

Child Marriage and Female Circumcision (FGM/C): Evidence from Ethiopia



YOUNG LIVES POLICY BRIEF 21

July 2014 (revised December 2014)

Child marriage and female circumcision are linked practices that are prevalent in Sub-Saharan Africa and common traditions in Ethiopia. Commitment to end them has been expressed by the African Union and Ethiopia has taken a strong stand through legislation, campaigns and concerted action by government, international organisations and civil society. There is recent evidence of significant decrease of both practices, enabling us to draw lessons from Ethiopia as a success case. Changes have come about through clear policies and commitment from government institutions alongside broader modernisation changes related to increased access to health care, education and employment opportunities for girls. However, both practices remain common in parts of Ethiopia and there is some resistance to abandoning them when and where people are not convinced of their harm or fear consequences. In the absence of safe reproductive health services for adolescents and adequate opportunities for girls through education, training, employment and social protection, child marriage may still be considered an acceptable option by some parents and by girls themselves. Relying on banning the practices may force them underground or have unintended negative consequences. Ending these practices within a generation requires a concerted effort from all stakeholders including government departments and services, civil society organisations, schools and the media. The key to success remains involving communities starting with the girls themselves, their parents, brothers and future husbands, as well as customary and religious leaders.

Key messages

- Remarkable progress has been achieved in reducing both child marriage and FGM/C in Ethiopia, due to favourable legal frameworks, political will and campaigns with support from donor agencies, international organisations, local civil society and the media, alongside broader forces of modernisation.
- Child marriage and FGM/C are expressions of male-dominated society and traditions linked to contexts of poverty and vulnerability in which parents seek to protect their daughters from social and economic risks.
- In spite of progress there is still some resistance at community level and alternative opportunities for girls through education, training, employment, and social protection remain limited.
- Some older girls as well as parents support these practices so that imposing bans can force the practices underground, resulting in unintended negative consequences.
- Winning hearts and minds by involving girls, their parents, boyfriends and prospective husbands, community and religious leaders, as well as schools, youth and women's groups is likely to be more effective than strict legal enforcement and punishments for offenders.
- Eliminating these practices within a generation requires multi-stakeholder involvement and broader poverty reduction and social protection agendas as well as girls' economic and social empowerment.



A young bride and her husband in Amhara region. Photo: Alula Pankhurst

Child marriage is common in many parts of the developing world with an estimated 64 million women aged 20 to 24 married before the age of 18 (UNICEF 2009). In Africa over a third of women are married before their eighteenth birthday. Female circumcision has affected an estimated 125 million women in 29 countries, 27 of which are in Africa and up to 30 million girls are considered to be at risk during the next decade (UNICEF 2013). In Ethiopia the two practices have been identified as the most prevalent forms of Harmful Traditional Practices (HTPs) prioritised for elimination in the National Strategy and Action Plan on HTPs against Women and Children.

Child marriage and female circumcision are expressions of male-dominated society and traditions linked to contexts of poverty and vulnerability in which parents seek to protect their daughters from social and economic risks. For their families and girls themselves the practices may be seen as strategies to overcome poverty in a context of limited economic opportunities and social protection for women.

Child marriage is still the norm in Ethiopia where the most recent national figures suggest that more than half (58%) of all women aged between 20 and 49 in 2011 were married by the legal age of 18 (CSAE 2012a). The median age of marriage was 17.1 years (16.6 years in rural areas). However there were significant regional variations between the north and south of the country: in Amhara, for instance, the median was as low as 15.1 years, while in the Southern Region it was 18.3 years.

Circumcision was reported for almost a quarter of girls age 0 to 14 (23%) in the latest national figures (CSAE 2012b), although given the sensitivity of this question, this may well be an under-estimate. The urban rate was considerably lower at 15%. Again there were notable regional differences, with Afar being the only region with a rate of more than half (59%), while only 9% of women were circumcised in the Southern Region (this low rate is in part because the custom does not exist among some groups in the region).

The African Union has taken a clear stand against child marriage and FGM/C. In 2011 the African Union summit in Addis Ababa called for a resolution banning FGM/C at the 66th UN General Assembly. The 23rd Session of the African Committee of Experts on the Rights and Welfare of the Child held in April 2014 issued a Declaration on Ending Child Marriage and a project to end child marriage was launched by the AU in May 2014.

The multiple reasons why practices persist

Child marriage and female circumcision are expressions of male-dominated society and traditions linked to contexts of poverty and vulnerability in which parents seek to protect their daughters from social and economic risks. For their families and the girls themselves the practices may be seen as strategies to overcome poverty in a context of limited economic opportunities and social protection for women.

Rationales for child marriage

Poverty is a basic underlying rationale for early marriage. In the context of few other opportunities, where girls' education is limited and especially if they do not do very well at school, and with restricted chances of training or employment early marriage may be viewed as a rational option by parents and sometimes girls themselves. Marriage payments can provide support for parents: bride wealth payments, which are customary in southern Ethiopia, can be an important income for girls' families enabling them to meet various needs and marry off their sons. Dowry payments involving payment to the groom's family were customarily ways for wealthier households in Tigray to ensure their daughters attracted husbands who had the means to look after them. Promising their children in marriage while still young was a strategy in Amhara to form family alliances and ensure that the young couple were endowed with property to start a new household.

Definitions

Child, early and forced marriage

Given the Young Lives focus on children, we use the term 'child marriage', rather than 'early' or 'underage' marriage to refer to marriage of young people under the age of 18, the threshold accepted internationally as the upper limit of childhood and the legal age of marriage in Ethiopia. The practice primarily affects girls who marry older men and as such is a reflection of unequal gender power relations. Child marriage is customarily arranged by parents, sometimes involving promissory agreements between families while children are too young to conclude alliances. It may involve forceful abduction, especially when a boy's proposal is rejected by the girl's parents or the girl herself, or to reduce bride wealth and other formal marriage payments.

Female circumcision (FGM/C)

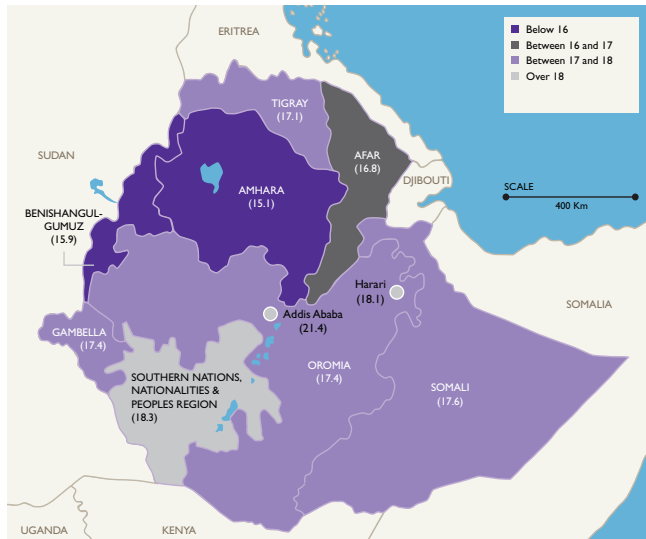
Female genital mutilation or female genital cutting (FGM/C) is the terminology most generally used in international debates, and has been adopted by the UN and the Government of Ethiopia in its policy statements and laws. In this brief we use the term circumcision as we do not wish to stigmatise girls who have undergone the practice or hamper constructive dialogue with communities. In the Ethiopian context the practice varies from cliterodectomy and/or excision to the more severe and risky form of infibulation practiced by the eastern pastoralist groups. The age of girls also varies, with the practice carried out shortly after birth in northern Ethiopia while in the south it is usually a precursor to marriage and among some southern groups was a collective rite of passage involving public celebration.

By marrying their daughters early parents feel that they are reducing the risk of them engaging in pre-marital sex, exposing them to sexually transmitted diseases, notably HIV/AIDS, and the risk of pregnancy, unsafe abortion or disgrace and social stigmatisation if they have a child while unmarried and are left to bring it up alone. In a context of low life expectancy, parents are keen to ensure their daughters find respectable husbands while they are alive, and by marrying early have enough children that survived. By marrying their daughters early, parents hope, in the absence of alternative social security, to have grandchildren to look after them in old age.

Rationales for FGM/C

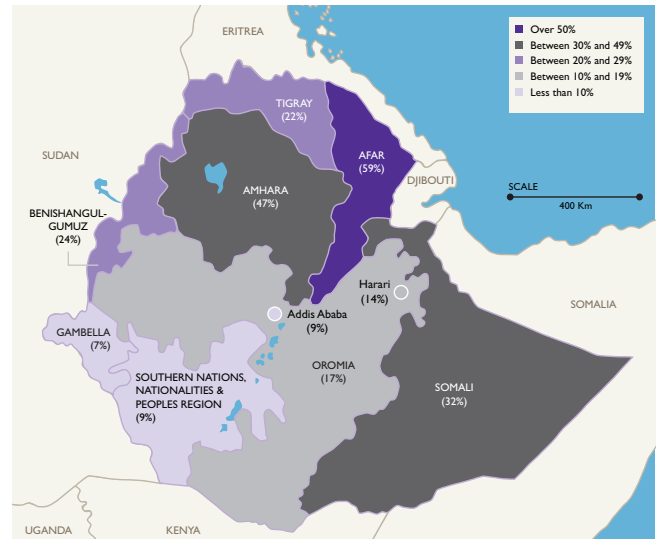
Female circumcision as part of a system of patriarchal control of women's sexuality tends to be viewed as a natural and necessary cultural aspect of growing up and becoming a woman. The rationale is similar to the reasons why some parents support early marriage, i.e. to protect girls' reputations and ensure they marry well. In some Ethiopian societies it is believed that girls who are not circumcised are unclean or clumsy or that they will face problems giving birth. They are often ridiculed and it is said that they will be unable to find a husband. In some contexts religious

Map 1. Median age of first marriage of women aged 20-49*



Source: Data from DHS 2011. Figures for Addis Ababa are for women aged 25-49.

Map 2. Percentage of girls circumcised by age 15



Source: Data from WMS 2011.

rationales are put forward, though the major religions do not condone circumcision and have recently issued clear statements condemning the practice.

Changing trends

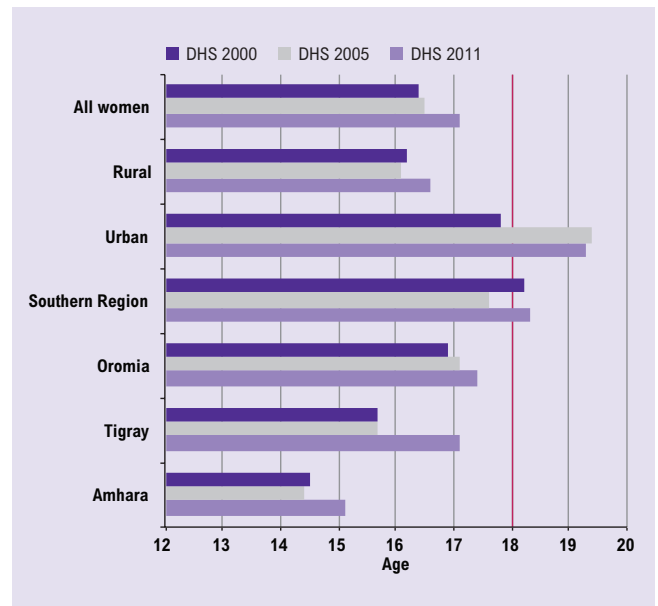
There is clear evidence of a decline in both child marriage and female circumcision (although, as previously mentioned, there is likely to be under-reporting given illegality and the sensitivities), warranting drawing lessons from Ethiopia as a success case.

Falling rates of child marriage

The proportion of girls married by age 15 decreased from one third to about one fifth between 1997 and a repeat survey in 2007 carried out by the former National Committee for Traditional Practices in Ethiopia (NCTPE) (EGLDAM 2008b). Moreover, the median age of marriage increased from 16.4 years in 2000 to 17.1 years in 2011 according to national data (Figure 1). The extent of change was greater in urban areas although changes between 2005 and 2011 suggest that rural areas may be beginning to ‘catch up’. The biggest changes were in the north where early marriage had been most prevalent and there appears to be a slightly greater increase among younger age groups, suggesting faster change among girls.

Within the Young Lives sample, there are significant urban-rural variations with just 3% of urban girls from the Older Cohort married before the age of 18, compared with 21% of rural girls (interviewed during the Round 4 survey in late 2013). Surprisingly, while the highest rates traditionally were in northern Ethiopia, the rate in Amhara (27%) was lower than in Oromia (29%), and in Tigray the rate was only 13%. The lowest rates in the regions with Young Lives children were in the Southern Region (8%) and Addis Ababa (4%).

Figure 1. Changes in median age of marriage of women aged 20 to 49



Note: Only regions where Young Lives study sites are located have been included.

Figures for Addis Ababa are not given as they were not included in the DHS 2000 because less than 50% of respondents had married for the first time by age of 20 (the median age of marriage for women aged 25-49 in Addis Ababa was 19.3. In the DHS 2005 the median age of marriage was 21.9, and in the DHS 2011 the median age was 21.4).

Despite this progress, child marriage is still common with more than one in five girls between the ages of 15 and 19 having been married in 2011 (DHS 2011). The 2011 DHS data show that 18% of 15- to 19-year-old women were married, and 3% already divorced, 1% separated, and 0.1% widowed.

Haymanot's story

In-depth interviews carried out by the Young Lives team discussed older adolescent girls' opportunities and choices. For girls unable to continue with education and with limited opportunities for employment or training, marriage may appear as an acceptable or even preferable choice.

Haymanot was happy to get married at 16 having dropped out of school to earn money to support her sick mother and had been finding work in a stone crusher plant very hard.

"I got married last January [2011] to my husband, who lived nearby. I was happy to marry; nobody forced me to. ... I am happy with my marriage because it was arranged by my parents (mother). It also relieved me of the heavy work which I had to do. I had no plan to marry early. But when I left school and had such a tough job, I wanted to marry and take rest."

Although Haymanot welcomed marriage she has some misgivings:

I have two worries. [First], I do not think I will be able to continue my education because my husband will not allow me. [Secondly], I do not want to have a child for five years, but I fear my husband and my parents will force me to have one too soon. ... You may find me with a child when you come next time."

However, when we visited Haymanot again in 2014 she was living at home with her mother and had a baby. She told us she did not get along with her husband and they separated after she came home to give birth. Her mother believes it is because they are poor and did not provide enough dowry. Haymanot's husband has married again, this time to a richer woman whose family provided dowry. Haymanot is now living with her mother and plans to work locally to bring up her child rather than migrate away.

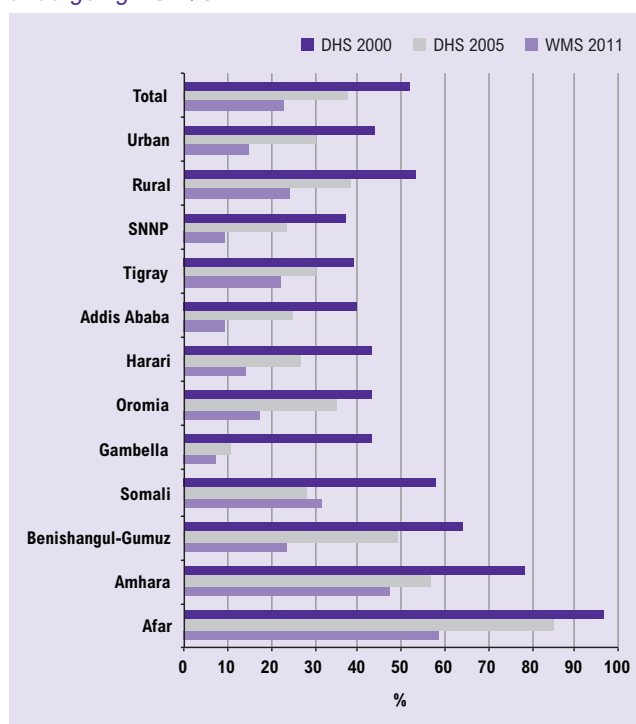
Falling rates of FGM/C

Female circumcision also declined dramatically over a decade from 61% in 1997 to 46% in a repeat survey carried out in 2007 by the NCTPE (EGLDAM 2008b). There were notable regional differences, with the biggest decline in Tigray, followed by Oromia, Amhara and Addis Ababa. Regional differences were considerable with the highest prevalence in the pastoralist regions: 87% in Afar and 71% in Somali, where there was no decline.

Nationally representative data also suggest a decline from around 80% in 2000 to three-quarters by 2005 (DHS 2000 and DHS 2005). More significantly the decline in women reporting having had at least one daughter circumcised was even more pronounced from more than half (52%) to 38% over the five-year period. The greatest decline was in Gambella followed by Somali and Amhara. However, the prevalence was still over three-quarters in Afar (85%) and over half in Amhara (57%) in 2005 (Figure 2).

The most recent Welfare Monitoring Survey in 2011 suggests that less than a quarter of girls are circumcised, and only 15% in urban areas and 8% in Addis Ababa. However, rates in Amhara remain high at almost half (47%) and in Tigray above one fifth (22%).

Figure 2. Changes in percentage of girls under 15 undergoing FGM/C*



The DHS 2000 and 2005 asked mothers if they had at least one daughter circumcised. The WMS 2011 asked about girls under 15 years old who were circumcised. This means that the data are not directly comparable but may be indicative of the general pattern of change.

During the Young Lives survey we do not ask about extent of female circumcision, and – given the sensitivities surrounding the topic – the validity of quantitative data may be open to question. However, we are fairly confident about our qualitative sub-sample data. Eight out of 15 girls in the Older Cohort sub-sample aged 16 in 2009 confirmed that they had undergone circumcision. In Oromia the procedure was carried out at a late age and the girls said that they had undergone circumcision willingly, mainly following peer pressure and reportedly in preparation for marriage. But girls from the other sites were circumcised at infancy or before their teens and have little or no memory of the experience.

Conflicting pressures

A grandmother of one of the Young Lives girls in Tigray spoke eloquently of her own experience. She had been circumcised as a child and married at the age of 9, but regretted what happened to her because of the pain she suffered and the resulting breakdown of her marriage. In condemning the practice, she encapsulated the cultural dilemma:

“On the one hand, when I see some girls going around with boys, I think that it would be better to circumcise my granddaughter because then she would be calmer and wouldn’t be seen with boys all the time. So, you can think even if circumcision has bad consequences, it is preferable. If a girl has an unwanted pregnancy, if she gives birth from an outsider, what can be done then? On the other hand, you also see girls who have been circumcised but are not disciplined. So, maybe it depends on the nature of the girls. Personally, my experience was very bad, so I think it has to be condemned.”

Forces for change

Many factors have brought about these remarkable reductions. Conducive policy and legal frameworks and strong government commitment have played an important role. Donor-funded projects, United Nations and other international organisations, civil society groups, women’s and youth associations, networks, and the media have also promoted this change. Moreover, broader changes, particularly education, have been important catalysts, and the role of teachers and girls’ clubs has been significant. Reproductive health education and especially the female health extension workers deployed in every locality have also contributed to awareness. Greater employment opportunities, notably on flower farms or through migration to towns and abroad (particularly the Gulf states) have also presented alternative options to marriage for adolescent girls.

Aspirations of girls and their families and associated expectations around female employment are changing. Young Lives evidence reveals clear intergenerational changes in attitudes about what adolescent girls can do, and also some challenges as the younger generation becomes more assertive of their rights to make their own decisions. Personal experiences of the negative consequences of early marriage on their own opportunities, particularly when it led to early divorce, have led some women to take the stance that their daughters or grand-daughters would not be married early, and cases of adverse health consequences of circumcision have led some women to decide that their daughters would not be circumcised.

Resistance to change

Despite the winds of change, not all parents or indeed girls or the boys who wish to marry them are convinced that these practices are wrong or should be abandoned. Many parents in the Young Lives study sites expressed anxieties about girls going to secondary school further away from home where they would have more opportunity to mix with boys and could be at risk of abduction or rape. They were also concerned that employment opportunities for girls are limited. Parents worried that their daughters may find a partner and choose whom to marry for themselves. Some still felt that early marriage was a safer option for their daughters, as it avoided the potential risks of delaying marriage.

Likewise, some parents, and in particular mothers, argued that female circumcision was a time-honoured tradition and an essential part of girls’ transition to womanhood. When presented with arguments about the potential harmful health consequences, they would point out that they and their mothers before them have led their lives believing in this custom and have brought up many girls successfully. Some mothers, while agreeing that severe forms of circumcision could be harmful, nonetheless believe that a minor cutting is harmless or even beneficial.

Unintended consequences of imposed change

Implementation of the law and punishment of offenders are important in the process of bringing about change. The threat of punishment may deter women who are circumcisors and some have publicly denounced their past. Imprisonment and fines may also have helped to reduce cases of abduction. School clubs have also succeeded in shaming parents and stopping children being married against their will. However, if legal sanctions are imposed without a genuine change of heart and people being convinced of the harm, the practices can go underground.

In terms of implementing the law prohibiting early marriage, the birth registration policy and system which is being put in place is an important measure for the future, but in the short term the exact age of girls is difficult to certify and some parents or girls have claimed they are older so they can marry without risking prosecution. The law can also have unintended adverse consequences for older girls who are sexually active and do not have access to reproductive health services. Some girls may also defy the law arguing that it is in their right to choose to marry early making it difficult to prosecute them.

Attempts to stop female circumcision forcefully may also be resisted, sometimes increasing risks. Girls may be circumcised at an earlier age than is customary, the ceremony may take place at night or in the bush to avoid detection, with potentially severe health risks. Girls may be sent to more remote places where circumcisors are still active, or the ceremony might be camouflaged as a boy’s circumcision. When girls themselves are not convinced that the practice is harmful they may go along with strategies to avoid or circumvent the ban or even organise their own circumcisions.

Bringing about change within a generation

Both child marriage and female circumcision are clearly on the decline but the pace of change is still too slow. Promoting faster change requires winning the hearts and minds of families practicing the traditions. This requires strategies that understand their rationales for the practices and regional variations. For instance, while child marriage is more prevalent in northern Ethiopia, female circumcision is more common in the parts of the south and east. A successful strategy also requires understanding variations in the practices. For instance, female circumcision is carried out just after birth in the north while it is a prelude to marriage in much of the south. Therefore, a strategy to eliminate the practice in the south should aim to convince girls who are not yet circumcised to avoid the practice, while in the north it needs to persuade adults, particularly mothers, who arrange the circumcision of infants.

Much of the current campaigns' focus is rightly on girls, particularly through schools and the media, and girls' empowerment is clearly key to bringing about change. However, these practices are closely linked to the rest of girls' lives and opportunities: breaking the cycle of poverty

by providing girls with more chances for education, training and employment may well be more important than simply seeking to convince them to avoid harmful practices. Promoting role models of successful women can also give girls the courage to pursue their own dreams and make independent decisions about their lives. Social protection measures for girls at risk are also necessary to support girls who have already married early, particularly those who are divorced and bringing up children on their own.

It is also important to involve men and boys, as fathers, future husbands, and leaders. Changing views about girls' life-chances, education and employment can lead to greater transformations in ideas about desirable marriage partners and the benefits of delaying marriage to increase opportunities. There is also evidence that convincing customary and religious leaders to denounce the practices and avoid them for their own daughters has an important role in changing trends.

A concerted effort from all stakeholders including government structures and services, international and non-government and civil society organisations, and the media is crucial. But in the final analysis the need for change has to be believed in and implemented within communities by the girls, young women and their parents.

REFERENCES

Jo Boyden, Alula Pankhurst and Yisak Tafere (2013) *Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Child Marriage and Circumcision in Ethiopia*, Working Paper 93, Oxford: Young Lives.

CSAE (2001) *Ethiopia Demographic and Health Survey 2000*, Addis Ababa and Calverton, MD: Central Statistical Agency Ethiopia and ORC Macro.

CSAE (2006) *Ethiopia Demographic and Health Survey 2005*, Addis Ababa and Calverton, MD: Central Statistical Agency Ethiopia and ORC Macro.

CSAE (2012a) *Ethiopia Demographic and Health Survey 2011: Draft*, Addis Ababa and Calverton, MD: Central Statistical Agency Ethiopia and ORC Macro.

CSAE (2012b) *Ethiopia Welfare Monitoring Survey 2011: Summary Report*, 27 April 2012, Addis Ababa: Central Statistical Agency Ethiopia.

EGLDAM (2008a) *Old Beyond Imaginings: Ethiopia Harmful Traditional Practices*, second edition, Addis Ababa: Ye-Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber (former National Committee for Traditional Practices in Ethiopia, NCTPE).

EGLDAM (2008b) *Follow-up National Survey on Harmful Traditional Practices in Ethiopia*, Addis Ababa: Ye-Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber (former National Committee for Traditional Practices in Ethiopia, NCTPE).

Kirrielly Pells and Martin Woodhead (2014) *Changing Children's Lives: Risks and Opportunities*, Young Lives Policy Paper, Oxford: Young Lives.

UNICEF (2009) *The State of the World's Children: Celebrating 20 Years of the Convention on the Rights of the Child*, New York: UNICEF.

UNICEF (2013) *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change*, New York: UNICEF.

World Vision UK (2014) *Exploring the Links: Female Genital Mutilation/Cutting and Early Marriage*, World Vision research paper, London: World Vision UK.

ACKNOWLEDGEMENTS AND CREDITS

This policy brief has been written by Alula Pankhurst, based on work with Jo Boyden, Kirrielly Pells and Yisak Tafere. We thank Tirsit Asresse, Chanie Ejigu, Agazi Tiemelissan and Tassew Woldehanna for analysis of the data, and Jo Boyden, Ginny Morrow, Kirrielly Pells and Caroline Knowles for comments. We would like to thank the Young Lives children, families and communities for their time and support with our survey.

Young Lives is an international study of childhood poverty, following the lives of 12,000 children in four countries (Ethiopia, India, Peru and Vietnam) over 15 years. It is funded from 2001 to 2017 by UK aid from the Department for International Development (DFID) and co-funded by the Netherlands Ministry of Foreign Affairs from 2010 to 2014 and Irish Aid from 2014 to 2015. The views expressed are those of the author(s). They are not necessarily those of, or endorsed by, Young Lives, the University of Oxford, DFID or other funders.

Young Lives in Ethiopia is a partnership between the Ethiopian Development Research Institute, Pankhurst Development Research and Consulting plc, and Save the Children.

Readers are encouraged to quote or reproduce material from Young Lives Policy Briefs in their own publications. In return, Young Lives requests due acknowledgement and a copy of the publication.

The full text of all Young Lives publications and more information about our work is available on our website: www.younglives.org.uk

Funded by



Ministry of Foreign Affairs of the Netherlands



Irish Aid

An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade

© Young Lives July 2014