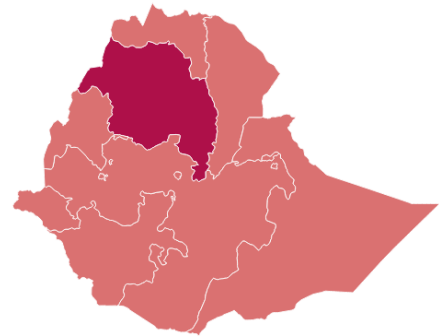


YES I DO. BASELINE STUDY IN ETHIOPIA

Contextualising child marriage, teenage pregnancy and female genital mutilation/ cutting in the Amhara region

In Ethiopia, child marriage and female genital mutilation/cutting (FGM/C) are banned by law since 2000 and 1995 respectively and are considered harmful traditional practices that violate the rights of women and children. Despite a general decline, the prevalence of these practices varies per region and is the highest in the Amhara region. Teenage pregnancy is also a major problem affecting young women's sexual and reproductive health. Common drivers and consequences related to gender inequality, social and cultural norms, education and poverty are reinforcing and interrelating these three issues: child marriage, FGM/C and teenage pregnancy.



MAP OF ETHIOPIA.
AMHARA REGION

The YES I DO alliance is implementing a five year programme in the Amhara region (2016-2020) to contribute to eliminate child marriage and FGM/C and reduce teenage pregnancy. As part of the baseline, a study was conducted to provide a picture of the prevalence of child marriage, teenage pregnancy and FGM/C in the Amhara region as well as contextualized insights into the interrelated causes and effects of all three issues. The findings were used as insights to optimize the YES I DO intervention strategies and facilitate the monitoring and evaluation of the programme.

Methodology

A mixed methods study in the Amhara Region

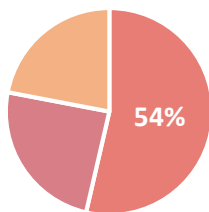
The study was based on a mixed methods research design to collect qualitative and quantitative data using household surveys, focus group discussions, in-depth interviews and key informant interviews in two districts in the Amhara Region: Qewete and Bahirdar Zuria. In Qewete, all data were collected in August-Sept 2016 while in Bahirdar Zuria, data were collected in two rounds as a result of instability in the area: the first in August 2016 and the second in August 2017. The analysis was based on descriptive statistics and thematic content analysis.

- Household questionnaires with a total of 1,602 respondents aged 15-24; 25% males and 75% females
- 9 in-depth interviews with 4 young women, 4 young men and 2 parents/caregivers
- 8 key informant interviews: 3 religious leaders, 1 policy maker, 1 teacher, 1 health worker, 1 parent and 1 grand parent

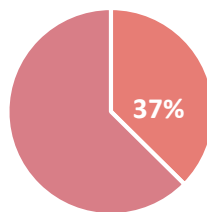
- 6 focus group discussions with young women, young men and mothers

Results

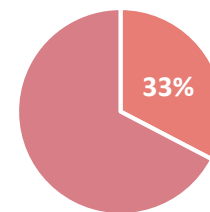
The baseline data indicate that 23% of all respondents had ever married, of which more than half (56%) did so below the age of 18 years. Child marriage was more common among young women; the mean age of first marriage among married female respondents was 16 years while among married male respondents it was 19 years. The child marriage rate among respondents aged 18 to 24 was 37.5% among females and 1.8% among males. The teenage pregnancy rate was slightly lower than the child marriage rate; 33% of female respondents aged 20 to 24 had had a pregnancy under the age of 20. Both the child marriage and teenage pregnancy rate were found to be higher in Qewete than in Bahirdar Zuria. Female genital mutilation/cutting had the highest prevalence. Among all female respondents, 54% affirmed to have been circumcised with little differences between the districts. The rest, 22% had not been circumcised and 24% reported to not know whether they were circumcised.



FEMALE GENITAL MUTILATION
AMONG FEMALE RESPONDENTS
(15-24 YEARS)



CHILD MARRIAGE RATE
AMONG FEMALE RESPONDENTS
(18-24 YEARS)



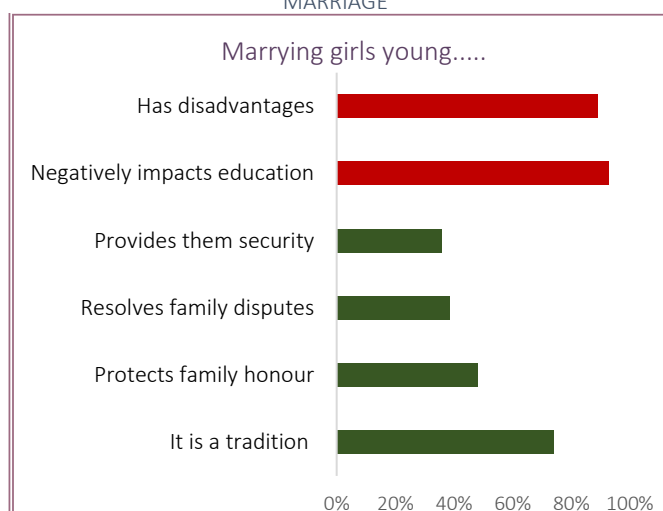
TEENAGE PREGNANCY RATE
AMONG FEMALE RESPONDENTS
(20-24 YEARS)

Child marriage: a traditional practice

Most respondents agreed that it was a traditional and cultural practice to marry girls young (74%) despite the knowledge of the legal minimum age for marriage. At the same time, the majority also agreed that child marriage had disadvantages (89%). The negative impact on young women's education was one of the most highlighted consequences (93%).

The study found several factors contributing to the prevalence of child marriage in the Amhara region. Parent's fear that their daughters got pregnant outside marriage, poor school results, financial burden, family bonds and community pressure were some of the main drivers which were often interlinked. Related to these drivers, young

RESPONDENTS AGREEMENT WITH STATEMENTS ON CHILD MARRIAGE



women and men perceived that child marriage could have some advantages, such as providing young women security, resolving family disputes or protecting family's honour.

Parents and relatives, the key decision makers around child marriage

"In our community girls cannot reject a marriage proposal. Forced marriage is practiced to strengthen the family bond. Pressure to marry is on the girl, not on the boy. If a girl is over the age of 15, she has no value in the community (Young women, 22 years old)

The study shows that most decisions about marriage in general and about child marriage in particular were made by parents, especially by fathers, often in consultation with close relatives such as the maternal uncle. Details of the wedding ceremony were decided in consultation with the mother of the bride. Child marriage was, as any other marriage, both a family and community affair, as community members participated with advices and resources.

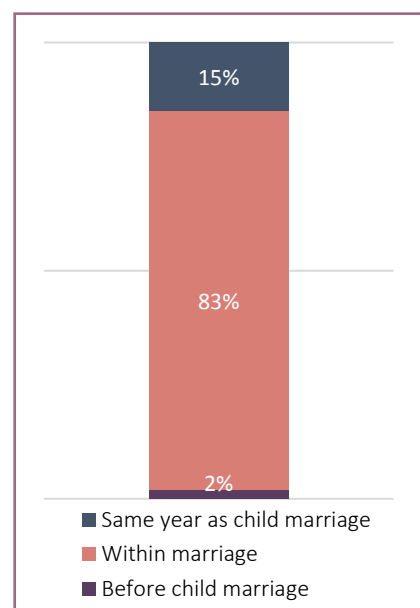
In this context, young women had little space to refuse parents' decisions. About 40% of the female respondents reported to be worried about being unable to decide who to date, a percentage that was found similar among young men (41%). Half of the female respondents also affirmed that the decision on a future partner relied on their parents or relatives. This affirmation was also found among male respondents, although in a lower proportion (38%).

Teenage pregnancy generally occurred within marriage

Data on the interlinkage between child marriage and teenage pregnancy in the Amhara region indicate that teenage pregnancy generally occurred within marriage. Among all female respondents who had both a teenage pregnancy and a child marriage, only 2 % had a pregnancy before marrying. Most of them had the teenage pregnancy within marriage (83%) and some had both in the same year (15%).

Pregnancies outside marriage were rare, seen as a family dishonor and feared by especially parents. Therefore, the fear for teenage pregnancy was a driver of child marriage, as preventing teenage pregnancies outside marriage was a reason for parents to marry their daughters earlier. Some participants argued that teenage pregnancy was declining as young women and men had more information about contraceptive methods. Data indicate that 92% of the respondents knew how to prevent a pregnancy.

WHEN DID TEENAGE PREGNANCY OCCUR



Young women had limited knowledge about FGM/C

Besides the high prevalence of FGM/C among female respondents (54%), the study also found that several women reported that they did not know if they were circumcised (22%). FGM/C was performed at very early ages without any records on when or how it was done. As FGM/C was banned by law, the practice was performed secretly, avoiding the circulation of information about it. Moreover, it seemed

“In the past, some people tried to base their evidence on Holly Koran for FGM/C but there is no verse which orders FGM/C. This helped us to challenge those people who used to justify the practice with religion in the community”
(Religious leader)

to be a taboo for young women to ask or share if they had been circumcised. Hence, young women’s knowledge about FGM/C was limited.

The practice of FGM/C was maintained by several beliefs around beneficial functions of circumcision for girls, such as that it improves the hygiene of the vagina, increases young women’s marriageability and controls young women’s sexual drive. Like with child marriage, in the practice of FGM/C, parents, grandparents and other relatives were the ones that decided whether to circumcise their daughters.

Data also suggest that the practice of FGM/C is likely to decline in the younger generations. Most respondents (72%) reported that they had no desire to have their daughters circumcised. There was

also a recognition that FGM/C causes several problems for young women: labour (60%), menstrual (54%), fertility (41%) and sexual problems (39%) were mentioned the most .

To recap, in the Amhara region in Ethiopia, child marriage and FGM/C were prevalent traditional practices in which parents and relatives played a strong role as key decision makers. Despite a general awareness of the disadvantages of both practices, perceived benefits related to social norms, economic security and family bonds contribute to the prevalence of these practices. Teenage pregnancy generally occurred within marriage. However, the fear for pre-marital pregnancy influenced parents’ decisions to marry their daughters young.

✓ Recommendations

Recommendations for the YES I DO intervention strategies:

- Promote intergenerational dialogues (parents-children) about child marriage, teenage pregnancy and female genital mutilation/cutting to understand each other’s beliefs and attitudes and address fears that contribute to the prevalence of these three issues
- Facilitate life skills trainings for young women that help increasing their abilities to openly discuss and dialogue about sexual and reproductive health and about child marriage, teenage pregnancy and female genital mutilation/cutting
- Support young women’s permanence in school, facilitate access to secondary education especially for rural young women and promote the employment opportunities for young women

- Support community activities such as young women’s clubs or school mini-media where young women’s experiences around child marriage, teenage pregnancy and female genital mutilation/cutting can be made more visible
- Raise awareness about the existing laws aimed at eliminating child marriage and female genital mutilation/cutting and the importance of its enforcement
- Enhance (political) will and commitment of male community members and local key stakeholders (such as religious leader, teachers, policy officers and health workers) on addressing child marriage, female genital mutilation/cutting and teenage pregnancy

Recommendations for further research:

- Explore the role of parents in preventing or promoting child marriage, teenage pregnancy and female genital mutilation/cutting, and the influence of grandparents and other relatives in decision making around these issues
- Research the link between rural transformation and evolution of child marriage, teenage pregnancy and female genital mutilation/cutting trends
- Explore the impact of migration on child marriage and whether migration is being seen by young women as a strategy to escape from child marriage
- Further explore the main barriers preventing young women to access sexual and reproductive health services and the possibilities of addressing these barriers through life skills training and other interventions
- Further identify the role of contextual factors that are contributing to the on-going reducing or stopping of (planned) CM and FGM cases; and further explore what are the (intended and unintended) consequences of this.

