very Low	0.03	0.02	0.03	0	0	0

All of the expressions are in % (in the prime interest of minimising congestion).

## **Annex 5: SHORTENING ALTERNATIVES OF THE QUESTIONNAIRE BY THE CONSTITUENT DOMAINS (SEGMENTS) (MULUGETA Betre Gebremariam)**

**Annex 5a: SHORTER Version of the “Minimal Bedrock Core Building Block Attributes Continuum Set” Construct of Harnessing Progressively Positive Health and Social Development Responsiveness Optimisation Potential Data Collection Questionnaire** (based on approximately 80% of the explained variation of the PCA) (MULUGETA Betre Gebremariam, April 2021)

**200 SHORTENING Alternative Questionnaire of POSITIVE PSYCHOLOGY AND HEALTH & SOCIAL DEVELOPMENT COMPTENCE (KNOW – HOW MASTERY) INTELLIGENCE POTENTIAL DOMAIN** (based on approximately 80% of the explained variation of the PCA) **MULUGETA Betre Gebremariam**

SN	To what extent and how much ... along these KEY Characteristics:	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
201	I feel having reliable disease-injury prevention and health promotion (enhancement and optimisation) knowledge.					

204	I engage in continued health development knowledge optimisation efforts.					
208	I feel having the required competence about marital relationship and parenthood.					
209	I consider myself one of the regular followers of health and social dev-t optimisation matters on mass media (radio, internet, TV, etc).					
210	I feel having the required competence to overcoming potentially health harmful modern practices (alcohol, cigarette, coercion, violence, sedentary life, dieting, substances, etc.).					
212	I have reliable enough mobile phone operating competence					
213	I have reliable enough computer user skills					
214	I have reliable enough internet and social media utilization proficiency.					
215	I can effectively use mobile phone and computer skills to be able to progressively optimise health and social development at personal and societal levels					

**300 SHORTENING Alternative (MULUGETA Betre Gebremariam)**  
**Questionnaire of “POSITIVE DEVELOPMENT ASSETS” or**  
**“THRIVE” POTENTIALS** DOMAIN OF PHSDOR (as adapted and modified from the  
*“SEARCH Institute’s ... grow up healthy, caring and responsible development”*)  
**“EXTERNAL ASSETS”** (based on approximately 80% of the explained variation of the PCA)

SN	To what extent and how much ... along the ... Key Characteristics	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
<b>Support</b>						
304a	Neighbourhoods are caring enough.					
<b>Empowerment</b>						
307a	The community value youth.					
308a	The community gives useful roles to youth.					
310a	Feeling of safeness prevails at home, school neighbourhood and work.					
<b>Boundaries and Expectations</b>						
311a	The family exercises clear enough rules and standards of practices.					
313a	Neighbours take appreciable responsibility for youth and adults alike.					
316a	Parents, teachers and youth exercise cordial, harmonized-synergistic and positively stimulating behaviour.					
<b>Constructive Use of Time</b>						
317a	Adults and young people in the family spend weekly regular time for creative arts such as music, theatre, cinema, etc. leisure.					
318a	Adults and young people in the family spend weekly regular useful time in					

	sportive and related activities.					
319a	Adults and young people in the family spend weekly regular religious/ spiritual fellowships.					

**“INTERNAL ASSETS”** (Continued) (based on approximately 80% of the explained variation of the PCA) **MULUGETA** Betre Gebremariam

SN	To what extent and how much ... along the ... Key Characteristics	Strongly Disagree	Agree	Not Sure	Disagree	Strongly Disagree
<b>Commitment to Lifelong Learning</b>						
321b	Both adults <b>and</b> young people in the family are motivated to continue learning.					
322b	Both adults <b>and</b> young people in the family are actively engaged in some form of learning.					
325b	Adults <b>and</b> young people in the family do engage in weekly regular extra- curricular reading.					
<b>Positive Values</b>						
329b	Adults <b>and</b> young people in the family model to “tell the truth even when it may not be easy”.					
331b	Adults <b>and</b> young people in the family are mindful and avoid individually and socially unhealthy practices/behaviours.					
<b>Social Competencies</b>						
332b	I do often plan ahead <b>and</b> make informed choices.					
334b	I have the required degree of knowledge and comfort with people of different culture, ethnic, racial, religious, etc. backgrounds.					
<b>Positive Identity</b>						
337b	I feel having the “sense of control over circumstances and things that happen to me”.					
SN	To what extent and how much ... along the ... Key Characteristics	Very Low	Low	Medium (Moderate)	High	Very High
<b>People</b>						
342c	Status of personal and local collective capacity, desire, willingness and participation for societal common good(s).					
<b>Place and Environment</b>						
344c	Availability, promotion, and accessibility of acceptable health, wellbeing and social safety enabling services in the local community.					
345c	The surroundings of the local community are well-maintained, enriching, refreshing/ stimulating; perceived safe and					

	appropriate for all residents (young <b>and</b> adults alike).					
<b>Equitable Opportunities</b>						
349C	Air cleanness & safety of the internal and external environmental surroundings					
351c	Availability and accessibility of equitably fair employment and investment opportunities for local community residents (adults and young).					
352c	Quality of accessible equitably fair education and continuous learning dev-t for all ages that effectively serves all ages.					

#### 400 **SHORTENING Alternative Questionnaire of RESERVE**

**CAPACITY POTENTIALS** DOMAIN OF PHSDOR (based on approximately 80% of the explained variation of the PCA) **MULUGETA** Betre Gebremariam

SN	To what extent and how much ... along the ... Characteristics	Very Low	Low	Moderate	High	Very High
401	Ability/capability to quick mastery.					
402	High self-esteem, confidence & strong willpower.					
412	Vibrant entrepreneurial community.					
413	Availability of good financial and material/technological resource base.					
414	Tendency to be hopeful with enthusiastic inclinations.					
415	Inclination to exert optimistic efforts.					

#### 500 **SHORTENING Alternative Questionnaire of RESILIENCE**

**POTENTIALS** DOMAIN OF PHSDOR (as adapted with certain modification from the “*Connor-Davidson Resilience Scale*”) (based on approximately 80% of the explained variation of the PCA) **MULUGETA** Betre Gebremariam

SN	To what extent and how much ... along the ... Key Characteristics	Strongly Disagree	Agree	Not Sure	Agree	Strongly Agree
501	I have been experiencing considerable health and social development challenges.					
502	Challenges and/or problems both of the past and to the future prompt positive response					
503	I am able to positively adapt to change in increasingly flexible and open transactions.					
505	I believe in fate and God’s help.					
507	Past success gives confidence to overcoming new challenges.					
508	I tend to see the bright side of life & things.					
509	I have the ability to cope with ranges of hardships & stresses.					
510	I often bounce back in the face of					

	hardships and/or illness.					
514	I tend to never give up even when things look hopeless.					
<b>Cont.</b>						
521	I am able to handle unpleasant feelings in responsible manner.					
523	I have a strong sense of purpose.					

**600 SHORTENING Alternative Questionnaire of VITAL EVENTS SYSTEM INSTITUTIONALIZATION PREPAREDNESS – READINESS POTENTIALS DOMAIN AS A PROXY MODERNITY TRACER INDEX OF PHSDOR (based on approximately 80% of the explained variation of the PCA) MULUGETA Betre Gebremariam**

SN	To what extent and how much ... along the ... Key Characteristics	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
604	Under the current circumstances wholesome application/ implementation of the CRC will be likely realistic.					
606	Official Birth – Death Registration & Certification do form Child's Core Right.					
609	The local community will be committed to having constant-permanent Official Civil Vital Events Surveillance system Institutionalized.					
610	I personally will be committed to the full institutionalization of constant-permanent Official Civil Vital Events Surveillance system.					

**700 SHORTENING Alternative Questionnaire of OVERALL RESEARCHING PRIORITIZATION: PROGRESSIVELY POSITIVE HEALTH & SOCIAL DEVELOPMENT OPTIMISATION RESPONSIVENESS POTENTIALS (to what extent and how much; what is your position?) (Based on approximately 80% of the explained variation of the PCA) MULUGETA Betre Gebremariam**

SN	How much of a PRIORITY to you? (by the Key Characteristics below)	Very Low	Low	Note Sure	Moderate	High
701	Relevance/ importance of researching PHSDORP in Addis Ababa.					
702	Appropriateness of PHSRORP among members of the local/ Addis Ababa community.					
704	Appropriateness of priority positioning of PHSDORP for Addis Ababa.					
712	Hopeful visualisation of daily positive health and social development optimisation potential in Addis Ababa					
714	Importance of harnessing (nurturance) of progressive optimisation of positive health and social development psychology, intelligence-competence, reserve capacity, resilience, etc. potentials?					

**Annex 5b: ULTRA SHORTER Version of the “Minimal Bedrock Core Building Block Attributes Continuum Set” Construct of Positive Health and Social Development Responsiveness Optimization Potential Data Collection Questionnaire** (based on approximately 67% of the explained variation of the PCA) (MULUGETA Betre Gebremariam, April 2021)

**201 ULTRA SHORTER Alternative Questionnaire of POSITIVE PSYCHOLOGY AND HEALTH & SOCIAL DEVELOPMENT COMPETENCE (KNOW – HOW MASTERY) INTELLIGENCE POTENTIALS DOMAIN** (based on the nearly two-third explained variation of the PCA) **MULUGETA Betre Gebremariam**

SN	To what extent and how much ... along these KEY Characteristics:	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
208	I feel having the required competence about marital relationship and parenthood.					
209	I consider myself one of the regular followers of health and social dev-t optimisation matters on mass media (radio, internet, TV, etc).					
210	I feel having the required competence to overcoming potentially health harmful modern practices (alcohol, cigarette, coercion, violence, sedentary life, dieting, substances, etc.).					

**300 ULTRA SHORTER Alternative Questionnaire of “POSITIVE DEVELOPMENT ASSETS” or “THRIVE” POTENTIALS DOMAIN OF PHSDOR** (as adapted and modified from the “SEARCH Institute’s ... grow up healthy, caring and responsible development”) “EXTERNAL ASSETS” (based on the nearly two-third explained variation of the PCA) **MULUGETA Betre Gebremariam**

SN	To what extent and how much ... along the ... Key Characteristics	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
<b>Support</b>						
304a	Neighbourhoods are caring enough.					
<b>Empowerment</b>						
307a	The community value youth.					
308a	The community gives useful roles to youth.					
310a	Feeling of safeness prevails at home, school neighbourhood and work.					
<b>Boundaries and Expectations</b>						
311a	The family exercises clear enough rules and standards of practices.					
313a	Neighbours take appreciable responsibility for youth and adults alike.					
<b>Constructive Use of Time</b>						
317a	Adults and young people in the family spend weekly regular time for creative arts					

	such as music, theatre, cinema, etc. leisure.					
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**“INTERNAL ASSETS”** (Continued) (based on the nearly two-third explained variation of the PCA) **MULUGETA** Betre Gebremariam

SN	To what extent and how much ... along the ... Key Characteristics	Strongly Disagree	Agree	Not Sure	Disagree	Strongly Disagree
<b>Commitment to Lifelong Learning</b>						
329b	Adults <b>and</b> young people in the family model to “tell the truth even when it may not be easy”.					
<b>Social Competencies</b>						
332b	I do often plan ahead <b>and</b> make informed choices.					
<b>Positive Identity</b>						

(continuation) (based on the nearly two-third explained variation of the PCA) **MULUGETA** BGM

SN	To what extent and how much ... along the ... Key Characteristics	Very Low	Low	Medium (Moderate)	High	Very High
<b>People</b>						
342c	Status of personal and local collective capacity, desire, willingness and participation for societal common good(s).					
<b>Place and Environment</b>						
349C	Air cleanness & safety of the internal and external environmental surroundings					
<b>Equitable Opportunities</b>						
352c	Quality of accessible equitably fair education and continuous learning dev-t for all ages that effectively serves all ages.					

**400 ULTRA SHORTER Alternative Questionnaire of RESERVE CAPACITY POTENTIALS** DOMAIN OF PHSDOR) (based on the nearly two-third explained variation of the PCA) **MULUGETA** Betre Gebremariam

SN	To what extent and how much ... along the ... Characteristics	Very Low	Low	Moderate	High	Very High
412	Vibrant entrepreneurial community.					
414	Tendency to be hopeful with enthusiastic inclinations.					
415	Inclination to exert optimistic efforts.					

**500 ULTRA SHORTER Alternative Questionnaire of RESILIENCE POTENTIALS** DOMAIN OF PHSDOR (as adapted with certain modification from the “Connor-Davidson Resilience Scale”) (based on the nearly two-third explained variation of the PCA) **MULUGETA** Betre Gebremariam

	To what extent and how much ...					
--	---------------------------------	--	--	--	--	--

SN	along the ... Key Characteristics	Strongly Disagree	Agree	Not Sure	Agree	Strongly Agree
501	I have been experiencing considerable health and social development challenges.					
502	Challenges and/or problems both of the past and to the future prompt positive response					
503	I am able to positively adapt to change in increasingly flexible and open transactions.					
510	I often bounce back in the face of hardships and/or illness.					

**600 ULTRA SHORTER Alternative Questionnaire of VITAL EVENTS SYSTEM INSTITUTIONALIZATION PREPAREDNESS - READINESS POTENTIALS DOMAIN AS A PROXY MODERNITY TRACER INDEX** OF PHSDOR (based on the nearly two-third explained variation of the PCA) **MULUGETA** Betre Gebremariam

SN	To what extent and how much ... along the ... Key Characteristics	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
604	Under the current circumstances wholesome application/ implementation of the CRC will be likely realistic.					
609	The local community will be committed to having constant-permanent Official Civil Vital Events Surveillance system Institutionalized.					

**700 ULTRA SHORTER Alternative Questionnaire of OVERALL RESEARCHING PRIORITIZATION: PROGRESSIVELY POSITIVE HEALTH AND SOCIAL DEVELOPMENT OPTIMISATION RESPONSIVENESS POTENTIALS (to what extent and how much; what is your position?)** (Based on the nearly two-third explained variation of the PCA) **MULUGETA** Betre Gebremariam

SN	How much of a PRIORITY to you? (by the Key Characteristics below)	Very Low	Low	Note Sure	Moderate	High
702	Appropriateness of PHSRORP among members of the local/ Addis Ababa community.					
712	Hopeful visualisation of daily positive health and social development optimisation potential in Addis Ababa					
714	Importance of harnessing (nurturance) of progressive optimisation of positive health and social development psychology, intelligence-competence, reserve capacity, resilience, etc. potentials?					





RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES  
REC-012714-039 (NHERC)

16 March 2016

Dear Dr MB Gebremariam

**Decision: Ethics Approval**

**MSHDC/516/2016**

Dr MB Gebremariam

Student: 5764-976-6

Supervisor: Prof LV Monareng

Qualification: D Litt et Phil

Joint Supervisor: -

**Name:** Dr MB Gebremariam

**Proposal:** Analysis of progressive health and social development among youth and their parents based on responsiveness optimisation potentials in Addis Ababa, Ethiopia.

**Qualification:** DPCHS04

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.

*The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on [add date of meeting].*

*The proposed research may now commence with the proviso that:*

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the (Name of unit/sub-unit) Ethics Review Committee. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*



3) *The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*

4) *[Stipulate any reporting requirements if applicable].*

*Note:*

*The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.*

Kind regards,



Prof L. Roets  
CHAIRPERSON  
[roetsl@unisa.ac.za](mailto:roetsl@unisa.ac.za)



Prof MM Moleki  
ACADEMIC CHAIRPERSON  
[molekmm@unisa.ac.za](mailto:molekmm@unisa.ac.za)

Approval template 2014

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**Annex 6b: Copies of the Ethical Clearance and Support Letters from the Addis Ababa City Administration Health Bureau AND Federal Democratic Republic of Ethiopia's Ministry of Health, Respectively.**



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City Government of Addis Ababa Health Bureau

Ref. No A/A/H/3/1032/2017  
Date 3/12/17

To whom it may concern

Addis Ababa

**Subject: Request to access Health Facilities to conduct approved research**

This letter is to support **Dr. Mulugeta Betre** to conduct research, which is entitled as **“Progressive Health and Social Development Responsiveness Optimization potential among youth and their partners in Addis Ababa .”** the study proposal was reviewed and approved by Addis Ababa health bureau ERC, and the investigator is informed with a copy of this letter to report any changes in the study procedures and to submit progressive report once in six months, apply for renewal 30 days prior to the expiry date, and submit technical report within three months of study completion.

Therefore we request the mentioned facilities and staffs to provide support to the investigator.



With Regards  
  
Kassayenew Amare  
ERC

Cc:

- Dr. Mulugeta Betre
- Ethical Clearance Committee  
Addis Ababa



ቀን 14 MAR 2017  
Date  
ቁጥር 251/6/44/225  
Ref No

**Research Doctoral Work Funding Sponsorship Support Request Letter**

Dear Excellency

Dr. Mulugeta Betre Gebremariam, who is a fulltime faculty in the College of Health Sciences of the Addis Ababa University, has come up with a promising novel Research Doctoral (D Litt et Phil) fulfillment initiative titled "Progressive Health and Social Development Responsiveness Optimisation Potentials among Youth and Their Parents in Addis Ababa" registered and already approved in University of South Africa.

The Ethiopian Federal Ministry of Health thinks that the research will have significant value addition forward and hence recommends the implementation of the research project as scheduled.

This, therefore, is to solicit the support of your kind office to render the named project with funding sponsorship.

All the necessary details in respect may be availed by Dr. Mulugeta Betre Gebremariam.

With highest considerations

CC:

- Office of the Minister  
FMOH



Sincerely,

Yisiru Berhan Mikse (Professor)  
Minister

251-(0)11-5517011  
251-(0)11-5515425  
251-(0)11-5159069  
251-(0)11-5518031

Fax 251-(0)11-5519366  
251-(0)11-5159657  
251-(0)11-5524549

E-mail: [moh@ethionet.et](mailto:moh@ethionet.et)  
Web site: [www.moh.gov.et](http://www.moh.gov.et)

1234  
Addis Ababa,  
Ethiopia

**Annex 7: ESSENTIAL FIELD ACTIVITIES PACK**

**Annex 7a: Recruitment Advertisement: Expression of Interest** (incorporation is subject to specific requirement)

**Annex 7b: Field Activities Manual (Coordinators – Supervisors Companion)** (incorporation is subject to specific requirement)

**Annex 7c: Certificate of Appreciation Eligibility Form** (incorporation is subject to specific requirement)

**Annex 8: QUASI – EXPERIMENTAL INTERVENTION INFORMATION PIECE**

**Annex 8a: English Translation Version of the Quasi – Experimental Intervention Information Piece Sample**

**“BRIGHT HOPE BRIGHT FUTURE”**

Based on the earlier Research/Study, it has become important to exert additional focus and effort. Therefore, in order to harness and enrich with additional focus and effort, specifically, health and social development be it individually and as a family, you:

1. Establish conviction and confidence about the positive optimisation potential
2. From today, everyday and for always, cultivate the dynamic interest to the likely highest possible attainment (accomplishment)
3. Exert maximal alertness, motivation, competence and effort every day
4. Fulfil own share with full commitment, responsibility and capacity
5. Exemplify the forefront and pioneering participation role modelling to the surrounding with highest accomplishments

Thank you.

**Annex 8b: Amharic (Language of Administration) of the Quasi – Experimental Intervention Information Piece Sample**

**ብሩህ ተስፋ ብሩህ ህይዎት**

**ጤና ይስጥልን!!**

ቀደም ሲል በተከናወነው ምርምር/ጥናት መሠረተ፣ ተጨማሪ ትኩረትና ጥረት ማድረግ አስፈላጊ ሆኖ ተገኝቷል። ስለዚህ ለተጨማሪው ትኩረትና ጥረት፣ እርሶዎ/አንቺ/አንተ በተለይም ጤናንና ማህበራዊ ልማትን፣ በግልም ሆነ እንደ ቤተሰብ በጋራ ለማበለፀግ፦

1. ዕምቅ አቅም ስለመኖሩ የመተማመን መንፈስ
2. ከዛሬ ጀምሮ ለሁልጊዜም ዕለት በዕለት በዘላቂነት ወደ ላቀ ደረጃ ለመድረስ፣ ፍላጎት ማሳደር ዝግጅትና ጥረት ማድረግ
3. ዕለት ከዕለት ንቁ ብርቱ ብቁ ተነሳሽነትና ትጋት
4. በቀዳሚ የኃላፊነት መንፈስ የራስን ድርሻ በሙሉ ቁርጠኝነት በብቃት መወጣት
5. የበኩልን አመርቂ ውጤት በማረጋገጡ ጥረት ረገድ

በግምባር ቀደምትነት ፋና ወጊ ተሳትፎን በማጠናከር በአካባቢዎ ተጠቃሽ ምሣሌ የመሆን ተጨባጭ መሪ ውሳኔ ተግባር ...

**ከምሥጋና ጋር!!**

**Annex 9: THE SPECIFIC D LITT ET PHIL/PHD RESEARCH (THESIS) PROGRAMME'S ORIGINAL EXACT FULL – SCALE DATA COLLECTION TOOL SET (as developed and implemented by MULUGETA Betre Gebremariam, in 2017 & 18)**

**Annex 9a: Quantitative Portion (2017& 2018) DATA COLLECTION INSTRUMENT**

**Informed Consent/Assent Form**

**Section I: Core Information Section**

I am MULUGETA Betre Gebremariam, child – youth health care science/paediatrics and general public health specialty physician, instructor and researcher with an academic rank of full – time Associate Professor in the College of Health Sciences of the Addis Ababa University, who, at the same time, is registered in the pursuit of the **Research Doctoral, DLitt et Phil in Health Studies (PhD in Public Health) (ID: 57649766) Programme**, Department of Health Studies in the University of South Africa (UNISA). The major portion of the course forms undertaking important original piece of research. Accordingly, I am planned to investigate “**Health and Social Development Innovation Guidance Framework: Harnessing Progressively Positive Optimization Responsiveness Potentials among Youth and Parents in Context, Addis Ababa, Ethiopia**”.

The proposed specific research is envisaged contributing to expanding the scientific frontier, particularly, in advancing health and social development at both the individual and collective levels. The research will involve conducting interviews and discussions pertaining potentially key positive health and social development responsiveness optimisation attributes proper. The envisaged full participation may take approximately between half to three-quarters of an hour of eligible's time on average.





However, upon necessity, you will still be entitled to solicit additional information in the course of the interview/discussions.

Also, you will have the full right to refuse or withdraw if you do not see the importance of continuing with active participation in the research. And, you will not have to face any negative consequences for refusing or withdrawal. Nevertheless, I will have to stress to the very fact that your informed, voluntary, and active contribution is envisaged to make important contribution.

Assuming that the Ethical Prerequisites are made clear, now, I am going to ask you the Consent/Assent Permission to be able to get enrolled as an active participant - contributor of the Specific Research Projector.

**Yes**, I am reasonably clear with the information and ethical standards and I give my consent/assent to participate in the interview

**No**, I am not interested to participate in the interview (if “**NO**”, thank the candidate person and end the session to proceed to the next eligible household)

**Thank you very much.**

Name and Signature of the Primary Interviewer: \_\_\_\_\_

Name and Signature of the Primary Supervisor: \_\_\_\_\_

**PERTINENT INTRODUCTION AND GUIDANCE: Counting on ALL CANDID AND TRUTHFUL RESPONSE to ALL of the Questions with FULL FAIRNESS, FAITHFULNESS AND HONESTY in Order TO BE ABLE TO ESTABLISH CREDIBLE SOUND EVIDENCE.**

Date of Interview: \_\_\_\_\_

Respondent's Code: \_\_\_\_\_

Primary Data Collector's Code: \_\_\_\_\_

Primary Data Collector's Signature: \_\_\_\_\_

Primary Supervisor's Code: \_\_\_\_\_

Primary Supervisor's Signature: \_\_\_\_\_

# MODULE 1: STRUCTURED QUESTIONNAIRE (2017 & 2018)

## 100 KEY BACKGROUND DEMO-SOCIO-ECONOMIC CHARACTERISTICS DOMAIN FOR PHSDORP

SN	Characteristics	Response Space	Response Code Space	Remarks/Skipping
101	Sex of the Respondent	1. Male 2. Female		
102	a) What is your age (in completed years)	_____ Years  b) Category: 1. 15 – 19 Yrs 2. 20 – 24 Yrs  3. 35 – 39 Yrs 4. 40 – 49 Yrs 5. 50 -59 Yrs 6. 60+ Yrs 99. Unknown/NR		
103	Your Marital Status?	1. Never Married 2. Currently Married 3. Divorced/Separated Widowed 4. Other (specify) _____ 99. Unknown/NR		
104	What is your religion?	1. Orthodox Christian 2. Muslim 3. Catholic 4. All Other Christians 88 Other (specify) _____ 99 None/NR		
105	Your Educational Status?	1. No formal education 2. Literacy Level 3. School Level 4. Diploma Level 5. First Degree and Above 99. Unknown/NR		
106	Your Employment Status?	1. Never employed 2. Currently not employed 3. Currently employed 99. Unknown/NR		
107	Your Current Regular Occupation?	1. Student (all forms) 2. Gov. Civil Service 3. Gov Military/Police Serv. 4. Private Employment		

		5. Private Business 88. All Others (specify) ____ 99. Unknown/NR		
108	Your Own Average Monthly Net Income (Birr)	_____ Birr Category: 1. None 2. Less than 881.25 Birr 3. 881.25–2,250.00 Birr 4. 2,251.00–4,999.00 Birr 5. 5000.00-9,999.00 Birr 6. 10,000.00-19,999.00 7. 20,000 and plus 99. Unknown/NR		
109	Family (Household) Average Monthly Net Income (Birr)	_____ Birr Category: 1. None 2. Less than 881.25 Birr 3. 881.25–2,250.00 Birr 4. 2,251.00–4,999.00 Birr 5. 5000.00-9,999.00 Birr 6. 10,000.00-19,999.00 7. 20,000 and more 99. Unknown/NR		
110	Availability of at least one currently functional radio at home	1. Yes 2. No 99. Unknown/DNK/NR		
111	Availability of at least one currently functional television at home	1. Yes 2. No 99. Unknown/DNK/NR		
112	Availability of at least one currently functional computer at home	1. Yes 2. No 99. Unknown/DKN/NR		

**202 HEALTH AND SOCIAL DEVELOPMENT POSITIVE PSYCHOLOGY AND INTELLIGENCE/COMPTECE KNOW – HOW POTENITALS DOMAIN**

SN	<u>To what extent and how much ... along these KEY Characteristics:</u>	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
201	I feel having reliable disease-injury prevention and health promotion (enhancement and optimisation) knowledge.					
202	I engage in uninterrupted active effort of acquiring/ investigating reliable information-evidence on progressive health and social development enhancement-optimisation practice.					

203	I feel having reliable enough competence on disease-injury prevention and health promotion optimisation competence.					
204	I engage in continued health development knowledge optimisation efforts.					
205	I feel having reasonably up-to-date enough health development optimisation competence.					
206	I feel having the required competence to leading healthy lifestyle to the future.					
207	I feel having reasonably reliable competence to positively living with friendship & peer pressure.					
208	I feel having the required competence about marital relationship and parenthood.					
209	I consider myself one of the regular followers of health and social dev-t optimisation matters on mass media (radio, internet, TV, etc).					
210	I feel having the required competence to overcoming potentially health harmful modern practices (alcohol, cigarette, coercion, violence, sedentary life, dieting, substances, etc.).					
211	I feel being confident, extrovert, sociable, interactive and the likes.					
212	I have reliable enough mobile phone operating competence					
213	I have reliable enough computer user skills					
214	I have reliable enough internet and social media utilization proficiency.					
215	I can effectively use mobile phone and computer skills to be able to progressively optimise health and social development at personal and societal levels					

**300 “POSITIVE DEVELOPMENT ASSETS” or “THRIVE”**

**POTENTIALS** DOMAIN OF PHSDOR (as adapted and modified from the “SEARCH Institute’s ... grow up healthy, caring and responsible development”)

**“EXTERNAL ASSETS”**

SN	<u>To what extent and how much ...</u> along the ... Key Characteristics	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
<b>Support</b>						
301a	The family life provides me optimal level of love and support.					
302a	Communication within the family has been often positive enough.					
303a	Reliably positive support system existing within the extended family.					
304a	Neighbourhoods are caring enough.					
305a	Educational institutions do provide high quality education.					

306a	Parent's involvement in school affairs is optimal enough.					
<b>Empowerment</b>						
307a	The community value youth.					
308a	The community gives useful roles to youth.					
309a	The community facilitates youth's weekly regular community service.					
310a	Feeling of safeness prevails at home, school neighbourhood and work.					
<b>Boundaries and Expectations</b>						
311a	The family exercises clear enough rules and standards of practices.					
312a	The school system exercises clear enough rules and standards of practices.					
313a	Neighbours take appreciable responsibility for youth and adults alike.					
314a	Parents and other adults model positive and responsible behaviour.					
315a	Friends model positive and responsible behaviour.					
316a	Parents, teachers and youth exercise cordial, harmonized-synergistic and positively stimulating behaviour.					
<b>Constructive Use of Time</b>						
317a	Adults and young people in the family spend weekly regular time for creative arts such as music, theatre, cinema, etc. leisure.					
318a	Adults and young people in the family spend weekly regular useful time in sportive and related activities.					
319a	Adults and young people in the family spend weekly regular religious/ spiritual fellowships.					
320a	Adults and young people in the family are mostly at home during the evenings and over the nights.					

**"INTERNAL ASSETS" (Continued)**

SN	To what extent and how much ... along the ... Key Characteristics	Strongly Disagree	Agree	Not Sure	Disagree	Strongly Disagree
<b>Commitment to Lifelong Learning</b>						
321b	Both adults <b>and</b> young people in the family are motivated to continued learning.					
322b	Both adults <b>and</b> young people in the family are actively engaged in some form of learning.					
323b	Both adults <b>and</b> young people in the family do at least an hour of some form of daily active learning.					
324b	Adults <b>and</b> young people in the family do pay optimal attention-care to learning possibilities.					
325b	Adults <b>and</b> young people in the family do engage in weekly regular extra- curricular reading.					

<b>Positive Values</b>						
326b	Adults <b>and</b> young people in the family place high value on caring to and helping others.					
327b	Adults <b>and</b> young people in the family place high value to equality and social justice.					
328b	Adults <b>and</b> young people in the family live by principles, act on conviction and live up to the set of beliefs/standards.					
329b	Adults <b>and</b> young people in the family model to “tell the truth even when it may not be easy”.					
330b	Adults <b>and</b> young people in the family accept and take personal responsibility.					
331b	Adults <b>and</b> young people in the family are mindful and avoid individually and socially unhealthy practices/behaviours.					
<b>Social Competencies</b>						
332b	I do often plan ahead <b>and</b> make informed choices.					
333b	I do focus on optimal exercise of empathy, sensitivity and friendship skills.					
334b	I have the required degree of knowledge and comfort with people of different culture, ethnic, racial, religious, etc. backgrounds.					
335b	I have the ability and can resist negative peer influences/pressures and dangerous situations.					
336b	I seek/choose to resolve conflicts and differences in non violent means/ways.					
<b>Positive Identity</b>						
337b	I feel having the “sense of control over circumstances and things that happen to me”.					
338b	I feel having sense of high self-esteem					
339b	I feel having “my life has a sense of purpose”.					
340b	I feel optimistic about personal future.					

**300 The POSITIVE DEVELOPMENT “ASSET” or “THRIVE” POTENTIALS** DOMAIN OF PHSDOR (as adapted and modified from the SEARCH ...)

(continuation)

SN	To what extent and how much ... along the ... Key Characteristics	Very Low	Low	Medium (Moderate)	High	Very High
<b>People</b>						
341c	Degree of enjoyment of healthy,					

	trustful social connections, exchanges, networks, relationships, etc.					
342c	Status of personal and local collective capacity, desire, willingness and participation for societal common good(s).					
343c	Local community residents' levels of consciousness, acceptance and conformity to healthy way of living, wellness and safety.					
<b>Place and Environment</b>						
344c	Availability, promotion, and accessibility of acceptable health, wellbeing and social safety enabling services in the local community.					
345c	The surroundings of the local community are well-maintained, enriching, refreshing/ stimulating; perceived safe and appropriate for all residents (young <b>and</b> adults alike).					
346c	Availability of and access to clean, green, open, & safe spaces and parks which are appealing to the different cross-generation interests and activities of local community residents.					
347c	Availability of safe, reliable, affordable and accessible ways for people to move around, including on foot, wheelchair, crunch, etc.					
348c	Availability of acceptable quality, safe and affordable housing accessible to the residents of mixed income status.					
349c	Local cleanness and safety of the indoor and outdoor air.					
350c	Opportunities within the local community for positive cultural and artistic expression and participation.					
<b>Equitable Opportunities</b>						
351c	Availability and accessibility of equitably fair employment and investment opportunities for local community residents (adults and young).					
352c	Quality of accessible equitably					

	fair education and continuous learning dev-t for all ages that effectively serves all ages.					
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**400 RESERVE CAPACITY POTENTIALS** DOMAIN OF PHSDOR)

SN	To what extent and how much ... along the ... Characteristics	Very Low	Low	Moderate	High	Very High
401	Ability/capability to quick mastery.					
402	High self-esteem, confidence & strong willpower.					
403	Active intellectual development capacity.					
404	Reliable professional qualification.					
405	Life experience and wisdom.					
406	Charisma (magnetic attractive).					
407	Strong energy/stamina.					
408	Positive outlook/worldview.					
409	Faith and spirituality commitment.					
410	Availability of role model/s.					
411	Existence of strong enough social cohesion and support system.					
412	Vibrant entrepreneurial community.					
413	Availability of good financial and material/technological resource base.					
414	Tendency to be hopeful with enthusiastic inclinations.					
415	Inclination to exert optimistic efforts.					

**500 RESILIENCE POTENTIALS** DOMAIN OF PHSDOR (as adapted with certain modification from the "*Connor-Davidson Resilience Scale*")

SN	To what extent and how much ... along the ... Key Characteristics	Strongly Disagree	Agree	Not Sure	Agree	Strongly Agree
501	I have been experiencing considerable health and social development challenges.					
502	Challenges and/or problems both of the past and to the future prompt positive response					
503	I am able to positively adapt to change in increasingly flexible and open transactions.					
504	I enjoy close, strong and secure relationships.					
505	I believe in fate and God's help.					
506	I can deal with whatever comes.					
507	Past success gives confidence to overcoming new challenges.					
508	I tend to see the bright side of life & things.					
509	I have the ability to cope with ranges of hardships & stresses.					
510	I often bounce back in the face of hardships and/or illness.					
511	Things happen for a reason.					
512	I always exert the best possible effort no matter what.					



513	It should always be possible to achieve one's goal.					
514	I tend to never give up even when things look hopeless.					
<b>Cont.</b>						
515	I know to whom & where to turn for support					
516	I tend to focus and think clearly when under certain pressure.					
517	I often take the lead initiative to solving problems.					
518	I tend not to get easily discouraged in times of failures.					
519	I think of myself as a strong-willed character person.					
520	I am willing to and can make difficult and/or unpopular decisions.					
521	I am able to handle unpleasant feelings in responsible manner.					
522	I have to act based on intuition and wisdom out of necessity.					
523	I have a strong sense of purpose.					
524	I am in control of my own life.					
525	Challenges make me grow.					
526	I strive to attain my goal[s].					
527	I take pride of my achievements.					
528	I feel having yet untapped positive potentials.					

**600 VITAL EVENTS SYSTEM INSTITUTIONALIZATION  
PREPAREDNESS-READINESS POTENTIALS DOMAIN AS A PROXY  
MODERNITY INDEX OF PHSDOR**

SN	To what extent and how much ... along the ... Key Characteristics	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
601	I am very well versed with the stipulations of the Convention of the Right of the Child (CRC).					
602	I am personally keen to practice/ implement the provisions of the CRC in full.					
603	I personally have been committed to implementing the provisions of the CRC.					
604	Under the current circumstances wholesome application/ implementation of the CRC will be likely realistic.					
605	Under the current circumstances only partial application/ implementation of the CRC will be likely realistic.					
606	Official Birth – Death Registration & Certification do form Child's Core Right.					
607	Constant-permanent Official Registration of Births, Deaths, and the Related with Civil Vital Statistics Should be acceptable National Norm.					
608	Constant-permanent Official Civil Vital Events Surveillance should be taken one of the National Priorities.					
609	The local community will be committed to					

	having constant-permanent Official Civil Vital Events Surveillance system Institutionalized.					
610	I personally will be committed to the full institutionalization of constant-permanent Official Civil Vital Events Surveillance system.					

**700 OVERALL PRIORITISATION ASPECTS OF PROGRESSIVELY POSITIVE HEALTH AND SOCIAL DEVELOPMENT OPTIMISATION RESPONSIVENESS POTENTIALS (to what extent and how much; how do you/what is your view?)**

SN	How much of a PRIORITY to you? (by the Key Characteristics below)	Very Low	Low	Note Sure	Moderate	High
701	Relevance/ importance of researching PHSDORP in Addis Ababa.					
702	Appropriateness of PHSRORP among members of the local/ Addis Ababa community.					
703	Relevance and significance of PHSDORP in yourself.					
704	Appropriateness of priority positioning of PHSDORP for Addis Ababa.					
705	Practicality of PHSDORP in Addis Ababa.					
706	Feasibility of harnessing PHSDORP in Addis Ababa.					
707	Degree of personal & collective responsibility of harnessing PHSDORP local/AA.					
708	Degree of collective/societal responsibility of harnessing PHSDORP local/AA.					
709	Individual's (person's) necessity of the day-by-day harnessing of PHSDORP in Addis Ababa.					
710	Collective necessity of the day-by-day harnessing of PHSDORP in Addis Ababa.					
711	Current availability of enabling or promising environment towards the day-by-day harnessing of PHSDORP in Addis Ababa.					
712	Envisioned future possibility of day-to-day harnessing of PHSDORP in Addis Ababa.					
713	Importance of harnessing progressive adaptation, self management and optimisation of health and social development.					
714	Importance of harnessing (nurturance) of progressive optimisation of positive health and social development psychology, intelligence-competence, reserve capacity, resilience, etc. potentials?					

Thank you very much for you commitment and time.

## **Annex 9b: Qualitative Portion (2017)**

### **MODULE 2:**

## **OPEN-ENDED INDIVIDUAL INDEPTH-INTERVIEW GUIDE**

### **PERTINENT INTRODUCTION AND GUIDANCE (as per the Information-Consent)**

#### **2.1 ESSENTIAL BACKGROUND ITEMS**

II Code	Sex	Age	Marital Status	Religion	Education Completed	Occupation	SE Status
IIP/__/__							

#### **2.2 ESSENTIAL THEMATIC INTERVIEW GUIDE ITEMS**

How/what do you think about the issue of discussing of your own as well as the whole of community's health conditions and, health and social development?

What can we learn from your concrete lived experiences in respect? Can you please discuss about your own/family/community's health conditions and, also, your desires, expectations as well as hopes pertaining health and social development?

What can we learn useful enough about health and social development practice within your family and the community as a whole? What could have been the key factors?

How much has been the level of your own direct involvement, participations, and contribution towards improvement and ultimately optimisation of health and social

development in this community? What do you see possible potential roles of community members to such?

What do you like to see different on the advancement of progressive of health and social development optimisation responsiveness to the future?

How much do you think are the positive potentials within the individual, family and community towards progressive responsiveness optimisation efforts on health and social development forward in this community? How much possible and realistic do you think will be the pursuance of progressive optimisation responsiveness in this community?

What else (more) pertinent is to the family, locality, and AA as a whole could get discussed in respect?

**Thank you very much for the commitment and time.**

## **MODULE 3:**

### **OPEN-ENDED FOCUS GROUP INTERVIEW GUIDE**

**INTRODUCTION AND GUIDANCE KEY** (as per the Information - Consent)

#### **3.1 ESSENTIAL BACKGROUND ITEMS**

Code	Sex	Age	Marital Status	Religion	SE Stratum
FGD/__/01					
FGD/__/02					
FGD/__/03					
FGD/__/04					
FGD/__/05					
FGD/__/06					
FGD/__/07					
FGD/__/08					
FGD/__/09					
FGD/__/10					
FGD/__/11					
FGD/__/12					

#### **3.2 ESSENTIAL THEMATIC DISCUSSION GUIDE ITEMS**

What is your view of development, be it global in general or specifically in the Ethiopian context? What do you think about the current process and state of development in Addis Ababa/neighbourhood? What are the favourable/positive and/or otherwise circumstances?

- In your views, how much have the various domains of development been progressing in Addis Ababa/neighbourhood?
- Compare the economic, the social and health dimensions in particular; how much balanced as well as promising are these dimensions in Addis Ababa/neighbourhood? Why? What could have been the important factors?

What aspect of health and social development in AA/ neighbourhood should get improved and optimised to the future? Why and how?

- How much can progressive health and social development responsiveness in Addis Ababa/neighbourhood get optimised?
- Why? In what way & and how much do you think are the potentials to the future?

How much can members of the Group make progressive responsiveness optimisation difference? What concrete/specific recommendations/actions/measures can the Group discussants pursue forward? How and why?

And, in case there still are other major issues the Group Discussants would have liked to get further discussed please?

**Thank you very much for the commitment and time.**

## መረጃ ማሰባሰቢያ መጠይቅ ክፍል

የቅድመ ተሳትፎ መሠረታዊ መገልጫ ማብራሪያ እና የፈቃደኝነት ማረጋገጫ ቅፅ (፪ ሺህ ፰ እና ፪ ሺህ ፱ ዓ. ም.)

### ክፍል አንድ፡ የቅድመ ተሳትፎ መሠረታዊ መገልጫ ማብራሪያ

እኔ የጥናቱ መሪ ሙሉጌታ በትረ ገብረማሪያም በአዲስ አበባ ዩኒቨርሲቲ የጤና ሣይንስ ኮሌጅ የሙሉ ጊዜ ቅጥር በአዲሶች - ታዲሶች እና አጠቃላይ የማህበረሰብ ጤና ስፔሻሊቲ ዘርፍ ተባባሪ ፕሮፌሰር ሐኪም መምህርና ተመራማሪ ስሆን፣ በተጓዳኝነት ደግሞ በደቡብ አፍሪቃ ዩኒቨርሲቲ በጤናና ማህበራዊ ልማት ጥናት የምርምር ዶክተሬት ትምህርት መርሐ ግብር በማከናወን ላይ ነኝ። የተጠቀሰው መርሐ ግብር ዋነኛ ተግባር፣ ዓይነተኛ ጠቃሚ ምርምር ማከናወን ሲሆን፣ በዚህ መሠረት በዓይነቱ አዲስ አቅጣጫን የሚያመለክት “ተከታታይ ጤና እና ማህበራዊ ልማትን የማበልፀግ ምላሽ ዕምቅ አዎንታዊ አቅም በአዲስ አበባ ወጣቶች እና ወላጆቻቸው” በሚል የጥናት ዝርዝር ዕቅድ አውጥቻለሁ።

የተጠቀሰው የጥናት ምርምር በተለይም በግለሰቦችም ሆነ በማህበረሰብ ደረጃ ጤና እና ማህበራዊ ልማትን በተከታታይነት ከማበልፀግ አኳያ፣ ሳይንሳዊ ድንበሩን በማሥፋት በኩል በጎ አስተዋፅዖ እንደሚኖረው ታሳቢ ተድርጓል። ከቀጥታ ጋር ቀጥተኛ ተዛማጅነት እና አግባብነት ባላቸው ጉዳዮች ዙሪያ መጠይቆችን እና ውይይቶችን ማከናወን ይኖርበታል። በመሥራርቱ መሠረት፣ አግባብነት ያለው/ላት ለአንድ/ዲት ፈቃደኛ ሙሉ ተሳታፊ የሚያስፈልገው/ጋት የጊዜ ወሰን፣ በአማካይ ከግማሽ ሰዓት እስከ አርባ አምስት ደቂቃዎች እንደሚሆን ይገመታል።

ስለዚህም አሁን እርሶዎ (አንተ/ቺ) ጉዳዩ ብሎም የጥናቱ ናሙና ከሚመለከታቸው እና ሊያያካትታቸው ከሚችላቸው ውስጥ ነዎት (ነህ/ነሽ)። በተገቢው መረጃ አማካኝነት፣ ነፃ እና በሙሉ ፈቃደኝነት ቀጥተኛ ተሳትፎ አስተዋፅዖ ቢያደርጉ (ብታደርግ/ጊ)፣ ከጥልቅ አድናቆት ጋር በጣም ደስተኛ መሆኔን እገልጻለሁ። ወደ መጠይቁ/ውይይቱ ለማለፍ የሚቻለው በቅድሚያ የጥናቱ ቀጥተኛ ተሳታፊ ለመሆን፣ ቀጥተኛ ፈላጎት ካሳዩ (የህ/ሽ) እናም ፈቃደኝነትዎን (ፈቃደኝነትህን/ሽን) ሲገልፁ (ስትገልጥ/ጪ) ብቻ ነው።

ለማንኛውም ተጨማሪ መረጃ/ማብራሪያ ፍላጎትዎ (ህ/ሽ) እባክዎን ሙሉጌታ በትረ ገብረማሪያምን (ተ/ፕ/ር - ዶ/ር - ፌሎው) 0920812800/0942178818 [Mulugeta.Betre@aaau.edu.et](mailto:Mulugeta.Betre@aaau.edu.et); [fbms@yahoo.com](mailto:fbms@yahoo.com) ማግኘት ይችላሉ።

የጥናቱ ዓላማ ግልፅ እና የማያሻማ ሆኖ አገኙትን (አገኘሽውን/አገኘሽውን)?

ዐ አዎን  
ማረጋገጫ)

ዐ የለም (ተጨማሪ የተፍታታ ማብራሪያ እና

መረጃውን መሠረት ባደረገው የፈቃደኝነት ተሳታፊነት መገልጫ ዝርዝር ዘርፍ ወደ ሆነው ክፍል መሸጋገርን ይመርጣሉን (ትመርጣለህን/ጫለሽን)?

ዐ አዎን

ዐ የለም (የለም ከሆነ ከምስጋና ጋር መጨረሻ)

**ክፍል ሁለት፡ የተሳታፊነት ፈቃደኝነት መገለጫ ዘርፍ**

አሁን በዚህኛው ክፍል በተለይ የተሳታፊነት ፈቃደኝነትን በተመለከተ አስፈላጊ አንኳር ጉዳዮችን አብራራለዎታለሁ (ልሀለሁ/ሻለሁ)።

እንደማንኛውም ተቀባይነት ያለው ጤና ነክ ጥናት አተገባበር ሁሉ ይህ ምርምር የሚከናወነው አስፈላጊዎቹን መሠረታዊ የሥነ ምግባር ኃላፊነት መመሪያዎች መሟላተቸውን የደቡብ አፍሪካ ዩኒቨርሲቲን ጫምሮ በሚመለከታቸው አካላት ሁሉ መረጋገጡን ተከትሎ ነው። ይህም ሲደረግ የማንኛው/ዎም ፈቃደኛ ተሳታፊ ሙሉ መብት በምንም መልኩ በማይሸራረፍበት ነባራዊ ተጨባጭ ሁኔታ ነው። ከሁሉም በቀዳሚነት በጥናቱ ተሳታፊ በሆነ ግለሰብ የሚገለጸው መረጃ ሁሉ ነፃ፣ በፈቃድ፣ ያልተዛባ እና ዕውነተኛ (ተግማሚነት ያለው) እንዲሆን ይፈለጋል። የምርምሩ መጠይቅ/ውይይት ክንዎኔዎች ሁሉ በገለልተኝነት መርህ የሚካሄዱ ሲሆን፣ ስምን ጨምሮ የተሳታፊን ማንነትን ሊያሳውቁ የሚችሉ መረጃዎችን አይካትቱበትም። የተሳታፊነትን ሙሉ ሚሥጥራዊነት፣ ክብር እና መብት ማረጋገጥ እንደዚሁም ሙሉ ተግማሚነት/ዕውነተኝነት የመርምሩን የላቀ ማስረጃ ጥንቅር ውጤታማነት ለማመቻቸት ተመራጭነቱ አያጠይቅም። ጥናቱ በቀጥታ የፊት ለፊት መጠይቅ/ውይይት የሚከናወን ከመሆኑ ውጪ ሌላ ምንም ዓይነት ተጨማሪ ተግባር አያካትትም። በሒደቱ ሁሉ ከእያንዳንዱ/ዳ ተሳታፊ የሚሰበሰብ መረጃ ሁሉ በማንኛውም ወቅት በጥብቅ ሚስጥርነት የሚጠበቅ ሆኖ ለተዋሐደ ጥቅልል ትንታኔ ግብዓት እንዲያገለግል ይደረጋል። በጥናቱ የመጠይቅ/ውይይት ሒደት ተሳታፊ በመሆን ሊያጋጥም የሚችል አደጋም ሆነ ሥጋት ይኖራል ተብሎ አይታሰብም። ይሁንና እንደ አስፈላጊነቱ በመጠይቅ/ውይይቱ ሒደት ተጨማሪ ማብራሪያ እና መረጃ ለመጠየቅ መብተዎ (መብትህ/ሽ) የተጠበቀ ነው። እንደዚሁም በጥናቱ መጠይቅ/ውይይት ተሳታፊነት የመቀጠሉን አስፈላጊነት አሳማኝ ሆኖ ካላገኙት (ካላገኘሽው/ሽው)፣ በማንኛውም ወቅት በመካከሉ የማቋረጥ ሙሉ መብት የተጠበቀ ይሆናል። ፈቃደኛ ባለመሆን ወይም ደግሞ በመካከሉ በማቋረጥ ምክኒያት የሚከሰት/ሊከትልም የሚችል ምንም ዓይነት አሉታዊ ተፅዕኖ አይኖርም። ሆኖም ግን የእርስዎ (የአንተ/ቺ) በጎ ፈቃደኝነት እና ቀጥተኛ ንቁ ብቁ ተሳትፎ አስፈላጊ አስተዋፅዖ ሊሆን እንደሚችል በእኔ በኩል አፅህኖት ልሠጠው እፈልጋለሁኝ።

ይህን ጥናት በተመለከተ መሟላት የነበረባቸው ከዚህ በላይ የተብራሩት የተሳታፊነት ፈቃደኝነት መገለጫ መሠረታዊ ቅድመ መሥፈርቶች አኳያ በቂ ግልፅ ጭብጥ አለዎት



(ህ/ሽ) በማለት አሁን የቀጥተኛ ንቁ ብቁ ተሳታፊነት - አስተዋፅዖ አበርክቶ ፈቃደኛነትን (ህን/ሽን) እጠይቃለሁ።

ዐ አዎን ስለ ተሳታፊነት ቅድመ መሠረታዊ መረጃ እና ስለ ጥናታዊ ፈቃደኛነት ሥነ ምግባርን በተመለከተ በአሳማኝ መልኩ ግለፅ ሆኖልኝ ተስማምቻለሁኝ።

ዐ የለም በጥናቱ ተሳታፊ ለመሆን ፍላጎት የለኝም (ለምሥጋና ጋር ማሰናበት እና ወደ ቀጣዩ ...)

**በጣም እናመሠግናለን!**

የቀዳሚ መረጃ አሰባሳቢ ሙሉ ሥም እና ፊርማ \_\_\_\_\_

የቀዳሚ ተቆጣጣሪ ሙሉ ሥም እና ፊርማ \_\_\_\_\_

**አስፈላጊ መግቢያ እና መመሪያ፡ አርሰዎ ለራሰዎ፣ ለቤተሰብዎ፣ ለአዲስ አበባ ማህበረሰብ አለፎም ደግሞ በአጠቃላይ በሐገራችንና በዓለም አቀፍ ደረጃም ጭምር፣ ትክክለኛነቱ የተረጋገጠ ጠቃሚ ማስረጃ ለማጠናቀር፣ በዚህ መጠይቅ ውስጥ ለተካከቱ ለሁሉም ጥያቄዎች፣ በሙሉ ግልፅነት በሙሉ ተዓማኒነት እና በሙሉ ዕውነት ምላሽ እንደሚሰጡ፣ ከፍተኛ የኅሊና ኃላፊነት አደራ ተጥሎበዎታል።**

መጠይቅ የተከናወነበት ቀን \_\_\_\_\_

የመጠይቁ ተሳታፊ ልዩ መለያ \_\_\_\_\_

የቀዳሚ መረጃ አሰባሳቢ ልዩ መለያ ቁጥር \_\_\_\_\_

የቀዳሚ መረጃ አሰባሳቢ ማረጋገጫ ፊርማ \_\_\_\_\_

የቀዳሚ ተቆጣጣሪ ልዩ መለያ ቁጥር \_\_\_\_\_

የቀዳሚ ተቆጣጣሪ ማረጋገጫ ፊርማ \_\_\_\_\_

# በቅድም ተከተል ሥርዓት የተዋቀረ መጠይቅ

101 መሠረታዊ ቁልፍ የግለሰብ፣ ማህበራዊ እና ምጣኔ ሀብታዊ መግለጫ ጥያቄዎች

ተቁ	መግለጫ ጥያቄ	የመልስ ዝርዝር	የመልስ ልዩ መለያ ቦታ	ልዩ አስተያየት/ መሸጋገሪያ
101	የተጠያቂ ያታ	1 ወንድ 2 ሴት		
102	ሀ) ዕድሜዎ/ሀ/ሽ ስንት ነው (በአናቀቁት ዓመታት)	_____ ዓመታት  ለ) መደብ: 1.15 — 19 ዓመታት 2.20 — 24 ዓመታት  3. 35 — 39 ዓመታት 4. 40 — 49 ዓመታት 5. 50 - 59. ዓመታት 6. 60+ ዓመታት 99. አይታወቅም/መልስ የለም		
103	የእርሰዎ (የአንተቺ) የትዳር ሁኔታ?	1. ያላገባ/ች 2. አሁን በትዳር ውስጥ 3. በፍቺ/በመለያየት/ሞት ... 88. ሌላ (ይገለፅ) _____ 99. አይታወቅም/መልስ የለም		
104	ሐይማኖተዎ (ሀ/ሽ)	1. ኦርቶዶክስ ክርስቲያን 2. ሙስሊም 3. ካቶሊክ ክርስቲያን 4. ሌሎች ክርስትናዎች ሁሉ 88 ሌላ (ይገለፅ) _____ 99 አይታወቅም/መልስ የ.		
105	ያጠናቀቁት የትምህርት ደረጃ?	1. መደበኛ ት. ያልተማረ/ች 2. መሠርታዊ ማንበብ/መጻፍ 3. በት/ቤት ደረጃ የተወሰነ 4. ዲፕሎማ ደረጃ 5. የመጀመሪያ እና በላይ 99. አይታወቅም/መልስ የለም		
106	የሥራ ቅጥር ሁኔታ?	1. ተቀጥሮ/ራ የማያታውቅ 2. አሁን በቅጥር ላይ ያልሆነ/ች 3. አሁን በቅጥር ላይ ያለ/ች 99. አይታወቅም/መልስ የለም		
107	የእርሰዎ/አንተ/ቺ ወቅታዊ መደበኛ የሥራ ዓይነት?	1. ትምህርት ላይ (ሁሉም) 2. በመንግሥት ሲቪል 3. በመንግሥት		

		<p>ወታደር/ፖሊስ</p> <p>4. በግል ቅጥር</p> <p>5. የግል ንግድ/ድርጅት</p> <p>88. ሌላ (ይገለፅ) _____</p> <p>99. አይታወቅም/መልስ የለም</p>		
108	የእርስዎ/የአንተ/ቺ ወርሐዊ ገቢ መጠን (በብር) (በደመዎዝ ወይም በሌሎች ልዩ ልዩ መልኮች ሊሆን ይችላል)	<p>ሀ) _____ ብር</p> <p>ለ) መደብ:</p> <ol style="list-style-type: none"> <li>1. ምንም</li> <li>2. ከብር 881.25 በታች</li> <li>3. 881.25—2,250.99ብር</li> <li>4. 2,251.00—4,999.99ብር</li> <li>5. 5000.00-9,999.99</li> <li>6. 10,000.00-19,999.99</li> <li>7. 20,000 እና በላይ ብር</li> <li>99. አይታወቅም/መልስ የለም</li> </ol>		
109	የቤተሰብ (የቤት ውስጥ) አማካይ ወርሐዊ የተጣራ የገቢ መጠን ምን ያህል ነው?	<p>ሀ) _____ ብር</p> <p>ለ) መደብ:</p> <ol style="list-style-type: none"> <li>1. የሚታወቅ ምንም</li> <li>2. ከብር 881.25 በታች</li> <li>3. 881.25—2,250.99ብር</li> <li>4. 2,251.00—4,999.99ብር</li> <li>5. 5000.00-9,999.00ብር</li> <li>6. 10,000.00-19,999.99</li> <li>7. 20,000 እና በላይ</li> <li>99. አይታወቅም/መልስ የለም</li> </ol>		
110	በአሁኑ ጊዜ በቤት ውስጥ አገልግሎት እየሠጠ ያለ ሬዲዮን ይገኛል።	<ol style="list-style-type: none"> <li>1. አዎን</li> <li>2. የለም</li> <li>99. አይታወቅም/መልስ የለም</li> </ol>		
111	በአሁኑ ጊዜ በቤት ውስጥ አገልግሎት እየሠጠ ያለ ቢያንስ አንድ ቴሌቪዥኖን ይገኛል።	<ol style="list-style-type: none"> <li>1. አዎን</li> <li>2. የለም</li> <li>99. አይታወቅም/መልስ የለም</li> </ol>		
112	በአሁኑ ጊዜ በቤት ውስጥ አገልግሎት እየሠጠ ያለ ቢያንስ አንድ ኮምፕዩተር ይገኛል።	<ol style="list-style-type: none"> <li>1. አዎን</li> <li>2. የለም</li> <li>99. አይታወቅም/መልስ የለም</li> </ol>		

**203 በጤና እና በማህበራዊ ልማት አዎንታዊ ሥነ ልቦና ዝግጅት እና አጠቃላይ ዕውቀት-ብቃት ዕምቅ አቅም ...**

ተ.ቁ.	በምን ያህል መጠን ... በቁልፍ መገለጫዎች አኳያ	በጣም አልሰማም	አልሰማም	እርግጠኛ አይደለሁም	እሰማለሁ	በጣም እሰማለሁ
201	አስተማማኝ የሆነ ህመም - አደጋ - ጉዳት					

	የመከላከል እና ጤና የማሳልበት በቂ ዕውቀት አለኝ።					
202	ተከታታይ የጤና እና የማህበራዊ ልማትን ለማሳልበት - ለማበልፀግ የመረጃ እና የማስረጃ ግኝት አንጻር በአስተማማኝነት የማያሰልስ የማይቋርጥ ንቁ ትኩረት ልምምድ አደርጋለሁ።					
203	ህመምን - ጉዳትን ለመከላከል እና ጤናን ለማሳልበት - ለማበልፀግ አስተማማኝ የሆነ ብቃት እንዳለኝ ይሰማኛል።					
204	የጤና ልማትን ዕውቀትን ለማሳልበት - ለማበልፀግ ተከታታይ ጥረት አደርጋለሁ።					
205	ጤናን ለማሳልበት ወቅታዊ እና ምክኒያታዊ የሆነ ብቃት እንዳለኝ ይሰማኛል።					
206	ለወደፊት ጤናማ የኑሮ ዘይቤ ለትምራት የሚያስፈልገው ብቃት እንዳለኝ ይሰማኛል።					
207	ከንደኛ/ኞች እና ከአቻ ተዕዕኖ ጋር በአዎንታዊነት (መልካምና በጥሩ ሁኔታ) ለመኖር ምክኒያታዊ አስተማማኝ ብቃት እንዳለኝ የሰማኛል።					
208	የትዳር ህይወዎችን እና ወላጅነትን በተመለከተ አስፈላጊው ብቃት እንዳለኝ ይሰማኛል።					
209	ጤናን እና ማህበራዊ ልማትን በተከታታይነት ለማሳልበት እራሴን በራዲዮ፣ በቴሌቪዥን፣ በኢንተርኔት፣ ወዘተ የብዙሀን መገናኛዎችን በመደበኛነት ከሚከታተሉት ጎራ እመድባለሁኝ።					
210	በዘመናዊነት ለጤንነት ጎጂነት ሊኖራቸው የሚችሉ (እንደ አስካሪ መጠጦች፣ ትምባሆ፣ ማሳሰቆል እና ጥቃት የማድረስ አመፅ፣ እንስቃሴ የጎደለው አኗኗር፣ የአመጋገብ፣ የዕቃችን ወዘተ) ልምምዶችን ለመቋቋም አስፈላጊው ብቃት እንዳለኝ ይሰማኛል።					
211	እንደ አጠቃላይ ልቦ መላ፣ በቀላሉ ተግባብ፣ ተመሳሳይ ወዘተ አንደሆንኩኝ ይሰማኛል።					
212	አስተማማኝ የሆነ የተንቀሳቃሽ ስልክ አጠቃቀም ክህሎት አለኝ።					
213	አስተማማኝ የሆነ የኮምፒዩተር አጠቃቀም ክህሎት አለኝ።					
214	አስተማማኝ የሆነ የኢንተርኔት እና የማህበራዊ መገናኛ አጠቃቀም ችሎታ አለኝ።					
215	እንደ ግለሰብም ሆነ በማህበረሰብ ደረጃ ጤናን እና ማህበራዊ ልማትን በተከታታይነት በአመርቁነት ለማሳልበት ተንቀሳቃሽ ስልኬን እና የኮምፒዩተር ክህሎቴን በብቃት መጠቀም እችላለሁ።					

**300 “አዎንታዊ የልማት አሴቶች” ወይም “መፋፋት” ዕምቅ አቅም ...**

ዘርፍ (ከ “የሰርች ኢንስቲቲዩት ... ጤናማ ዕድገት፣ ክብካቤ እና ኃላፊነት የተሞላው ልማት” ቅንብር ከመጠነኛ ማሻሻያ ጋር የተወሰደ)

**”ውጫዊ እሴቶች“**

ተ. ቁ	በምን ያህል መጠን ... በሚከተሉት ቁልፍ መገለጫዎች አኳያ ...	በጣም አልሰማማም	አልሰማማም	አርግጠኛ አይደለሁም	እስማማለሁ	በጣም እስማማለሁ
301	የቤተሰብ ህይወት አጥጋቢ/አመርቀ የሆነ ፍቅር እና ድጋፍ ይሠጠኛል/አያሰጠኝ ነው					

302a	በቤተሰባችን ውስጥ ያለው ግንኙነት-ንግግር በአመዛኙ አዎንታዊ (መልካም የሚባል ጥሩ የመግባባት) ሁኔታ ተደላድሏል					
303a	በቤተሰባችን ዙሪያገጠም አስተማማኝ የሆነ የመደጋገፍ ሥርዓት አለ					
304a	ጎረቤቶች በበቂ ሁኔታ ተንከባካቢ ናቸው					
305a	የትምህርት ተቋማት ጥራት ያለው ትምህርት ይሰጣሉ					
306a	የወላጆች በት/ቤት ጉዳይ ተሳትፎ አጥጋቢ/አመርቂ ነው					

**ማጎልበት**

307a	ህብረተሰቡ ለወጣቶች ዋጋ ይሰጣል					
308a	ህብረተሰቡ ለወጣቶች ጠቃሚ ሚና ይሰጣል					
309a	ህብረተሰቡ ለወጣቶች ማምንታዊ መደበኛ የማህበረሰብ አገልግሎት ያመቻቻል					
310a	ቤት፣ ት/ቤት፣ በጎረቤት እና በሥራ ቦታ የደህንነት-ት ስሜት ሰፍኗል					

**ወሰን-ድንር እና የሚጠበቁ (ሥርዓቶች)**

311a	ቤተሰብ ግልፅ የሆኑ ደንቦችን እና የአተገባበር መሥፈርት ልምምዶች አሉት					
312a	የት/ቤት ሥርዓት ግልፅ የሆኑ ደንቦችን እና የአተገባበር መሥፈርት ልምምዶች አሉት					
313a	ጎረቤቶች ለወጣቶች እና ለአዋቂዎች በተመሳሳይነት ተጨባጭ ኃላፊነት ይወስዳሉ					
314a	ወላጆች እና ሌሎች አዋቂዎች አዎንታዊ (መልካም/ጥሩ) እና ተገቢ የኃላፊነት ባህርይ ተምሳሌትነትን ያንፀባርቃሉ					
315a	ጓደኞች አዎንታዊ እና የኃላፊነት ባህርይ ተምሳሌትነትን ያንፀባርቃሉ					
316a	ወላጆች፣ መምህራን፣ እና ወጣቶች ወዳጃዎቹ የተጣ ጣሙ የተደጋገፈ እና በአዎንታዊነት የሚያነቃቃ ባህርይ ይለማመዳሉ					

**ገንቢ የጊዜ አጠቃቀም**

317a	በቤተሰቡ ውስጥ ያሉ አዋቂዎች እና ወጣቶች እንደ፣ ሙዚቃ፣ ትያትር፣ ሲኒማ ወዘተ የመሳሰሉ የፈጠራ ጥበባትን በማምንታዊ መደበኛ ይዘት በመዘናኛነት ያሳልፋሉ					
318a	በቤተሰቡ ውስጥ ያሉ አዋቂዎች እና ወጣቶች በማምንታዊ መደበኛ የስፖርት እና ተዛማጅነት ባላቸው ተግባራት ጠቃሚ ጊዜ ያሳልፋሉ					
319a	በቤተሰቡ ውስጥ ያሉ አዋቂዎች እና ወጣቶች በማምንታዊ መደበኛ ሐይማኖታዊ/መንፈሳዊ አብሮት ይሳተፋሉ					
320a	በቤተሰቡ ውስጥ ያሉ አዋቂዎች እና ወጣቶች በምሽት እና በሌሊቶች በአመዛኙ በቤት ውስጥ ናቸው					

**“ውስጣዊ እሴቶች” (... የቀጠለ)**

ተ.ቁ.	በምን ያህል መጠን ... በሚከተሉት ቁልፍ መገለጫዎች አኳያ ...	በጣም አልሰማማም	አልሰማማም	እርግጠኛ አይደለሁም	አስማማለሁ	በጣም አስማማለሁ
<b>በህይወት ዘመን ሁሉ ለመማር ቁርጠኝነት</b>						
	በቤተሰብ ውስጥ ያሉ አዋቂዎች እና					

	ወጣቶች ለተከታታይ ትምህርት ተነሳሽነት አላቸው					
322b	በቤተሰብ ውስጥ ያሉ አዋቂዎች እና ወጣቶች በሆነ ዓይነት ንቁ የመማር ተሳትፎ ላይ ናቸው					
323b	በቤተሰብ ውስጥ ያሉ አዋቂዎች እና ወጣቶች ቢያንስ የ/ለአንድ ሰዓት ያህል ዕለታዊ ንቁ የመማር ተሳትፎ ላይ ናቸው					
324b	በቤተሰብ ውስጥ ያሉ አዋቂዎች እና ወጣቶች ለትምህርታዊ አጋችጣሚዎች መቻቸት አመቂ ትኩረት - ክብካቤ ይሠጣሉ					
325b	በቤተሰብ ውስጥ ያሉ አዋቂዎች እና ወጣቶች ከመደበኛ ትምህርት ባለፈ የማያቋርጥ የሳምንታዊ ተጨማሪ የንባብ ተሳትፎ ያደርጋሉ					
<b>አዎንታዊ እሴቶች</b>						
326b	በቤተሰብ ውስጥ ያሉ አዋቂዎች እና ወጣቶች ሌቸሎችን ለመንከባከብ እና ለመርዳት ከፍተኛ ዋጋ ይሠጣሉ					
327b	በቤተሰብ ውስጥ ያሉ አዋቂዎች እና ወጣቶች ለዕኩልነት እና ለማህበራዊ ፍትህ ከፍተኛ ዋጋ ይሠጣሉ					
328b	በቤተሰብ ውስጥ ያሉ አዋቂዎች እና ወጣቶች አኗኗር በመርህ፣ በዕኩልነት ልምን እና መመዘኛ ላይ የተመሠረተ ነው					
329b	በቤተሰብ ውስጥ ያሉ አዋቂዎች እና ወጣቶች “ቀላል ሆኖ ባይገኝም እንኳን ዕውንትን የመናገር” ተምሳሌትነት አላቸው					
330b	በቤተሰብ ውስጥ ያሉ አዋቂዎች እና ወጣቶች በ/የግል ኃላፊነትን ይቀበላሉ					
331b	በቤተሰብ ውስጥ ያሉ አዋቂዎች እና ወጣቶች ለግለሰብም ሆነ ለማህበረሰብ ጤናማ ስላልሆኑ ልምምዶች/ ባህሪያት ግንዛቤ አላቸው፤ ይርቃሉም					
<b>ማህበራዊ ችሎታ (ብቃት)</b>						
	እኔ በአብዛኛው ቅድሚያ ዕቅድ በማውጣት ከመረጃ ጋር ምርጫዬን አደርጋለሁ					
333b	እኔ ትኩርት የማደርገው በመራራት በማካፈል-በሐዘኔታ፣ ስለሌሎች በመቆቆር እና በወዳጅነት ልምምድ ላይ ነው					
334b	እኔ ሰባለ ልዩ ልዩ ባህሎች፣ ብሔረሰብ፣ ዘር፣ ሐይማኖት፣ ወዘተ ሰዎች ጋር የሚያስፈልገኝ ዕውቀት እና ክህሎት አለኝ					
335b	እኔ አሉታዊ የአቻ ተፅዕኖችን/ግፊቶችን እና አደገኛ ሁኔታዎችን ለመቋቋም ችሎታ አለኝ ፤ እቋቋማለሁም					
336b	እኔ ግጭቶችን እና ልዩነቶችን ለመፍታት የምመርጠው ከአመፅ ውጪ የሆኑ አማራጮችን/መንገዶችን ነው					
<b>አዎንታዊ ምሥላ - ምልክታ</b>						
337b	እኔ “በራሴ ላይ ለሚያጋጥሙኝ ሁኔታዎች እና ነገሮች ላይ የመቆጣጠር ስሜት” እንዳለኝ ይሰማኛል					
338b	እኔ ከፍተኛ የሆነ የራስ መነቃቃት እንዳለኝ					

	ይሰማኛል					
339b	እኔ “ህይወቴ ተልዕኮ እንዳለው” ሆኖ ይሰማኛል					
340b	እኔ ስለወደፊቱ ህይወቴ ባለተሻለ ተስፋነት ይሰማኛል					

**“አዎንታዊ የልማት አሴቶች” ወይንም “መፋፋት” ዕምቅ አቅም ...**

ዘርፍ (ከ “የሰርች ኢንስቲትዩት ... ጤናማ ዕድገት፣ ክብካቤ እና ኃላፊነት የተሞላው ልማት” ቅንብር ከመጠነኛ ማሻሻያ ጋር የተወሰደ) (የቀጠለ)

ተ.ቁ	በምን ያህል መጠን ... በሚከተሉት ቁልፍ መገለጫዎች አኳያ ...	በጣም ዝቅተኛ	ዝቅተኛ	መካከለኛ	ከፍተኛ	በጣም ከፍተኛ
<b>ሰዎች</b>						
341c	ጤናማ ዕምነት የሚጣልበት አስተማማኝ ማህበራዊ ግንኙነቶችን፣ ተዛማጅነቶችን፣ ልውውጦችን፣ ወዘተ የመደሰት ደረጃ					
342c	በህብረት የጋራ መልካም ጉዳዮች ዙሪያ የ/በግልጽ የ/በአካባቢ የጋራ ችሎታ፣ ፍላጎት፣ ፈቃደኝነት፣ ተሳታፊነት ሁኔታ					
343c	የአካባቢው ህብረተሰብ ኗሪዎች ስለ ጤናማ አኗኗር፣ ደህንነት፣ ሁለገብ መልካም ኑሮ፣ ወዘተ ግንዛቤ፣ የመቀበል እና የመጠበቅ ደረጃ					
<b>ቦታ እና አካባቢ/ከባቢ</b>						
344c	ተቀባይነት ያላቸው ጤናን፣ ደህንነትን እና ሁለገብ መልካም ኑሮን የሚያጎለብቱ የአካባቢ አገልግሎቶች መኖር፣ መበረታታት እና ተደራሽነት ይዘት ደረጃ					
345c	የአካባቢ ህብረተሰብ ቦታዎች (ከባቢዎች) በድንብ የተያዙ፣ የሚያበለፅጉ፣ የሚያድሱ/የሚያገቡ፣ ለኗሪዎች ሁሉ (ለወጣቶች እና ለአዋቂዎች በተመሳሳይ) ደህንነታቸው የታመነበት እና ተገቢ ናቸው					
346c	ለአካባቢው ለኗሪዎች የተለያዩ ባለዕድሜዎች ሁሉ ፍላጎቶች እና እንቅስቃሴዎች ሳቢ ማራከ. የሆኑ የንጹህ፣ አረንጓዴ፣ ክፍት/ነፃ ማህበራዊ እና ደህንነታቸው የተረጋገጠላቸው መኖሪያዎች መኖር እና ተደራሽነት					
347c	ደህንነትን፣ አስተማማኝነትን፣ የመክፈል አቅምን፣ እና ተደራሽነትን ባገናዘበ መልኩ ለሰዎች በእግርም፣ በሚገፋ ባለሦስት ተሽከርካሪ፣ በዘንግ/ ምርኩዝ ወዘተ መዘዎቻችን ጨምሮ ምቹነት መኖር/መረጋገጥ					
348c	ለባለ ልዩ (ድብልቅ) የገቢ ሁኔታ (ደረጃ) ኗሪዎች ተቀባይ የሆነ ጥራት ያለው፣ ደህንነቱ የተረጋገጠለት እና የመግዛት አቅምን ያገናዘበ የመኖሪያ ቤት መገኘት					
349c	የውስጣዊ እና የውጭዊ የአካባቢያዊ አየር					

	ንጹኅነት እና ደህንነት					
350c	ለአካባቢው ህብረተሰብ ውስጥ በአዎንታዊ ባህላዊ እና በፈጠራ ጥበብ የመግለፅ እና የተሳተፉነት ምቹ አጋጣሚዎች					
<b>በዕኩልነት የተደላደለ ምቹ አጋጣሚዎች</b>						
351c	ለአካባቢው ኗሪ አዋቂዎች እና ወጣቶች በዕኩልነት መደላደል ሚዛናዊ የሥራ ቅጥር እና የኢንቨስትሜንት ምቹ አጋጣሚዎች መኖር እና ተደራሽነት					
352c	ለሁሉም በሚዛናዊ ድልድል ጥራት ነያለው ትምህርት ተከታታይ (ቀጣይ) የመማር ተደራሽነት					

**400 ጥርቅም ብቃት (የተከማቸ ችሎታ) ዕምቅ አዎንታዊ አቅም ... ዘርፍ**

ተ.ቁ	እርሰዎ አነተ/ቺ በምን ያህል መጠን ... በሚከተሉት ቁልፍ መገለጫዎች አኳያ ...	በጣም ዝቅተኛ	ዝቅተኛ	መካከለኛ	ከፍተኛ	በጣም ከፍተኛ
401	ቶሎ የማዋሐድ - የማከናዎን ችሎታ/ብቃት ጥርቅም					
402	ከፍተኛ የሆነ የራስ መነቃቃት፣መተማን እና ጠንካራ ፈቃደኝነት ውስጠ ኃይል ብቃት ጥርቅም					
403	የምሁራዊ ንቁ አዕምሮ ልማት ብቃት (ችሎታ) ጥርቅም					
404	አስተማማኝ ሙያዊ ብቃት ጥርቅም					
405	የህይወት ተሞክሮዎች/ልምድ እና ጥበብ ብቃት ጥርቅም					
406	ሰዎችን የመሳብ እና የማሳመን ብቃት ጥርቅም					
407	ጥንካሬ እና ብርታት/ትጋት ጥርቅም					
408	አዎንታዊ ሥነ ልቦና-አማለካክት በጎ አስተሳሰብ ብቃት ጥርቅም					
409	የዕምነት እና የመንፈሳዊነት ብቃት ጥርቅም					
410	የተምሳሌቶች መኖር ብቃት ጥርቅም					
411	ጠንካራ የሆነ ማህበራዊ ውህደት እና ድጋፍ ሥርዓት የመኖር ብቃት ጠርቅም					
412	ንቁ ብቁ የሥራ ፈጠራ ማህበረሰብ (ህብረተሰብ) ብቃት ጥርቅም					
413	መልካም (ጥሩ) የገንዘብ እና የቴክኖሎጂ ጥሪቶች መሠረት ብቃት ጥርቅም					
414	. በወደፊትን በተሻለ ተስፋ የመመልከት ዝንባሌ ብቃት ጥርቅም					
415	በቂ አመርቂ ጥረት የማድረግ ዝንባሌ ብቃት ጥርቅም					

**500 ተግዳሮቶችን እና ችግሮችን የመቋቋም ዕምቅ አቅም ... ዘርፍ**  
(ከመጠነኛ ማሻሻያ ጋር ከ "ኮኖር - ዳቪደሶን ሬሲ.ሊ.የንስ ሰኬል የተወሰደ)

ተ.ቁ.	በምን ያህል መጠን ... በሚከተሉት ቁልፍ መገለጫዎች አኳያ ...	በጣም አልሰማም	አልሰማም	እርግጠኛ አይደለሁም	እሰማለሁ	በጣም እሰማለሁ
501	እኔ ጥቂት የማይባል የጤና እና የማህበራዊ ልማት ተግዳሮቶች/ችግሮች ያጋጥሙኝ ነበር					
502	የቀደሙትም ሆኑ የወደፊት ተግዳሮቶች					



	እና/ወይንም ችግሮች አዎንታዊ ምላሽ ለመስጠት ይገፋፋሉ				
503	እኔ በበለጠ ግልፅ እና በዙሪያ ገጠም ሚዛናዊ የመተሳሰብ ግንኙነት ራሴን ለአዎንታዊ ለውጥ በጥሩ ማዘጋጀት/ ማስተካከል እችላለሁኝ				
504	እኔ ቅርብ፣ ጠንካራ እና አስተማማኝ ዝምድናዎች ግንኙነት ያስደስተኛል				
505	እኔ በዕድለኝነት ሁኔታ እና በፈጣሪ ርዳታ እታመናለሁ				
506	እኔ ማንኛውንም ክስተት እጋፈጣለሁ/እወጣለሁ				
507	ቀደምት ስኬቶች አዲስ ተግዳሮትን ለመቋቋም ድፍረትን ይሠጣሉ (ይሠጡኛል)				
508	እኔ የህይወትን እና የነገሮችን ብሩህ ጎን ማየትን አዘነብላለሁኝ				
509	እኔ የተለያዩ ከባድ ሁኔታዎችን እና የአዕምሮ ጫናዎችን የመቋቋም ችሎታ አለኝ				
510	እኔ ከባድ ሁኔታዎች እና/ወይንም መታመሞች ሲብሰቱብኝ አብዛኛውን ጊዜ ተጠናክሮ እቋቋማቸዋለሁኝ				
511	ነገሮች የሚከሰቱት በ/ለምክኒያት ነው				
512	እኔ ምንም ይሁን ምንም የሚቻለውን ሁሉ የላቀ ጥረት አደርጋለሁኝ				
513	ምን ጊዜም ሁለጊዜም ሰው ዓላማውን ማሳካት ይቻለዋል				
514	እኔ ነገር ተስፋ አስቆራጭ ቢመስሉበት ጊዜም እንኳን ቢሆን ፈጽሞ እጄን ያለመስጠት ዝንባሌ አለኝ				
515	እኔ ድጋፍ ለማግኘት ወደ ማን እና ወዴት/መቼ መዞር እንዳለብኝ አውቃለሁኝ				
516	በሆነ ግፊት/ተፅዕኖ ሥር ውስጥ ስሆን በጽሞና በትኩረት በአንክሮ መቅረብ በግልፅ ወደ ማሰብ አዘነብላለሁ (ዝንባሌ ነው)				
517	እኔ ችግሮችን ለመፍታት/ለማስወገድ አብዛኛውን ጊዜ ቀዳሚ አቋም ወሳጅ እሆናለሁ				
518	እኔ በባለሙያነት አጋጣሚዎች ጊዜ ሁሉ በቀላሉ ተስፋ ያለመቁረጥ ዝንባሌ ነው (ዝንባሌ አለኝ)				
519	እኔ እራሴን ባለጠንካራ መንፈስ (መንፈስ ጠንካራ) ባህርይ ሰው አድርጌ አስባለሁ				
520	እኔ በአስቸጋሪ ሁኔታ ላይ የሚገኙትን እና/ወይንም ድጋፍ አልባ የሆኑን ሁሉ ለመርዳት ፈቃደኛ ነኝ				
521	እኔ ያልሆኑ ስሜቶችን ኃላፊነት ለማስተናገድ እችላለሁ				
522	አሰፈላጊ ሆኖ ሲገኝ መንፈሴ የሚነግረኝን እና ጥበብን መሠረት በማድረግ ተግባራዊ ማድረግ ይኖርብኛል				
523	እኔ ጠንካራ የሆነ የዓላማ ስሜት አለኝ				
524	እኔ በራሴ ህይወት ላይ የቁጥጥር ብቃት አለኝ/ የራሴን ህይወት የምቆጣጠረው እኔ ነኝ				
525	ተግዳሮቶች ለዕድገት እንድጠነክር ያደርጉኛል				
526	እኔ ዓላማዎቼን ለማሳካት ተገቢውን ጥረት አደርጋለሁኝ				
527	እኔ ስለ/በስኬቶቼ እኮራለሁ				
528	እኔ ገና ያልተጠቀምኩበት ዕምቅ አቅም እንዳለኝ ይሰማኛል				

**600 የወሳኝ ሁኔታዎች ሥርዓተ መሠረት መቋቋም ዝግጅት ዕምቅ አዎንታዊ አቅም ... ዘርፍ እንደ አመላካች ዘመናዊነት ጠቋሚ መጠይቅ ክፍል**

ተ.ቁ.	እርሰዎ/አንተ/ቺ በምን ያህል መጠን ... በሚከተሉት ቁልፍ መገለጫዎች አኳያ ...	በጣም አልሰማም	አልሰማም	እርግጠኛ አይደለሁም	እስማማለሁ	በጣም እስማማለሁ
601	እኔ በህፃናት/ልጆች መብቶች ኮንሼንሽንን (ስምምነት) የተዘረዘሩትን ጠንቅቄ አሁውቃለሁኝ					
602	እኔ በግሌ በህፃናት/ልጆች መብቶች ኮንሼንሽን (ስምምነት) የተዘረዘሩትን ለመተግበር ብርቱ ፍላጎት አለኝ					
603	. እኔ በግሌ በህፃናት/ልጆች መብቶች ኮንሼንሽን (ስምምነት) የተዘረዘሩትን ለመተግበር ቁርጠኝነት እያሳየሁ ነበር/ሳሳይ ቆይቻለሁ					
604	. በአሁኑ ነባራዊ ተጨባጭ ሁኔታ በህፃናት/ልጆች መብቶች ኮንሼንሽን (ስምምነት) የተዘረዘሩትን ሙሉ በሙሉ ለመተግበር በአቅም አንፃር የሚቻል ይሆናል					
605	በአሁኑ ነባራዊ ተጨባጭ ሁኔታ በህፃናት/ልጆች መብቶች ኮንሼንሽን (ስምምነት) የተዘረዘሩትን በክፍል ብቻ ለመተግበር የሚቻል ይሆናል					
606	በአራሴል (በሀጋዊ አግባብ) ውልደት - ሞት ምዝገባ እና ምሥክርነት መሥጠት ከልጆች መሠረታዊ መብት ውስጥ ነው (ይካተታል)					
607	በዘላቂነት - በቋሚነት የውልደት፣ የሞት እና ተዛማጅነት ያላቸው ማህበራዊ ወሳኝ ሁኔታዎች መረጃ ማጠናቀር ተቀባይነት ያለው ብሔራዊ ሥርዓት መሆን አለበት					
608	በዘላቂነት - በቋሚነት የውልደት፣ የሞት እና ተዛማጅነት ያላቸው ማህበራዊ ወሳኝ ሁኔታዎች መረጃ ማጠናቀር ከቀደሚዎቹ ብሔራዊ ተግባራት ጎን መወሰድ አለበት					
609	የዚህ አካባቢ ህብረተሰብ የውልደት፣ የሞት እና ተዛማጅነት ያላቸው ሙሉ ማህበራዊ ወሳኝ ሁኔታዎች ይዘት በዘላቂነት - በቋሚነት መረጃ ማጠናቀር ሥርዓተ ውጤታማነትን አስመልክቶ ቁርጠኝነት ያሳያል					
610	እኔ በግሌ በዘላቂነት - በቋሚነት ማህበራዊ ወሳኝ ሁኔታዎች ሙሉ መረጃ ማጠናቀር ሥርዓት ውጤታማነትን አስመልክቶ ቁርጠኝነት አሳያለሁ					

**700 በአጠቃላይ ተከታታይ አዎንታዊ የጤና እና የማህበራዊ ልማት አመርቂ የማጎልበት ምላሽ ዕምቅ አቅም ተቀዳሚነት (በምን ያህል መጠን፣ ...?)**

ተ. ቁ.	ለእርሰዎ/ለአንተ/ቺ ምን ያህል ቀዳሚ (በሚከተሉት ቁልፍ መገለጫዎች ...)	በጣም ዝቅተኛ	ዝቅተኛ	እርግጠኛ አይደለሁም	መካከለኛ	ከፍተኛ
701	የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞች ሳይንሳዊ ምርምር/ጥናት አስፈላጊነት					
702	የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞች ይንሳዊ ምርምር/ጥናት ለአካባቢው/ ለአዲስ አበባ ህብረተሰብ ተገቢነት					

703	የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞች ሳይንሳዊ ምርምር/ጥናት በተለይም ለእርሰም/ለአንተ/ቺ አስፈላጊነት እና ከፍተኝነት					
704	ለአዲስ አበባዎች የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞች ሳይንሳዊ ምርምር/ጥናት ከቀዳሚዎቹ ተርታ የመቀመጥ ተገቢነት					
705	በአዲስ አበባ የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞች አጠቃቀም ትግባራነት					
706	በአዲስ አበባ የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞችን የማጎልበት አዋጭነት					
707	በዚህ አካባቢ/በአዲስ አበባ የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞችን ለማጎልበት በግል ኃላፊነት የመውሰድ ደረጃ					
708	በዚህ አካባቢ/በአዲስ አበባ የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞችን ለማጎልበት በጋራ ብ/አንድ ማህበረሰብ ኃላፊነትን የመውሰድ ደረጃ					
709	በአዲስ አበባ የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞችን ለማጎልበት ከእያንዳንዱ ግለሰብ ዕለት ከዕለት ጥረት አስፈላጊነት አኳያ					
710	በአዲስ አበባ የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞችን ለማጎልበት ከጋራ/ማህበረሰብ አቀፍ ዕለት ከዕለት ጥረት አስፈላጊነት አኳያ					
711	በአዲስ አበባ የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞችን ዕለት ከዕለት ለማጎልበት ተስፋ ሠጪ እና ምቹ ተጨባጭ አካባቢያዊ ነባራዊ ሁኔታዎች መደላደል/መኖር					
712	በአዲስ አበባ የጤና እና ማህበራዊ ልማት ... ዕምቅ አቀሞችን ዕለት ከዕለት ለማጎልበት በኅሊና የሚታዩ የወደፊት ተስፋዎች					
713	በአዎንታዊነት በተከታታይ የመሻሻል/የመስተካከል፣ ራስን የመምራት እናም ጤናን እና ማህበራዊ ልማትን የማጎልበት አስፈላጊነት/ጠቃሚነት					
714	በአዎንታዊነት በተከታታይነት በመሻሻል/በማስተካከል፣ ጤናን እና ማህበራዊ ልማትን የማጎልበት ሥነ ልቦና፣ አጠቃላይ (አዕምሮዎዊ) ችሎታ-ዝግጁነት፣ የተጠራቀሙ ብቃቶች፣ እና ተግዳሮቶችን የመቋቋም ብቃት፣ ወዘተ አተቃላይ ዕምቅ አቀሞች የመንከባከብ አስፈላጊነት/ጠቃሚነት					

ስለ ቁርጠኛ እና ጠቃሚ ተሳትፎዎች/ህ/ሽ እና ጊዜዎ/ህ/ሽ

በጣም እናመሰግናለን

**Annex 9d: Open – Ended Questions of the Focus Group Discussion and In – Depth Interview Guides**

**ዘርፍ 2:**

**በቅደም ተከተል ያልተዋቀረ ያልተገደበ የአንድ ለአንድ ጥልቅ ቃለመጠይቅ**

**አስፈላጊ መግቢያ መረጃ እና ፈቃደኝነት መግለጫ** (ቀደም ሲል ከላይ በተጠቀሰው ደረጃ ላይ የሚገኝ ዋና ዋና)

**2.1 አጠቃላይ መሠረታዊ መረጃዎች**

ልዩ ኮድ	ፆታ	ዕድሜ	የትምህርት ደረጃ	ሀገር	የትምህርት ደረጃ	ሥራ	ማህበራዊ-ኢኮኖሚያዊ ደረጃ
ዘ2ተ/___/___							

**2.2 ጤና እና ማህበራዊ ልማትን በአመርቂ ደረጃ የማበልፀግ ዕምቅ አቅም ርዕሰ ጉዳይ ዙሪያ የሚያጠነጥኑ አስፈላጊ (መሪ) የሆኑ የመንደርደርያ ጥያቄዎች**

በራስዎትም/ሰህ/ሽ ሆነ በአካባቢዎ/ህ/ሽ ማህበረሰብ/ህብረተሰብ ጤና ጉዳይ፣ ጤና እና ማህበራዊ ልማት ላይ ትኩረት በማድረግ ስለመወያየት ምን ያስባሉ/ታስባሉ/ሽ? ምን ይላሉ/ትላሉ/ትያለሽ? ለምን?

በዚህ አንጻር ከእርሶዎ/ከአንተ/ቺ የህይወት ተሞክሮ/ልምድ ምን ልንማር እንችላለን?

የጤና እና የማህበራዊ ልማትን በተመለከተ ፍላጎት? መጠበቅ ያለበት? ተስፋ? ምክር/ሐሳብ? አስኪ ዘርዘር አድርገው/ህ/ሽ ያብራሩት/ይግለጹ (ግለጽ/ጨ)?

በተለይም በተከታታይ የጤናዎን እና የማህበራዊ ልማተዎን ለማበልፀግ (አመርቂ ለማድረግ) በግለዎ ምን ተጨባጭ ተግባር እያከናወኑ ይገኛሉ?

በቀጣይነት ጤና እና ማህበራዊ ልማትን አመርቂ ከማድረግ አንጻር ከእርሰዎ/ከቤተሰብዎ/ከአካባቢው ህብረተሰብ የሚገኝ ጠቃሚ ተሞክሮ/ትምህርት ብለው/ህ/ሽ ሊያካፍሉ የሚፈልጉት ቢኖር? ለምን? ተጨባጭ ቁልፍ ምክኒያቶች?

በዚህ እርሰዎ (አነተ/ቺ) በሚገኙበት ህብረተሰብ/ማህበረሰብ አካባቢ የጤናን እና የማህበራዊ ልማትን ለማሻሻል ብሎም አመርቂ ለማድረግ የእርሰዎ/የአንተ/ቺ ቀጠተኛ ተሳትፎ፣ ጥረት እና አስተዋፅዖ ምን ያህል ነበር?

የህብረተሰብ አባላት ሊኖራቸው የሚችለው ሚና ነው ብለው የሚታዩዎት/የትያስቡትስ?

ወደፊት ምን ቢደረግ ይሻላል? ተከታታይ የጤና እና የማህበራዊ ልማትን አመርቂ ምላሽን ማነፋጠን/ግሥጋሜን አስመልክቶ ምን የተለየ ሁኔታ ማየት ይሻሉ? ለምን? እንዴትስ?

እርሰዎ እንደ ግለሰብ፣ በአካባቢው ህብረተሰብ፣ ደግሞም በአዲስ አበባ በአጠቃላይ ለተከታታይ ጤና እና ማህበራዊ ልማት አመርቂነት ግሥጋሜ ጥረት አጋዥ አወንታዊ ዕምቅ አቅም ደረጃ ምን ያህል ይመስለዎታል? በምን ያህል የሚቻል እና አዋጭስ/ተግባራዊ ሊደረግስ ሚችል ነውን?

በዚህ ርዕስ ጉዳይ ዙሪያ በተለይም ቤተሰብዎን/አካባቢዎን/አ.አ.ን በተመለከተ በተጨማሪ ሊዳሰስ/ሊካተት የሚገበው አስፈላጊ ነገር ካለ ቢገልፁ?

**ስለ ቁርጠኛ እና ጠቃሚ ተሳትፎዎት/ህ/ሽ እና ጊዜዎ/ህ/ሽ**

**በጣም እናመሰግናለን**

### **ዘርፍ 3:**

#### **በቅደም ተከተል ያልተዋቀረ ያልተገደበ የጋራ ውይይት**

**አስፈላጊ መግቢያ መረጃ እና ፈቃደኝነት መግለጫ** (ቀደም ሲል ከላይ በተጠቀሰው ደረጃ ላይ ተመሳሳይ ስራዎችን ለማገዝ)

#### **3.1 አጠቃላይ መሠረታዊ መረጃዎች**

ልዩ መለያ	ጾታ	ዕድሜ	የትምህርት ደረጃ	ሐይማኖት	ማህበራዊ-ኢኮኖሚያዊ ደረጃ
ጋዎ/__/01					
ጋዎ/__/02					
ጋዎ/__/03					
ጋዎ/__/04					
ጋዎ/__/05					
ጋዎ/__/06					
ጋዎ/__/07					
ጋዎ/__/08					
ጋዎ/__/09					
ጋዎ/__/10					
ጋዎ/__/11					
ጋዎ/__/12					

#### **3.2 ለውይይት ርዕስ ጉዳይ አስፈላጊ የሆኑ ጠቋሚ/መንገደርደሪያ ሐሳቦች**

እንደ መነሻ ልማትን በተመለከተ እንደ አጠቃላይ ደግሞም በተለይ በኢትዮጵያ ነገራዊ ተጨባጭ የልማት ይዘት/ሁኔታ ባላችሁ ግንዛቤ ላይ ሐሳብ ቢገልጹኝ?

አሁን በአዲስ አበባ/በአካባቢው ውስጥ ስለሚካሄደው የልማት ነክ እንቅስቃሴዎችን በተመለከተ ያላችሁ ሐሳብ/አመለካከት/አስተያየት? በጎ እና ተቃራኒ የሆኑ ገፅታዎች ምንድን ናቸው?

- በእናነተ አመለካከት በተለያዩ የልማት ዘርፎች አንጻር በአዲስ አበባ እንዴት እየተረመደ ይመስላችኋል? በየዘርፎቹ ሚዛናዊ የመናበብ የመጣጣም ሁኔታ?
- እስኪ ደግሞ በአካባቢው/አዲስ አበባ ዙሪያ የምጣኔ ብታዊ፣ የማህበራዊ እና የጤና ዘርፎችን ሚዛናዊነት እና ተስፋ ሠጪነት በማነፃፀር ሐሳብ/ውይይት ይደረግበት? አስፈላጊ ምክኒያቶች ምን ነበሩ/ናቸው?

ደግሞ ለወደፊት በአካባቢው/በአዲስ አበባ የጤና እና የማህበራዊ ልማትን ለማሻሻል እና ብሎም የላቀ አመርቂ ለማድረግ? ለምን? እንዴት?

- በተለይም በአካባቢው/በአዲስ አበባ ተከታታይነት ያለው የጤና እና የማህበራዊ ልማት ምን ያህል የላቀ አመርቂ ሊደረግ ይችላል?
- ለምን? ለወደፊት በምን መንገድ እና ደግሞ ለዚህ ያለው ዕምቅ አቅም አለን? ምን ያህል ነው?

በተለይም የዚህ የውይይት ተሳታፊዎች ተከታታይ የላቀ አመር ምላሽ ልዩነት ማድረግ/መፍጠር የምትችሉ ይመስላችኋል? የውይይቱ ተሳታፊዎች ለወደፊት ምን ዓይነት ተጨባጭ ማስገንዘቢያዎችን/አርምጃዎችን መግፋት የምትችሉ ይመስላችኋል? እንዴት? እና ለምን?

በተለይም የትኩረት ጉዳዩን በተመለከተ ምንክልባት በእናንተ በጋራ ተወያዮቹ አስተያየት በተጨማሪ ሊነሱ የሚገባቸው እናም የሚችሉ ዓይነተኛ ነገሮች ካሉ?

**ስለ ጠቃሚ እና ቁርጠኛ ተሳትፎ/ሀ/ሽ እና ጊዜ/ሀ/ሽ**

**በጣም እናመሠግናለን**

**Annex 10: COPIES OF COLLABORATIVE RELATED SUPPORT REQUEST LETTERS**

**Annex 10a: Federal Ministry of Health** (incorporation is subject to specific requirement)

**Annex 10b: Federal Ministry of Science and Technology** (the then) (incorporation is subject to specific requirement)

**Annex 10c: Selected Ethiopia-based United Nations Agencies** (incorporation is subject to specific requirement)





## INVESTIGATOR'S PROFILE

**Gebremariam, MULUGETA Betre** has received degrees, postgraduate higher diploma, and short professional development course certificates from the diversity of higher educational and training institutions: specialized professional degrees from the Saint Petersburg's State Pediatrics Medical (formerly Institute) and Addis Ababa Universities; concurrent degree (the only expatriate for the batch) from the Saint Petersburg State Pediatrics Medical and, postgraduate higher diploma from the Addis Ababa Universities; plus various certificates of continuing professional development, including from the Johns Hopkins, Makarare, Pretoria, and Umea Universities.

MULUGETA B. G/M. is a devoted, actively serving physician, whose professional functional majors comprise clinical pediatrics and child – youth health advancement and general public health development streams with well over three decades of progressive career pathway in versatile capacities and settings. MULUGETA B. G/M's devotional career course has covered attending pediatrics physician service roles in regional and tertiary teaching level hospitals within Ethiopia, broad public health development services in Ethiopia and several African Countries, including the directly employed standing and the periodical technical advising to the non - governmental organizations and United Nations Agencies: several USAID-affiliated, UNDP Ethiopia Country Office, UNICEF Ethiopia, Ethiopia's WHO – UNAIDS – UNFPA Consortium Project, Joint African Humanitarian Action (AHA) and UNHCR Zambia, UNFPA ESA RO, and IGAD's Health and Social Development Division.

During the last a decade and half, MULUGETA B. G/M. concentration has been on the full-time pursuit of the teaching, research and service continuum with the regular affiliation to the College of Health Sciences of the Addis Ababa University. On the Associate Professor Capacity and also Joint Appointments, he is actively engaged in the undergraduate and postgraduate programs. MULUGETA B. G/M. has independently as well as jointly authored over three dozens of peer reviewed scientific papers on various health thematic spheres through both the national and the international mediums. Dynamic critical inquiry, ethical integrity, independence, innovations, originality, and principled patriotism are MULUGETA B. G/M's major qualifiers. Life – long learning, progressive innovation, and optimisation comprise the distinct fascination passion, including founding and leading the **Meta – Trans Inspirational Innovations OPTIMISATION** Program. It is MULUGETA B. G/M's devotional conviction that health and social development optimisation should receive utmost priority due to which he has initiated and lead the given stream.

I THANK YOU.