

Harmful Traditional Practices and Child Protection:

Contested Understandings and Practices of
Female Child Marriage and Circumcision in Ethiopia

Jo Boyden, Alula Pankhurst and Yisak Tafere



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First published by Young Lives in February 2013

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ISBN: 978-1-909403-06-2

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Funded by



Ministry of Foreign Affairs of the
Netherlands

Young Lives, Oxford Department of International Development (ODID), University of Oxford,
Queen Elizabeth House, 3 Mansfield Road, Oxford OX1 3TB, UK
Tel: +44 (0)1865 281751 • E-mail: younglives@younglives.org.uk

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Summary

This paper explores local perspectives on female child marriage and circumcision in Ethiopia. Both practices are widespread still, despite international and national efforts to eradicate them, and reflect deep-rooted patriarchal and gerontocratic values regulating transactions between kin groups at marriage and women's reproduction. Both have been designated as Harmful Traditional Practices (HTPs) by the Ethiopian government and are proscribed by law, with designated punishments. This is in line with Article 24 of the United Nations Convention on the Rights of the Child, which calls for the prohibition of traditional practices that are prejudicial to the health and well-being of children. Apart from the fact that both practices are labelled 'harmful' and relate only to girls, the main reason for considering female child marriage and female circumcision together is that the latter tends to be seen as a necessary precursor to former.

The paper explores the values that drive these practices and examines whether and in what ways they have been affected by efforts to eradicate them. It points to the complexity of beliefs and practices, highlighting differences associated with ethnicity, religion, generation and gender. It finds that the efforts of government and elite leaders to eradicate them are contributing to the diminution or transformation of female circumcision and female child marriage, although with marked regional variations and considerable contestation and resistance in some places. In mapping these processes of change, the paper identifies trends in premarital sex, clandestine surgeries, and other subterfuges that may demonstrate unexpected consequences and adverse reactions to laws which were intended to protect children. In doing so, it emphasises the challenges confronted by child- protection measures designed to bring about change to long-established customs.

The analysis draws on interviews with 25 children and young people from five communities, as well as their peers, caregivers and community representatives, conducted in 2007, 2008 and 2011. The paper uses both statistical and ethnographic evidence to assess the prevalence of the two customs and the cultural and material logic underpinning them. It gives an overview of the external forces militating for change and presents evidence on trends of change. This is followed by analysis of the personal experiences of Young Lives children and the discourses against the practices, as well as a consideration of the resistance to change. Finally, the discussion reflects on wider issues of modernity and rising aspirations for girls.

Acknowledgements

We are grateful to the children, families and communities in our sample for their crucial contribution to our research, and to Claudia Seymour and Agazi Tiemelissan, whose thorough reviews of the international and Ethiopian literature have informed our thinking.

The authors

Jo Boyden is Director of Young Lives and Professor of International Development at the University of Oxford. Since the mid-1980s, she has worked on various aspects of research and policy with children, particularly child labour, education, children in conflict, as well as publishing on childhood resilience in the context of adversity, poverty, and socio-cultural development. Jo has worked in a wide range of countries and has been an adviser to many of the large international NGOs as well as UN and other multilateral agencies and bilateral donors. One of her best-known works, *What Works for Working Children*, was written for Save the Children Sweden and UNICEF.

Alula Pankhurst is Country Director for the Young Lives study in Ethiopia. He has a PhD in Social Anthropology from the University of Manchester. He was formerly Associate Professor in Social Anthropology at Addis Ababa University. His research has mainly focused on poverty, well-being, migration, food security, customary institutions, social exclusion, the longer-term impact of development interventions and community trajectories.

Yisak Tafere is Lead Qualitative Researcher for the Young Lives Study in Ethiopia. He has an MA in Social Anthropology from Addis Ababa University and is a PhD candidate at the Norwegian University of Science and Technology (NTNU) in Trondheim, Norway. His research focuses on childhood and life-course poverty, intergenerational relations and transfer of poverty, children's educational and occupational aspirations, the socio-cultural construction of child well-being, and social protection.

About Young Lives

Young Lives is an international study of childhood poverty, following the lives of 12,000 children in 4 countries (Ethiopia, India, Peru and Vietnam) over 15 years. www.younglives.org.uk

Young Lives 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.

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.

Introduction

Focusing on Ethiopia, this paper explores local perspectives on female child marriage and circumcision. Both practices are widespread in Ethiopia and reflect deep-rooted patriarchal and gerontocratic values regulating women's reproduction and transactions between kin groups at marriage. In the paper, we define 'child marriage' as any marriage between individuals under the age of 18 years, this being the threshold accepted internationally as the upper limit of childhood, and the legal age of marriage in Ethiopia.¹ We have used this term rather than 'early marriage' or 'under-age marriage', which are more common in the literature, given our interest and focus on children. We have avoided the use of 'Female Genital Mutilation or Cutting (FGM/C)',² preferring the more neutral and culturally acceptable term 'female circumcision'³ to refer to all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO 2010).

The paper is written in the context of concerted efforts by international and national policy makers and human-rights actors to eliminate these practices, which threaten girls' well-being and violate their rights. Both female child marriage and female circumcision have been designated as Harmful Traditional Practices (HTPs) by the Ethiopian government and are proscribed by law, with designated punishments. This is in line with Article 24 of the United Nations Convention on the Rights of the Child, which calls for the prohibition of traditional practices that are prejudicial to the health and well-being of children.⁴ Apart from the fact that both practices are labelled 'harmful' and relate only to girls, the main reason for considering female child marriage and female circumcision together is that the latter tends to be seen as a necessary precursor to former.

The paper explores the values that drive these practices and examines whether and in what ways they have been affected by eradication efforts. It points to the complexity of beliefs and practices, highlighting in particular differences associated with ethnicity, religion, generation and gender. It finds that the eradication efforts of government and elite leaders are

1 Established international legal conventions protect against early marriage: Article 16 of the Universal Declaration of Human Rights (1948) requires free and full consent to marriage by both individuals concerned. Article 1 of the United Nations Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages (1964) establishes 15 years as the legal minimum age of marriage, and urges that 'no marriage shall be legally entered into without the full and free consent of both parties, such consent to be expressed by them in person after due publicity and in the presence of the authority competent to solemnise the marriage and of witnesses, as prescribed by law'. Article 16 of the Convention on the Elimination of All Forms of Discrimination against Women (1979) calls on states to legislate a minimum age for marriage and states that 'the betrothal and the marriage of a child shall have no legal effect'.

2 WHO uses the term 'mutilation'. Although female genital cutting has 'diverse meanings' which are 'undergoing continual change' (Lyons 2007: 14), the terminology associated with the discourse reveals highly charged polemics and often fixed positionality, the choice of term clearly revealing its creator's preferences within the debate. Early usage favoured 'female genital surgery', but this was considered by human-rights and feminist activists to misrepresent the degree of medicalisation of the practice, while the term 'circumcision' equated it with the male form of the practice and thus obscured its oppressive gendered functions (Gruenbaum 2001), while 'mutilation' was intended to express the extent of damage that the practice caused to women. The fact that the debate on terminology evokes such 'moral and ideological significance' (Boddy 1998: 80) in the literature is notable when one considers that, in fact, there is no single practice of female genital cutting, and that the 'diverse practices and meanings' (ibid.) of the practice are unique to each context and deeply embedded in the 'belief system and values that support it' (Rahman and Toubia 2000: 5).

3 In the Ethiopian context the same term *girizat* in Amharic (Kane 1990: 1938) is used for male and female circumcision as is used for shortening and pruning plants – a usage which underlies a conceptual association of the practices.

4 *National Plan of Action for Children* (2003–2010 and Beyond) (June 2004).

contributing to the diminution and/or transformation of female circumcision and female child marriage, although with marked regional variations and considerable contestation and resistance in some places. In mapping these processes of change, it identifies trends in premarital sex, clandestine surgeries and other subterfuges that may demonstrate unexpected consequences and adverse reactions to laws which were intended to protect children. In doing so, it emphasises the challenges confronted by child- protection measures designed to bring about change to long-established customs.

The analysis draws on qualitative data from Young Lives, a 15-year study of childhood poverty in Ethiopia, India (Andhra Pradesh), Peru and Vietnam. There are 20 research sites in Ethiopia, and the study is conducting regular surveys with 3,000 children in two age groups⁵ and qualitative research with a nested sub-sample of 100 children, as well as with their families and communities. The paper draws on three rounds of qualitative data gathered in five sites in 2007, 2008 and 2011 from a sub-sample of 25 of the older children, their peers, care givers and other adults. The same communities, children and adults were involved in all three rounds of data collection, which entailed four focus-group discussions⁶ and about a dozen individual interviews at each site. The focus groups involved community representatives (a mix of elders, religious leaders, women's leaders, and service providers), care givers and children (boys and girls separately).⁷ Individual interviews were conducted with the children, their care givers, key informants (including teachers, health-care providers, leaders of women's associations, *kebele* (village-level administration) officials, elders, religious leaders and NGO representatives).⁸

The paper is divided into eight parts. The first provides the context of the study. This is followed by a presentation of the differential prevalence of the two customs from both statistical and ethnographic evidence. The third section addresses the cultural and material logics underpinning the practices. The rest of the paper focuses on changes, starting in Section 4 with the quantitative trends, the qualitative evidence from the Young Lives sub-sample, and an overview and discussion of the external forces militating for change. The fifth section considers both statistical and Young Lives evidence on trends of change. This is followed in Section 6 by a presentation of personal experiences in Young Lives sites and the discourses against the practices, and in Section 7 by a consideration of the resistance to change. The final section links the topic to wider issues of modernity and rising aspirations for girls. The conclusion summarises the findings and major implications. Snapshot summaries of the five sites are presented in the first annex, and additional tables from surveys in the second annex.

5 The Older Cohort children were born in 1994/95 and the Younger Cohort in 2001/02.

6 With two more for female community representatives and care givers in Round 1.

7 In addition to children in the Young Lives sample, 'back-up' children were also involved in the children's group discussion.

8 Interviews were audio-recorded using digital voice recorders, then transcribed and cleaned. The cleaned transcripts were organised with the help of *atlas.ti*, a qualitative data analysis software package used for managing, organising and coding the data, prior to preparing this paper.

1. The study context

The five Young Lives qualitative sites were selected to include one from each of the four major regions, plus the capital city, from which the wider sample of 20 sites was drawn.⁹ Two of the qualitative sites are urban: one in Addis Ababa, the capital city, and the other in Hawassa, the capital of the Southern Region. Urban–rural differences are clearly statistically associated with differences in age at first marriage for women and with prevalence of female circumcision. Both of the Young Lives urban sites were chosen from poor neighbourhoods, a selection with important implications for livelihoods, marital status of care givers and opportunities for youth. Although the other three sites are rural, all are relatively close to towns. The Amhara site is on a main road, and parts of it are quite close to a small town; the Oromia site, though a few kilometres off the main road and sometimes cut off when a bridge is washed away, is close to a large town; and the Tigray site is not very far from the regional capital, although the road is in poor condition, rendering it the most remote of the rural qualitative sites. The location of the five sites in or close to urban areas is likely to have led to greater exposure to modernising ideas and state-led campaigns against ‘harmful traditional practices’ than is experienced in more rural communities. Improved education and health-care access may also have influenced values, with schools becoming vehicles for promoting change and enabling girls to avoid child marriage, and with the deployment of female health-extension workers with a mandate to address issues of reproductive health, facilitating campaigns against female child marriage and female circumcision.

The contrasting livelihood patterns and especially recent changes affecting wage labour also have implications for values and practices surrounding marriage customs. The rural sites are all predominantly agricultural with livestock rearing, although in the Oromia site, which is close to a lake, fishing is also important. In all three sites, the social-protection safety net provides employment on public works for a significant proportion of poor households. Private investment has also had a significant impact. In the Oromia site, a large flower farm close by offers new employment opportunities for young women, while in the Tigray site a stone-crushing industry producing gravel and cobble stones for the regional capital has also generated employment; and in the Amhara site young people work as labourers for wealthy people during peak agricultural seasons, and in a haricot-bean business. Urban proximity also makes possible wage labour in the construction industry and in trade, and some young people rent shops to sell food and drink. The increasing opportunities for youth and especially young women to find employment allow them more freedom from parental control, affecting their outlook on marriage, pre-marital sex, choice of marriage partner and age of marriage.

The two urban sites are located in poor areas in the centre of capital cities, close to markets, with opportunities for wage labour and petty trade in the informal sector on which many households rely for survival. The Addis Ababa site is close to the capital’s main fruit and vegetable market, and parents of Young Lives children rent houses for storage, carry goods and undertake petty trade. Likewise, the Hawassa site is in a market area and livelihoods are based on informal-sector activities, notably petty trading, daily labour, street vending, or other forms of self-employment. The Addis Ababa site is known as a district where commercial sex workers operate, and some care givers are involved in the business. There is a high prevalence of female-headed households. The qualitative research has raised concerns that,

⁹ Annex 1 provides a snapshot paragraph on each of the study sites.

given the crowded living conditions and the prevalence of commercial sex, drugs and gambling in the area, children may be exposed to sex at an early age and may be at risk of rape and substance abuse. This may lead to more lax sexual norms, resulting in youth engaging in sexual activity early and forming relationships, rather than entering marriages in customary ways.

In terms of ethnic and religious composition, the two northern sites in Amhara and Tigray Regions are homogeneous, both being Orthodox Christian and ethnically Amhara and Tigraway respectively. In contrast, the two urban sites and the Oromia site are mixed, although the latter has dominant ethnic and religious groups.¹⁰ The urban sites have three or four main ethnic groups and two main religious groups each.¹¹ The Amhara, Oromo and Tigraway ethnic groups are dominant in the sites in their respective regions (and exclusive in the two northern sites), and they represent important minorities in both urban sites to differing extents.¹² Among the minority groups, the Gurage, who have a culture of migration and involvement in trade, form significant minorities in both towns.¹³ The Wolayta, an important minority in the Southern Region, represent almost half the Young Lives households in Hawassa. There are also a few people of other ethnic groups from the Southern Region in both urban sites.¹⁴ In religious terms, Orthodox Christians, who represented 43 per cent of the population nationwide in the 2007 census, are dominant in all the sites and exclusively present in the two northern sites; Muslims, who represented 34 per cent of the population nationally, accounted for just over a third in Addis Ababa and a quarter in the Oromia sites; Protestant Christians, who represented 19 per cent nationally and are very important in the Southern Region (55 per cent), represent 40 per cent in the Hawassa site. As we shall see, the ethnic and religious composition of the communities has important implications for forms and age of marriage; for types of circumcision and the age at which it is performed; for attitudes towards the practices; and for the relationship between the two in the literature, statistics from surveys and our findings.

10 The vast majority of Young Lives families are Oromo (90 per cent), and three quarters are Orthodox Christians, the remainder being Muslim (who are a majority in the Rift Valley Arsi Area in which the site is located).

11 The Amhara represent a third of the population in the Addis Ababa site, the Gurage a fifth, and the Tigraway and Oromo represent smaller minorities, whereas the Hawassa site has a majority of Wolayta (45 per cent) from the southern region, 25 per cent Amhara, and 15 per cent Oromo, as well as smaller minorities of Tigraway and Gurage. In religious terms both sites have a majority of Orthodox Christians (63 per cent in Addis Ababa and 54 per cent in Hawassa); however, the second religion differs: Islam claims 36 per cent of the population in Addis Ababa, and Protestantism 40 per cent in Hawassa.

12 The Amhara represent a third in Addis Ababa and a quarter in Hawassa, the Oromo around 15 per cent in both towns, and the Tigraway 12 per cent in Addis Ababa and 6 per cent in Hawassa.

13 They represent one fifth in Addis Ababa and 5 per cent in Hawassa, as well as a few women in the Oromia site.

14 Kambata in Addis Ababa and Sidama and Gedeo in Hawassa.

2. Prevalence of child marriage and circumcision

Female child marriage

Child marriage is reported to be most prevalent in the world's poorest countries (Jain and Kurz 2007), where social and economic options for females are most limited (Mathur et al. 2003). Thus, in a review of data from 40 Demographic and Health Surveys conducted in developing countries, Singh and Samara (1996) show that the three factors which contribute most significantly to women's age at first marriage are labour-force participation, acquisition of formal education, and degree of urbanisation.¹⁵

Concerns about child marriage are various. Throughout the literature, the impacts of early marriage are mostly associated with the negative health and education outcomes (UNICEF 2001). These risks are exacerbated by poverty and inadequate access to maternal and child health services (Singh and Samara 1996). Most of the health impacts associated with early marriage are more accurately attributable to the negative consequences of early pregnancy and childbirth. According to literature reviewed by Mathur et al. (2003), morbidity levels among young mothers are very high and are often related to complications with obstetric fistula and difficult labour (see also Ellis 2004). Other research shows that young mothers experience higher rates of maternal mortality, because their bodies are unprepared for childbirth (Jain and Kurz 2007). Infants born to young mothers are also at higher risk of mortality, even through to the age of five (Mathur et al. 2003: 12). Early childbearing has also been associated with lower levels of education among girls (Jain and Kurz 2007; Jensen and Thornton 2003).

Girls are likely to be married to men who are significantly older than they are, which raises concerns that such age differences 'can affect the power, status and autonomy of women within the household ... because women are less mentally, emotionally and physically mature, and/or capable of asserting themselves' (Jensen and Thornton 2003: 14), leading to a higher incidence of domestic violence.¹⁶ Thus, a survey in India found that girls who married before 18 years of age reported experiencing physical violence twice as often as girls who married at a later age, while younger married girls reportedly experienced sexual violence three times more often (Jain and Kurz 2007: 8).

Early marriage of women is prevalent throughout Ethiopia and is clearly a gendered issue, given the considerable difference between men and women in age at marriage. The most recent data come from the Ethiopian Demographic Health Survey (EDHS) of 2011, a draft of which was released in May 2012. The data suggest that female child marriage is prevalent throughout the country, with the median age at first marriage¹⁷ for women being 17.1, almost

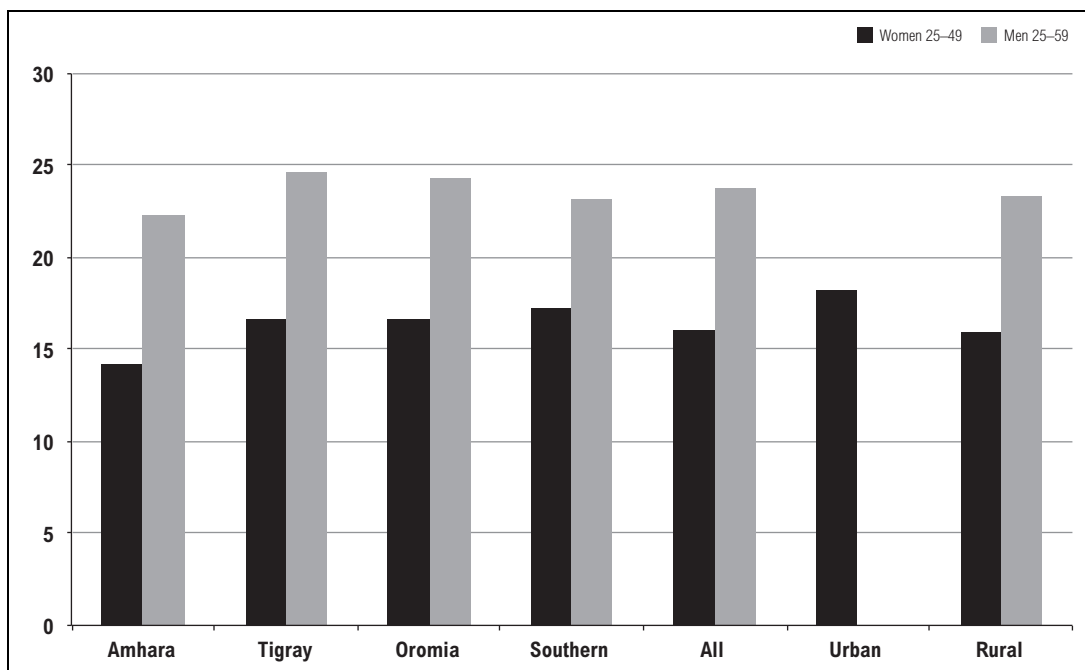
15 According to the review by Singh and Samara (1996), employment may serve as an incentive for parents to encourage their daughters to remain unmarried; education is positively associated both with contraceptive knowledge and greater decision-making power among girls; and urbanisation exposes girls to values which favour marriage postponement while also providing greater geographic distance from community- and kinship-based forms of social control.

16 The study conducted by Jensen and Thornton (2003) draws on responses provided by women aged 15–49 in Benin, Colombia, India and Turkey in the Demographic and Health Surveys.

17 However, it should be noted that data are not available for the younger age groups from 15 to 19, and that the data presented for women relate to the ages of 20 to 49, whereas the data for men are from 25 to 59. The corresponding median age for women aged 25–49 is slightly lower, at 16.5 years.

a year below the legal age of marriage, whereas the median for men was six years older, at 23.1. See Figure 1.

Figure 1. *Median age at first marriage in 2011 (by sex, region and urban–rural differences)*



Source: Central Statistical Authority Ethiopia (CSAE) 2012a: 66, Table 4.4.

Figure 1 also shows that there are significant urban–rural differences, with the urban rate for women¹⁸ surpassing the legal age of 18, as well as regional differences, with the median age of marriage for women being lower in northern Ethiopia, notably Amhara and Tigray, than in the south in Oromia and the Southern Region.

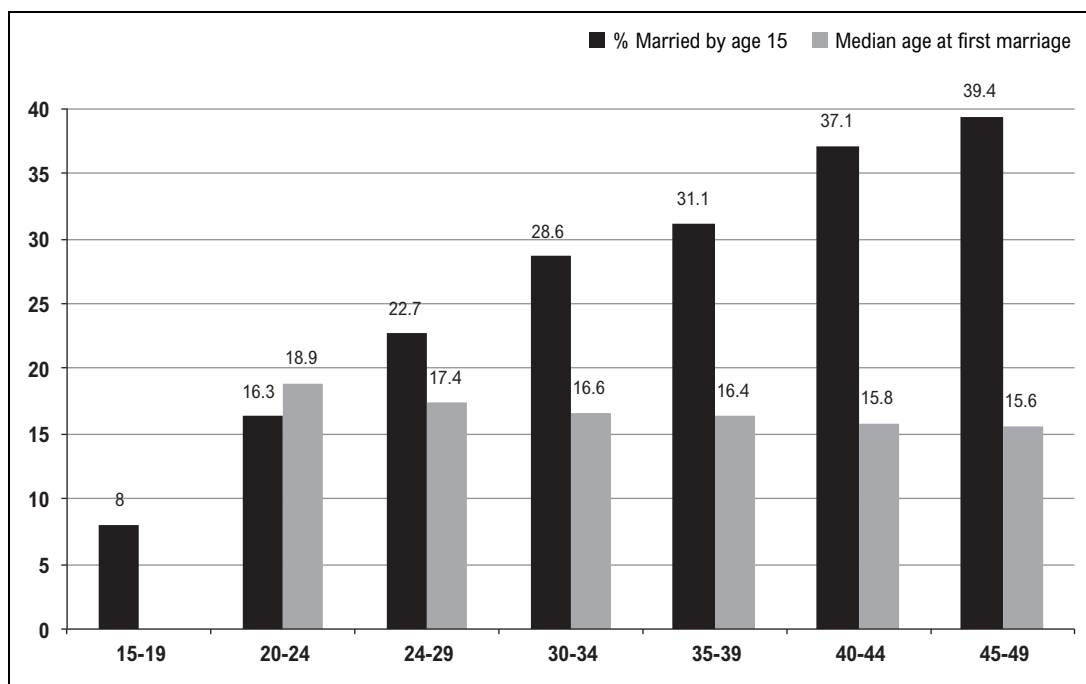
The data in the draft report also suggest that the median age of first marriage increases with education levels: in the case of women in the age category 25–49 who have been educated to secondary level, it exceeds the legal age to reach the age of 22.8. Wealth also matters, as the median for women in the lowest quintile is 16.4, while in the fourth quintile it is 16.9, and in the fifth quintile it is above the legal age, at 19.1. Differences according to education and wealth for men are much less significant (CSAE 2012a: 66, Table 4.4).

The 2011 EDHS also provides data on the median age at first marriage by age categories, as well as data on the percentage of women married by different ages from 15 to 25. The median age at first marriage for women aged 25–49 is 16.5 years, compared with 23.1 years for men. Figure 2 shows the median age at first marriage for age categories from 20–25 to 45–49,¹⁹ and the percentage of women married by the age of 15 by age categories from 15–19 to 45–49.

¹⁸ Data for urban male median age of marriage were not included, since 'less than 50% of the respondents began living with their spouses for the first time before reaching the beginning of the age group'.

¹⁹ The median for the 15–19 age group was not provided, since fewer than half of the respondents began living with their spouses for the first time before reaching the beginning of the age group.

Figure 2. *Median age at first marriage (by age group), and percentage married by the age of 15*



Source: CSAE 2012a: 65, Table 4.3.

Figure 2 reveals increasing median ages of marriage as the age groups decrease, surpassing the legal age of 18 for the 20–24 age group, as well as showing decreasing proportions of women married by the age of 15 as the age groups decrease, with only 8 per cent of the youngest category of 15–19 being married by the age of 15.

The ethnographic literature is not very explicit on the age of marriage, in part because age is often not considered a diacritical factor, although there are references to girls marrying earlier than boys. Nonetheless, it is clear that early marriage of girls used to be common in the pre-revolutionary period prior to 1974, especially in northern Ethiopia, notably among the Amhara²⁰ and to some extent the Tigraway.²¹ There were also customary institutions for child betrothal, with a girl being brought up by her in-laws²² and a boy working for his in-laws and marrying their daughter,²³ and some cases of households arranging marriage alliances while children were infants, or at birth, or even beforehand (Ambatchew 1956; Shack 1974; Bauer 1977). These forms of early engagement were very much special cases with their own

20 One author suggested that girls in Amhara tend to marry from 12–14 and boys from 17–23 (Wedajo 1953); another suggested 9–12 years for girls and around 20 for boys (Shack 1974); and a third suggested around 12 or 13 for girls, just before menarche (Hoben 1973). In a recent qualitative study one elderly woman expressed the view that 13 was a good age for a bride (Mekonnen and Aspen 2009).

21 In Tigray there were some reports of early marriage, notably in Enderta, with girls marrying from 9–12 years and boys in their 20s (Misginna 1958).

22 However, in Tigray if a young daughter is allowed to live with her future in-laws this is under an arrangement called *Uqba*, meaning 'protection', in which the young girl sleeps with her future mother-in-law, remaining in the household until the date of the formal marriage (Misginna 1958).

23 The female version was considered common in Gojjam and referred to as *madego*, meaning 'bringing up' (Berhane-Sellassie 1993; EGLDAM 2008). *Qot Assir*, applied to males, involved the elders deciding when the marriage could be consummated (Ambachew 1956; Pankhurst 1992).

particular logics related to wealth and kinship, the child betrothals of boys being a strategy for poor young men to offer labour services, and that of girls a strategy to seal alliances between wealthy households.

In Tigray, dowry payments (called *gezmī*) traditionally could involve 10 to 15 head of cattle and a horse or mule, although they could also include land and weapons (Shack 1974; Bauer 1985). In Amhara endowments were in theory presented by both sides, usually consisting of moveable property such as livestock, which each party retained on divorce (Wodajo 1953; Ambatchew 1956; Hoben 1973). These endowments and arranged marriages involved wealthy and politically powerful families who sought desirable alliances, whereas poorer families might delay the process until their children were already mature, while the very poor may never make any contracts or have their children go through the ritual of marriage (Reminick 1973; Amera 2004). However, in practice and more recently, payments have tended to be limited, taking the form of gifts given by the groom to the bride, notably clothing and jewellery, and sometimes gifts to the bride's parents, although there may also be gifts to the groom from the bride's parents. Moreover, endowments were limited by class and wealth, by the land redistribution after the 1974 revolution and subsequent impoverishment, by droughts, and by reduced land holdings with increasing population.

In contrast to the northern systems of dowry, in most of the south, including among the Oromo and a number of societies in the Southern Region,²⁴ bridewealth systems are common. These traditionally involved gifts of cattle, iron bars and, after the monetisation of the economy, cash (Huntingford 1955; Ambatchew et al. 1957; Cerulli 1956; Hamer 1987).²⁵ Among the Oromo and some southern peoples, polygyny is a cultural norm, but generally restricted to a few successful elderly men. Marriage by abduction or elopement was often considered a legitimate form of marriage, particularly for poorer men unable to pay the full bridewealth, but requiring lesser compensatory reconciliatory payments (Cerulli 1956; Ambatchew et al. 1957; Holcomb 1973; Wadillo 1985). There is scant ethnographic evidence on the age of marriage in southern Ethiopia. Among the Oromo one report suggests that girls were expected to be married off by the age of 16, whereas young men seldom married before the age of 20 (Ambachew et al. 1957). Most of the ethnographic literature is more concerned about types of marriage partners that are forbidden (often close kin, in some cases over several generations) or preferred (such as the cross-cousin marriage among the Afar) (Huntingford 1955).

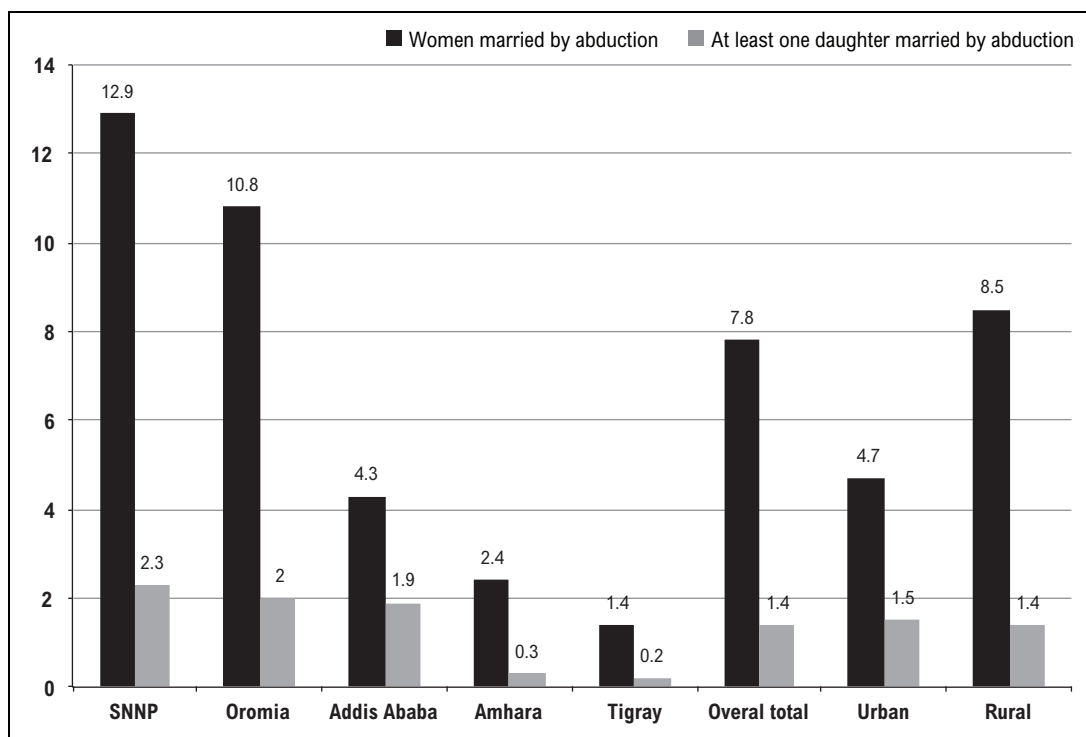
There seems to be a strong correlation between systems of bridewealth and abduction as a culturally recognised form of marriage. The 2005 EDHS data²⁶ show that the proportion of women married by abduction is much higher in the Southern Region (12.9 per cent) and Oromia (10.8 per cent) than the national average (7.8 per cent), with a rate of only 2.4 per cent in Amhara and 1.4 per cent in Tigray, and a much lower rate in urban areas (4.7 per cent) compared with rural areas (8.5 per cent) (see Figure 3). The same rural–urban and regional differences can be seen in the proportion of women with at least one daughter married by abduction.

24 Including Wolayta, from where migrants have moved to the Hawassa site, and Gurage, who represent an important minority in Addis.

25 According to Goody (1973, 1976) bridewealth systems characteristic of Africa promote the wider distribution of resources and affinal linkages, early marriage of girls enabling fathers to use bridewealth to give to their sons' wives or to marry second wives – hence a link with polygamy.

26 The 2011 draft EDHS does not provide data on abduction.

Figure 3. *Proportion of women and daughters married by abduction (urban–rural and by region)*



Source: CSAE 2006.

Female circumcision

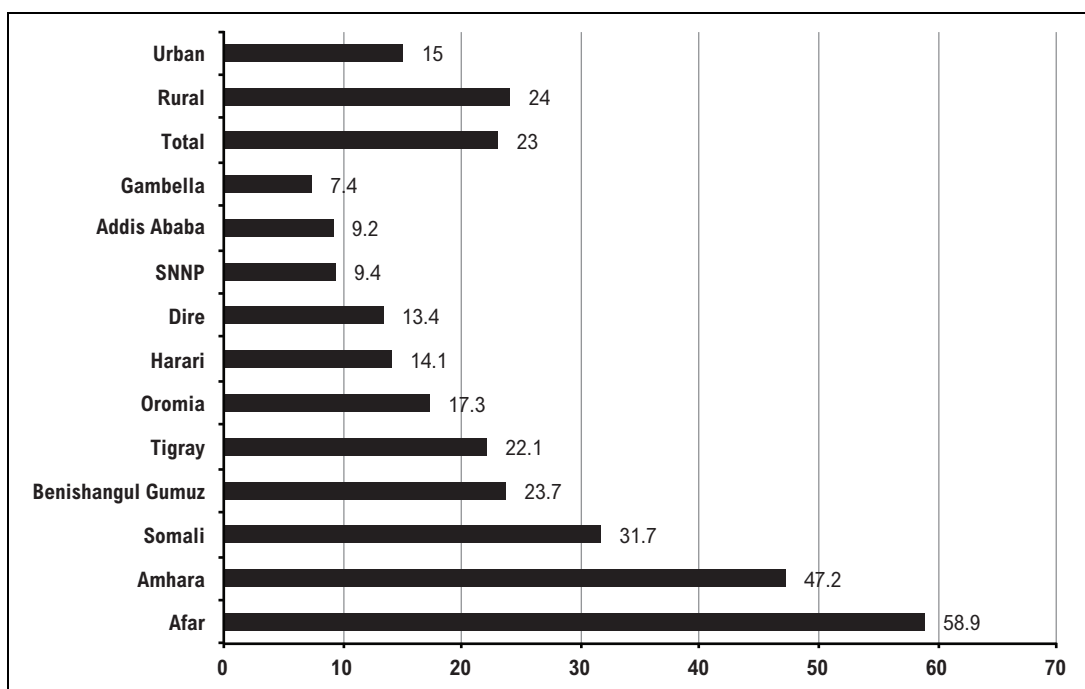
There are different forms of circumcision, the more radical forms having potentially serious health consequences.²⁷ According to the WHO, 100–140 million women in the world have been circumcised, and two million girls are estimated to be circumcised each year (WHO 2010). The debates surrounding female circumcision are among the most polemic within human-rights, feminist and anthropological discourses. Although a number of medical studies (e.g. Almroth et al. 2001; Behrendt and Moritz 2005; Elnashar and Abdelhady 2007) have linked female circumcision with a range of reproductive and other health disorders, in practice the health impacts depend on the kind of surgery performed. There is no significant research on the health effects of clitorodectomy or excision, but infibulation has been associated with longer-term gynaecologic or urinary-tract difficulties, cysts and keloid formations, pelvic infection, dysmenorrhea, hematocolpos, painful intercourse, infertility, and problems during childbirth (American Academy of Pediatrics 2010). Feminists and advocates of human rights (and children's rights) also point to the gendered discrimination underlying the practice, its violation of bodily integrity, adverse effects on sexual functioning, and the fact that it is frequently carried out on children who are not able to provide informed consent.

27 WHO classifies the various forms of female genital cutting as follows: *Clitorodectomy*: partial or total removal of the clitoris and, in very rare cases, only the prepuce; *Excision or Labiectomy*: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora; *Infibulation*: narrowing of the vaginal opening through the creation of a covering seal; *Other*: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing and cauterising the genital area. WHO 'Fact sheet N°241', February 2010: <http://www.who.int/mediacentre/factsheets/fs241/en/>, accessed 11 April 2011. Young Lives does not have information on the specific procedures used in its sites or with children in its sample.

Nonetheless, there are quite a few scholars who challenge the critiques of female circumcision, some (e.g. Morison et al. 2001; Obermeyer 1999) questioning the validity and rigour of the medical evidence, and others (e.g. Shell-Duncan 2008) questioning the claims that the practice is an unequivocal abuse of children's rights. Others still highlight the social conflict that arises as a result of campaigns against the practice, and the challenges faced by girls in such contexts (e.g. Ahmadu and Shweder 2009; Boddy 1998; Boyden, Pankhurst and Tafere 2012; Sabatello 2009).

The most recent data on the prevalence of female circumcision come from the 2011 Welfare Monitoring Survey, a summary report of which was released at the end of April 2012. The data suggest that the current prevalence is a little less than one woman in four nationally, although there are considerable urban–rural and regional differences.²⁸ See Figure 4.

Figure 4. *Proportion of women who underwent circumcision in 2011 (rural–urban and by region)*



Source: CSAE 2012b: 25, Figure 12 (regions with Young Lives sites shown in purple).

The urban rate, at 15 per cent, is far lower than the rural rate of 24 per cent, and regionally it varies from under 10 per cent in Addis Ababa, SNNP and Gambella to almost 60 per cent in Afar. Among the regions with Young Lives sites, the prevalence is highest in Amhara, with almost one in two women circumcised, followed by Tigray with under a quarter, and Oromia with under a fifth, and it is less than 10 per cent in SNNP and Addis Ababa.

In Ethiopia there are three forms: cliterodectomy, excision and infibulation. A study in 1997 suggested a complex and regionally varied pattern. Infibulation, the most severe and debilitating form, is commonly practised in the east among the Somali and Afar and is almost non-existent elsewhere, and in Afar it is partly associated with cliterodectomy. Excision and

²⁸ However, given that the practice is illegal and that enforcement through punishment does occur in some areas, it seems likely that there may be some under-reporting in this and other surveys.

cliterodectomy were said to go together among the Amhara, with lower prevalence among the Tigraway, and to some extent in SNNP. In Oromia, cliterodectomy is common, whereas excision is rare. Gambella was the only region with no female circumcision of any kind (see Annex 2, Table 1).

The age of female circumcision varies, with two basic patterns and a dichotomy between the north and the south. In northern Ethiopia it tended to be carried out shortly after birth, whereas in southern Ethiopia it was usually linked to marriage. In the north, cliterodectomy and/or labiadectomy were a cultural norm, traditionally performed on the seventh day in Tigray and on the fifth, seventh, or fifteenth day in Amhara.²⁹ Female circumcision is thus carried out in infancy, almost before the child is given an identity, on a prescribed number of days after birth and is therefore by definition not a group matter, but a private, household, affair, although food (especially porridge) is customarily served to those present.

The practice in southern Ethiopia among Oromo and some southern Ethiopian peoples is very different. Only in parts of Oromia influenced by Amhara or Muslim traditions is the girl circumcised at infancy; in parts of western Oromia the procedure takes place before the age of 10, in the east between 9 and 12, and among the Arsi in central southern Oromia, where the Young Lives site is situated, as a prelude to marriage (Tippet 1970: 9–12; Terefe 2000; EGLDAM 2008a: 95–6).

There are variations in terms of whether circumcision of men and women is performed at the same time and is a rite of passage and a collective or a household event, and regarding the identity of the person who performs the circumcision. Among southern groups collective rites are more common, and the role of circumciser is often assigned to specialist craft workers. Among the Wolayta, cliterodectomy is performed on girls by potters prior to marriage (Berhane-Selassie 1993). In Kambata and Hadiya, the collective public aspect of the circumcision of girls is important, and a circumcised girl is paraded in celebration in the market place (Braukämper 1983). Among the Sidama,³⁰ depending on the sources, it is carried out around the age of eight or just before or immediately after the wedding, when the bride will be examined for virginity, after which she goes into a two-month seclusion period during which she should be fed buttermilk and meat at the expense of the groom's family (Hamer 1987: 68; EGLDAM 2008a: 95). Among the Gurage, boys and girls are circumcised between the age of eight and ten in rites-of-passage ceremonies involving several children and performed by the special caste of former hunters, followed by an initiation period. Girls circumcised at the same time undergo a symbolic ritual 'abduction' by the chief of a special caste and remain secluded for about a month in the 'bush', where they are taught a ritual language, kept secret from men and used at religious festivals; they remain members of this group until they marry (Huntingford 1955; Cerulli 1956; Shack 1966: 131–4). Among a number of societies in southern Ethiopia, the role of performing both male and female circumcision is given to the caste groups of potters, smiths, or tanners, such as the *Chinasha* among the Wolayta. These groups are also often involved in childbirth and rituals concerning death, including having a role as musicians at funerals (Pankhurst 2003).

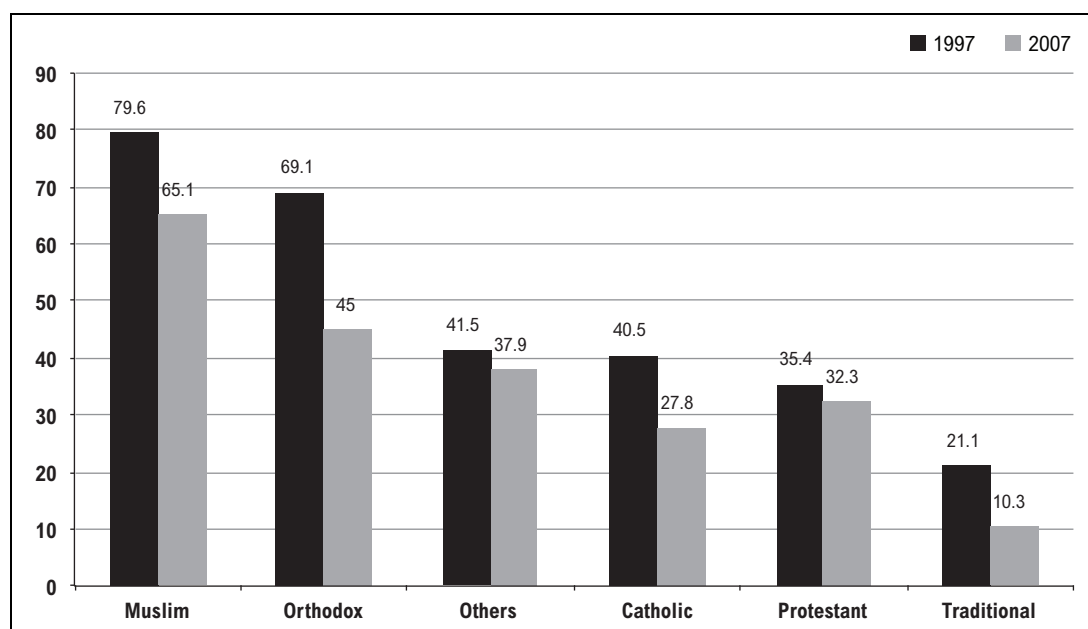
29 Whereas boys were circumcised on the eighth day in Tigray and the seventh or eighth day in Amhara (unless it fell on a Wednesday or Friday), although the day may be delayed if mother or child are unwell, with the same term *Gerizat* used for both males and females in Tigray and Amhara (Terrefa 1957; Misginna 1958; Reminick 1973; Pankhurst 1992; Shack 1974). The circumcision of girls on an odd number of days after birth and boys on an even number in Amhara was given a religious interpretation, in that girls are placed on the left, or odd, side of Jesus and boys on the right, or even, side (Pankhurst 1992: 135).

30 Although female circumcision among the Sidama is prevalent, Hamer notes that two Christian women who married without the cliterodectomy were shunned by other women (1987: 68–9).

3. Cultural and material logics underpinning the practices

In this section we explore local understandings of female child marriage and female circumcision in the five sites, in terms of cultural and potentially underlying material logics. In doing this, we would emphasise that the considerable socio-economic, ethnic and religious diversity that characterises the population in Ethiopia is reflected in the wide variation in norms and values surrounding the traditions. So, for example, while the sites in Amhara and Tigray are relatively homogeneous in religious and ethnic terms, leading to a degree of cultural convergence in values and practices, other sites, particularly in urban areas, are far more ethnically and religiously diverse, this being revealed in the variability and dynamism in ideas concerning the two practices. Thus, whereas we shall see that changes in both practices are more rapid in urban areas and the capital city as a whole, a survey comparing prevalence of female circumcision by religion between 1997 and 2007 suggested that it was much higher and changing more slowly among Muslims (who represent a third of the households in the Young Lives site in Addis Ababa) than among Orthodox and other Christians.³¹ See Figure 5.

Figure 5. *Changing prevalence of female circumcision (by religion) from 1997 to 2007*



Sources: NCTPE 1998; EGLDAM 2008a.

³¹ There are no survey data in Ethiopia on the association between religion and early marriage of girls. However, the EGLDAM baseline survey does include the extent of awareness of the harmful effects of early marriage. According to the survey, the highest awareness was among Protestant Christians (80 per cent), and there was slightly higher awareness among Orthodox Christians (74 per cent) than among Muslims (70 per cent); those who had been through Koranic schools had lower awareness (65 per cent) than those who attended Church schools (77 per cent) (EGLDAM 2008a: 163–4).

Moreover, ideas about modernity and interventions to counter 'harmful traditional practices' emanating from the state as well as from international and national non-government organisations have had a much greater impact in urban areas, as our study also confirms. However, migrants may bring with them cultural values, so for instance female circumcision is known to be more common in Wolayta than in many other areas in southern Ethiopia³² (the Wolayta represent over a third of Young Lives children in Hawassa, the second urban site). While such diversity is to be expected in the more mixed urban areas, even in relatively homogeneous rural areas differences by wealth, age and status can be significant.

That said, it is also important to highlight that in many (although not all) communities the two practices have strong cultural roots and a clear cultural logic, which suggests that they may not be necessarily very amenable to reform. This logic embodies two key elements. First, the families and kin group have a strong vested interest in the productive and reproductive capacity of women, articulated through the regulation by older generations of their sexuality and sexual conduct. Second, child marriage and circumcision are seen to ensure girls' social integration and thereby their protection and their moral and social development. Thus, many respondents see both practices not as a threat to young females but as essential to their well-being, this rationale being in stark contrast to that employed by national and international policy stakeholders. The social power of this logic is such that there is resistance to reform even in areas where government and non-government advocates have been very active with campaigns and law enforcement.

As indicated, the two practices are often linked, with 'female circumcision' commonly understood as a pre-condition for marriage, while marriage itself marks the transition to adulthood. At the same time, both practices are embedded within a system of values which justifies control over the young and over women. Both are believed to prevent women from experiencing sexual predation and promiscuity and to curb girls' sexual appetite, ensuring that they marry appropriately and in a timely fashion and are prevented from indulging in early sexual activity or adultery.

Female child marriage

One of the most important features of customary female child marriage is that it is arranged by the parents of the couple, who can determine whom a girl marries, when, and with what benefits to the two families involved. Evolutionist interpretations might suggest that in vulnerable Ethiopian communities dependent on rain-fed agriculture, exposed to frequent natural disasters and with little or no social protection, arranged child marriages may have historically offered both demographic and material advantages. The material status of a family or household would be considered closely linked to the fertility of its female members, in that a large number of children would increase the labour power of the domestic unit. In the context of high rates of maternal and infant mortality and morbidity, marrying off girls at puberty could ensure continuity of labour and increase a woman's fertility overall by extending her reproductive life (Mathur et al. 2003). At the same time, marrying a daughter off would often help to relieve the burden on highly constrained families (Jain and Kurz 2007: 9). Early marriage of girls is also internationally associated with bridewealth (Mathur et al. 2003: 6), in which the husband's family invests in the wife's capacity to bear children and to fulfil her expected sexual and productive duties (Bawah et al. 1999), obligations best complied with earlier in life.

³² The NCTPE 1997 Survey provides estimations by ethnic group (see Annex 2: Table 2).

The Ethiopian literature raises some doubts about simplistic materialist interpretations. Firstly, child marriages were often arranged by rich and – in the past – politically powerful families wanting to secure good partners for their offspring (Reminick 1973); or, exceptionally, in cases where a poor young man worked for a rich man and eventually married his daughter. Second, child marriage is more salient in northern Ethiopia, where systems of dowry exist, although, unlike the Eurasian dowry systems discussed by Goody (1973, 1976), this does not seem to delay women's marriage while parents search for a suitable match, but rather leads to competition for arranging marriages early. Moreover, this logic applies only to wealthy elites, and with increasing impoverishment parental endowments are becoming less common. Thirdly, child marriage is less significant in the south, where bridewealth is common, and the association of bridewealth with child marriage does not seem to hold, possibly because the accumulation of bridewealth takes time on the part of young men and their families, thereby actually delaying marriage, and also since polygynous marriage of elderly men to young girls is actually fairly rare, as few men can afford it.

The evidence from the Young Lives sites presents a mixed picture. A *kebele* official in Amhara site explained that child marriage extends a woman's reproductive years and enables her to have many children. In both Amhara and Tigray, improving the economic status of the new household was said to be an explicit objective in arranging the marriage of girls and crucially influences the choice of partner and age of marriage. Thus, in the Tigray site, a care giver confirmed, families look for a daughter-in-law from a wealthy household. The traditions of dowry involved a ratio of two to one, with the bride's parents offering twice the amount offered by the groom's parents. However, today dowry payments have become much less important. In the Amhara site, poor and elderly parents were said to be keen to seek the support of a son-in-law. However, the local *kebele* official offered a different view, arguing that in the past the rich would marry their children off at a younger age than the poor both because "*it was considered one of the indicators of being rich*" and because it was possible to own large plots of land, and people with significant amounts of land tended to want to establish marriage ties with wealthier families. It used to be customary for the bride's and groom's parents to endow the newly-weds with land and cattle, the gifts provided by each side being of equal value. Nowadays, however, with the shortage of land and cattle, couples receive very small parcels of land from each set of parents, and money instead of cattle, ranging from 500 to 1000 *birr* (£18–£37). In Oromia, community elders stated that the single most significant gain for the bride's family is the bridewealth (*gebera*). This can amount to a substantial sum of money – up to 2,000 *birr* (about £74) – as well as several cattle. Indeed, adults in this site reflected on whether arranged child marriages could be considered as merely exchanging girls for money. However, accumulating the bridewealth is a constraint: some youngsters prefer to avoid arranged marriages and elope through 'voluntary abduction'; and very few men have been able to marry second wives.

One chief rationale for female child marriage expressed by respondents is the risk of girls having sex before they marry. Marriage before or at puberty was said to safeguard their fidelity by ensuring that they are already spoken for when they reach sexual maturity. Concerns about sex outside marriage were mentioned very often and are very diverse, ranging from detriment to reproductive health to reputational damage, unwanted pregnancy, social stigmatisation and exclusion from the family or clan. Thus, care givers in Oromia saw child marriage as a means of preventing promiscuity and the spread of sexually transmitted diseases, especially HIV/AIDS. They also emphasised how girls who have sex outside marriage may be abandoned by their partners, this rendering them unmarriageable, and how girls who become pregnant before marriage risk being ostracised from the family and clan, together with their babies.

Female circumcision

The logic underpinning female circumcision is broadly similar to that legitimating child female marriage, in that it is thought to constrain errant sexual behaviour in young women and thereby to safeguard their social standing and marriageability. However, female circumcision is distinguished from marriage by the belief that it also assures a girl's purity and shapes her behaviour. In this sense it can be seen as a practice of social belonging and ritual purification: in 'societies where virtually every girl is circumcised ... it is deemed necessary to becoming a full adult, to become marriageable, and to become normal: "beautiful", "clean" and "pure"' (Boddy 1998: 86). In this way, it creates 'a vital means by which individuals are attached to, and positioned within, their social milieu ... the physical congregation creates a moral commonality among the members of the group, allowing individuals to interact on the basis of shared understandings' (Sabatello 2009: 8, citing Durkheim 1912).

This line of reasoning was evident in all four sites in the sub-sample where female circumcision is still practised (Tigray being the exception), although with some local variation. It was most marked in Oromia, where children and adults linked female circumcision to purity, uncircumcised girls being described as 'unclean' and consequently isolated from their community. Stating a preference for girls to be circumcised, one group of boys explained that uncircumcised girls risk being called '*Lumbutam*' by others who have undergone the procedure. Girls in group discussion explained this concept as follows:

"Traditionally, uncircumcised girls are considered to be unclean which is locally called *lumbutam* – a very harassing kind of term and ... a big insult. If one girl insults another girl saying *lumbutam*, the insulted girl can easily feel embarrassed ... The actual meaning of *lumbutam* is 'unclean', but it has become identical to 'uncircumcised'. Not only do girls insult other girls but also boys do. So, girls choose to be circumcised rather than being insulted. Circumcised girls also have a better opportunity of getting a husband."³³

A care giver provided further insight: "A girl who is not circumcised is considered as a woman who carries waste material on her own body, will be abused by friends, peers, neighbours."

There is also a belief in Hawassa, as stated by elders, that an uncircumcised woman will not get a husband. This is commonly expressed as *komaqerech*, i.e. 'she remains standing', which is translated as becoming an 'old maid' (Kane 1990: 805). Some respondents referred to a local proverb, *kaltegerezech koma tikeralech*, which literally means 'if she is not circumcised, she will remain standing' and interpreted this as meaning that an uncircumcised woman is like a man [i.e. her clitoris will be erect just like a penis].

Muslim girls interviewed in a focus group in Addis Ababa reasoned that in their community girls who have been circumcised are cleaner, "calmer" and less likely to want to have sex with boys. In their view, circumcision is "*an important aspect in the life of the child and prevents 'bad behaviour'*", such as "*being emotional, out of control, restless, developing sexual need at an early age*". One argued that uncircumcised girls are prone to be "talkative", while another claimed that they are "sexy and fast to make sexual intercourse", circumcision quietening their sexual desires. In Amhara one care giver said that an uncircumcised woman cannot "agree" with her husband during sexual intercourse, a euphemism for sexual incompatibility due to her increased sexual desire.

³³ According to one Amharic dictionary, *limbut* refers to 'uncircumcised male, foreskin'; however, a similar word *lemboch* means 'lower lip', and *Lembocham*, 'having a large lower lip', (Kane 1990: 46) may be connected, and is an insult implying deviance from norms of beauty.

There is also a belief that circumcision stops women from being clumsy when doing domestic chores. This notion, especially prevalent in Hawassa, is articulated in a cultural idiom about breaking drinking gourds or other utensils.³⁴ The implication is that women who are not circumcised are inept in the domestic sphere. Among the Wolayta in Hawassa, care givers made a direct link between ideas of impurity and clumsiness: *“It is said that if she is not circumcised she will break objects. And if she prepares food, who is going to eat it? They consider her as impure.”* Notions of impurity are particularly salient in Omotic societies (of which Wolayta is a major example), and the implication of a woman not being able to cook food is that she cannot perform this quintessentially female role. However, as with other ideas about traditional practices, not all agree – and those in positions of power are most likely to disapprove of female circumcision. Thus, a *Kebele* Women’s Association leader remarked: *“I have a daughter who is aged 14. I did not permit circumcision and so far she hasn’t broken any materials at home. I used to accept circumcision, but no more.”*

Much of the international and national condemnation of and advocacy against female circumcision emphasises the health risks. However, in Ethiopia some of the proponents of the practice underscore perceived health benefits, and some do this even though they are fully conscious of official policy. For example, elders in Oromia were aware that the government had prohibited circumcision because of risks such as extensive bleeding, but they disagreed with the ban and the rationale for it: *“the part that is cut off is part of the body and the remaining one is also part of body. Circumcision is harmless. It does not bring any health problems for the circumcised girls.”* Far from regarding bleeding as harmful, they claimed that *“Losing blood by circumcision may even wash out some diseases. Thus it is advisable for girls who have certain diseases.”* Similarly, a care giver in the Amhara site recounted the case of an uncircumcised pregnant woman who, unable to give birth successfully at home, was taken to hospital, where she was allegedly circumcised by the doctors who deemed this necessary for the birth to proceed safely. This case shows a very strong belief in circumcision as a necessary and protective feature of childbirth.

There is no religious endorsement for female circumcision in Ethiopia, although some do consider the practice to be preordained by their faith. Thus, even though some Muslim communities perform female circumcision in the belief that it is demanded by the Islamic faith, the practice is not a requirement and predates Islam. Some of the Muslim respondents in the Addis Ababa site invoked *Sharia* doctrine as supporting the practice, and one care giver maintained that *“since it is Haram [sinful] to let the girls go uncircumcised, people still cut the genitals of the girls slightly”*.

Female circumcision is also prevalent, though to a somewhat lesser degree, among Orthodox, Protestant and Catholic Christians. A justification within Orthodox Christianity in Amhara has been cited in that in some rare cases girls were said to be “naturally circumcised”, referred to as “circumcision by Mary” (Pankhurst 1992: 135). A theological rationale within Christianity was outlined by an elderly man in the Oromia site who recounted the following myth, in which circumcision is portrayed as Eve’s punishment.

34 *Yaltegerezech lij qil tisebralech*, meaning ‘a girl who is not circumcised breaks the [drinking] gourd’ (focus-group discussion with community representatives, Hawassa site, 2007); or *kaltegerezech iqa tisebralech*, meaning ‘an uncircumcised girl breaks utensils’ (FGD of care givers, Hawassa site, 2007).

“Eve was created from the right rib of Adam. Satan lied to Eve, saying that Adam had married another woman. She was angry and Satan offered her a herb [medicine] to give to Adam. She tasted the medicine and it went to her abdomen down to the part [the clitoris] that is circumcised now. It is also due to this that people are careful when they kill animals. The same is true with the menstrual cycle. Eve was cursed that her blood may be shed. For the lucky ones it becomes a foetus. Adam and Eve were chased out of Eden that same day. It was because of that sin that girls get circumcised today. However, the government prohibits us from saying so. We just say that it is part of the body. Therefore, circumcision has no negative impact.”

This myth associates female circumcision with menstrual bleeding and with bloodletting in animal sacrifice, rooting it within the symbolism surrounding blood and subservience of women. In parts of the south, uncircumcised women were not allowed to be buried in Church cemeteries (Freeman and Pankhurst 2003).

To conclude, the cultural logics around female child marriage and circumcision are both related to the subordination of women, the former primarily in relation to their sexuality, and the latter in relation to control of their reproductive capacity. However, the discourses around the two practices differ radically between the north and south of Ethiopia as represented by the Young Lives sites.³⁵ In the north, particularly in Amhara, female child marriage is a dominant part of the cultural repertoire, whereas female circumcision is of minor importance; in contrast, in the south female circumcision is carried out as a necessary prelude to marriage, and is much celebrated, while female child marriage is less of a concern. The timing of female circumcision around marriage in the south links the two practices directly.

4. Forces for change

The Ethiopian government has taken a very strong stand against both female child marriage and circumcision as the most important Harmful Traditional Practices affecting women and children. Ethiopia is a signatory to the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the 1989 United Nations Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child, the 1998 Organisation of African Unity Addis Ababa Declaration on Violence Against Women, and the 2008 United Nations Interagency Statement on Elimination of FGM, and was party to the 2008 United Nations and UNICEF joint initiative against FGM in 17 African countries. In 2011 the African Union summit in Addis Ababa called for a resolution at the 66th United Nations General Assembly, banning FGM.

Nationally, the 1995 Federal Constitution, under article 35 on the rights of women, prohibited laws, customs and practices that oppress or cause bodily or mental harm to women. The 1997 Federal Cultural policy mentions the need to abolish traditional harmful practices step by step (FDRE 1997: 25). The 2005 Criminal code has relevant articles stipulating specific penalties. The 2011 Growth and Transformation Plan set progressive ambitious five-year targets to reduce female child marriage by more than half, from 21.4 per cent in 2010/11 to 10.4 per cent in 2014/15, and to almost eliminate female circumcision from a prevalence of 37.7 per cent in 2010/11 to 0.7 per cent in 2014/15.

35 There are of course also important differences between the highlands and lowlands in the types and prevalence of the practices, but these are beyond the scope of this paper, since the Young Lives sites do not include the lowland agro-pastoralist areas.

Campaigns against harmful practices have been strongest in urban areas, where government, media and NGO activity has been important, and our case material from Hawassa confirms that popular discourses have been shaped by these interventions. There were also regional differences in the focus of the campaigns, with the drive against female child marriage stronger in the north, particularly in Amhara, and the drive against female circumcision stronger in the south, particularly in Oromia.

All the professionals and government officials whose views we canvassed in our study expressed unequivocal opposition to female circumcision and child marriage, although many were quite sympathetic to the underlying economic and cultural rationale favouring the practices. This would suggest that advocacy and law-enforcement have had demonstrable effects in shifting values among those in positions of authority, within local administration and the government extension services.

Female child marriage

The Revised Family Proclamation of 2000 Article 7 prohibited marriage under the age of 18, and by 2008 six of the nine Federal states had enacted their respective laws.³⁶ The Family Law began to take effect in the regions from 2003. The campaign was particularly strong in Amhara Region, where the practice was most prominent. Apparently, in 2004 fines of 200 *birr* (£7) were imposed on families who arranged under-age marriages, and school clubs reported parents planning weddings of minors (Mekonnen and Aspen 2009). Child marriage is said to have declined in the Amhara site already in the late 1990s.

There have been increasing government campaigns against early marriage focused on Amhara region, and NGO and donor-supported projects have also played an important part. According to our qualitative evidence, the practice has been considerably reduced in the study area. Nowadays, arranged marriages are becoming less frequent, and couples tend to choose their own partners. A *kebele* official pointed out that land shortages and the high cost of living in Amhara have changed attitudes towards fertility, large families no longer being regarded as an economic advantage, thus removing one of the incentives to marry girls off young.

Female circumcision

The Criminal Code of 2005 deals with a range of harmful traditional practices, prescribing diverse penalties, including imprisonment.³⁷ There have been powerful government- and NGO-supported campaigns against female circumcision throughout the country, with a strong focus on the regions where the problem is most prominent, notably in the agro-pastoral areas of the east and in southern Ethiopia.

A National FGM Network was established in 2002 under the auspices of Norwegian Church Aid, and the coordinating role was given to the former National Committee on Traditional Practices (NCTPE), renamed *Ye Ethiopia Goji Limadawi Dirgitoch Aswogaj Mahiber* (EGLDAM), the Association for the Elimination of Harmful Traditional Practices. The Network became active and was officially launched in November 2010. At the national level it has 46

³⁶ The exceptions being the three predominantly Muslim states: Somali, Afar and Beni Shangul-Gumuz. Oromia at first allowed polygamous marriage, but after a campaign the provision was withdrawn.

³⁷ Article 565 stipulates a penalty of not less than three months in prison or a fine of not less than 500 *birr* for female circumcision (and three to five years for infibulation). Article 587 imposes three to ten years' imprisonment for abduction, and article 648 stipulates up to three years if the victim is 13 or above, and seven years if the victim is below the age of 13.

members from government, with strong involvement of the Ministry of Women, Children and Youth Affairs, NGOs, faith-based organisations, civil-society organisations, UN agencies – notably UNFPA, UNICEF and WHO – and a Media Forum set up in December 2011. Regional networks were established in the Southern Region in February 2010 and in the Somali Region in December 2010, and were underway in Tigray Region in 2012. The Forum publishes a quarterly newsletter publicising best practices and holds annual experience-sharing forums.

There have also been important initiatives by religious groups and local and international NGOs, notably Norwegian Church Aid. The Evangelical Churches Fellowship of Ethiopia agreed on a five-point declaration on 26 January 2010 in which they condemned FGM as unbiblical, barbaric, and going against the divine principle of caring for the body, as well as being unjust and degrading women and depriving them of their basic human rights, affecting them physically, psychologically and emotionally. FGM was declared contrary to the divine principle of parental love and security that children should be afforded and was also condemned for diminishing women's sexual pleasure, causing marital difficulties, unbearable pain and suffering during childbirth and serious health complications after birth (ECFE 2010). The position statement concludes with a declaration of zero tolerance. The Orthodox Church produced a similar six-point statement on 13 October 2011 regarding female genital mutilation and other forms of gender-based violence. The statement condemns the practice of FGM as inappropriate, going against God's complete creation of the female body, and women's human and constitutional rights. The statement adds that the prevention of FGM requires the strong involvement of church leaders and men, and collaboration of the Ethiopian Orthodox Church with other partners. The statement was followed by a book on the subject in Amharic, entitled *Theological Reflection on Female Genital Mutilation*, with a foreword by the Patriarch (EOC 2010; EOC/NCAA 2011).

There have also been initiatives, notably by the FGM network, to celebrate 6th February as the international awareness day. This followed the declaration on 6 February 2003 of 'Zero Tolerance to FGM' in Africa by Stella Obasanjo, the First Lady of Nigeria, at a conference organised by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, which was adopted by the UN Sub-Commission on Human Rights. There have also been joint initiatives coordinated by government with the support of donors, notably UNICEF, and the collaboration of NGOs to declare areas as zero-tolerance areas. This took place in Afar, SNNP and Addis Ababa regions, starting in Afar with one *wereda* in 2007, two *weredas* in 2010 and another two in 2012. A recent study of the impact of these declarations in Afar, Beni-Shangul Gumuz, SNNP, and Addis Ababa suggests that except for Addis Ababa there were very high rates of female circumcision, ranging from 80 per cent to 100 per cent, but much lower rates among teenagers, ranging from 64 per cent to 28 per cent (CDC 2012). This would suggest that there has been a significant reduction, no doubt due to a range of factors, but it would be too early to assume that the declarations have had much effect. In the two Addis Ababa sites, the prevalence for women ranged from 30 per cent to 38 per cent, and for teenagers it was under 5 per cent. However, it is noteworthy that among women in Addis and teenagers in all the sites and especially Addis Ababa there were significant numbers of respondents who answered 'don't know', which may have been a strategy to avoid answering the question. Asked directly whether they would circumcise girls in the future, the majority of respondents in all sites answered negatively, although it may be significant that in one site in Afar and another in SNNP more than 30 per cent of women said they still would, which may be indicative of resistance and lack of conviction about the need for change.

Within the Young Lives sites, government and non-government bodies appear to have been particularly active on female circumcision in the town of Hawassa and in the Oromia site; earlier work on gender by the **Tigray People's Liberation Front** has resulted in a significant reduction in the practice in that region, and it was not mentioned as an issue in the Young Lives site. That said, there is evidence of some impact of government policy in all five regions, with different groups responding to different policy messages. Thus, for example, girls in Addis Ababa understood that the government had classified female circumcision as a harmful traditional practice because it creates problems during birth, and because circumcised girls are 'not active' during sexual intercourse. On the other hand, a woman in Amhara perceived the government position as being more about population control, with circumcised women bearing children at a younger age and therefore having more children overall.

Pressure to eliminate female circumcision is very keenly felt in some areas. For example, the *kebele* Women's Association Leader in Hawassa talked about the dissemination of government policy banning the practices through the press, FM radio programmes and seminars. Indeed, opposition to female circumcision was most evident in Hawassa – among both adults and children. One local female *Iddir* leader attributed this to effective application of the law. She conceded that female circumcision is still conducted in the region, but claimed that it is on the decline: *"There is imprisonment or cash penalty against those who violate this. From school they get education on HIV/AIDS and other harmful practices."* Care givers participating in a group discussion in Hawassa emphasised the impact of community advocacy undertaken by a local non-government organisation, Mary Joy, which has been working in the area since 2006, *"through coffee ceremony programmes. These have enabled the community to raise awareness about female circumcisions and under-age marriage."* They also stressed the efforts of local government officials who have organised numerous awareness-raising activities with local women's associations, youth groups and school clubs, drawing attention not just to the harmfulness of female circumcision but also to the importance of family planning, HIV/AIDS prevention and related issues.

In some areas, most likely due to effective advocacy, children are very well informed about the physical hazards associated with female circumcision. For example, girls participating in a group discussion in Addis Ababa were confident that the procedure does not affect conduct and they stressed the risks associated with it, especially the use of unsterilised equipment. They maintained that *"the removal of the body part of the girls creates serious problem and risk for future life"*. As indicated, children from Hawassa were the most vociferous in their opposition to the practice. Thus, boys from the site taking part in group discussion drew attention to the many adverse effects on women's health, attributing persistence of the practice to the belief that uncircumcised girls are "reckless and hasty" and maintaining that sometimes girls are circumcised twice. Girls from the same site explained female circumcision as persisting "because of the influence of the culture", but they were clear that the practice is declining, due to consciousness of the risks. Changing attitudes among children in Amhara and Oromia appear to be at least partly due to teaching at school. Hence, girls in Oromia explained that *"children learn about its harmfulness in school and there are some people from the wereda (district) level who teach people in the community on the issue. Recently, some people visited the community to teach about the bad side of circumcision and the teaching was supported with films."*

5. Trends of change

Two basic sources of statistical data allow for comparisons over time. The first is from a survey carried out by the National Committee for Traditional Practices in Ethiopia (NCTPE) in 1997, with a follow-up survey ten years later in 2007 by the same organisation, which became the Ethiopian Association to Eliminate Harmful Traditional Practices (using the Ethiopian acronym EGLDAM).³⁸ The second source is the Ethiopian Demographic and Health Survey carried out by the Central Statistics Agency on nationally representative samples in 2000, 2005 and 2011, and in the case of female circumcision the Welfare Monitoring Survey of 2011.

All the comparative surveys reveal an overall decline in both practices, with greater change in urban areas, but different regional patterns. Although the incidence of the two practices is not directly comparable, since it is measured for female child marriage by a decrease in the proportion of girls marrying early and an increase in the mean age of marriage, and for female circumcision by the proportion of women and girls circumcised, the statistical evidence seems to suggest that the decrease in female circumcision is far greater than the decline in child marriage.

The qualitative data also suggest a reduction in the incidence of both practices in the current child generation, compared with previous generations, but, as we shall see, the data also highlight contestation, competing and opposing modern and customary repertoires, regional differences between the two practices, and between ethnic and religious groups, and differences between the views of officials, extension workers and community leaders in positions of authority and care givers and children.

Respondents cited varied reasons for changes, centring on the impact of advocacy work, awareness of the legal prohibitions and fear of the consequences of breaking them, concerns about health risks, particularly of circumcision, and changing ideas and expectations about children and childhood. Our analysis suggests that official intervention certainly has played a part in this trend, but that socio-economic transformations associated with modernisation, and in particular the spread of education and employment for young women, are also significant.

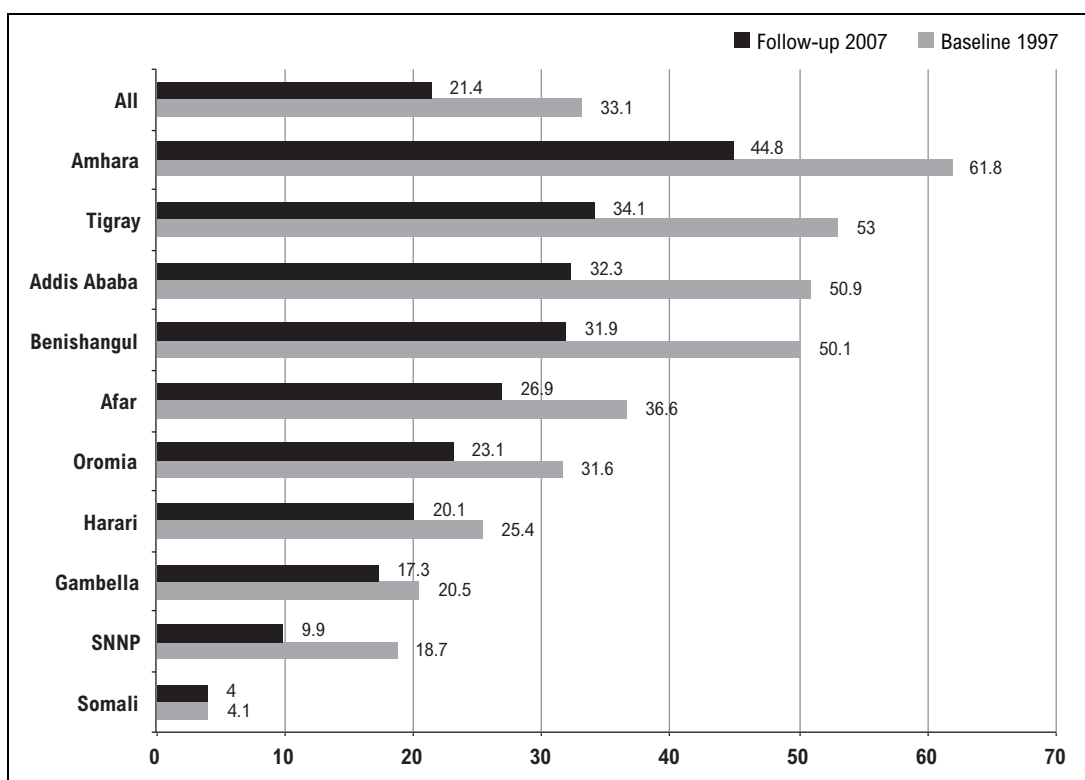
Female child marriage

There are two statistical sources of surveys which provide comparative data on trends of change in the extent of female child marriage: the first between two surveys carried out by NCTPE/EGLDAM with a baseline in 1997 and a follow-up in 2007, and the second between three rounds of the Ethiopian Demographic and Health Survey (EDHS) in 2000, 2005 and 2011.

The NCTPE/EGLDAM survey provided data on the proportion of girls married under the age of 15 in 1997 and ten years later in 2007, suggesting an overall significant decline from one third to just over one fifth. However, the data suggest important regional differences. See Figure 6.

³⁸ A survey of 'harmful traditional practices', comparing a baseline in 1997 with incidence in 2007 and the Demographic and Health Surveys of 2000 and 2005.

Figure 6. *Changes in prevalence of early marriage (by region) from 1997 to 2007*



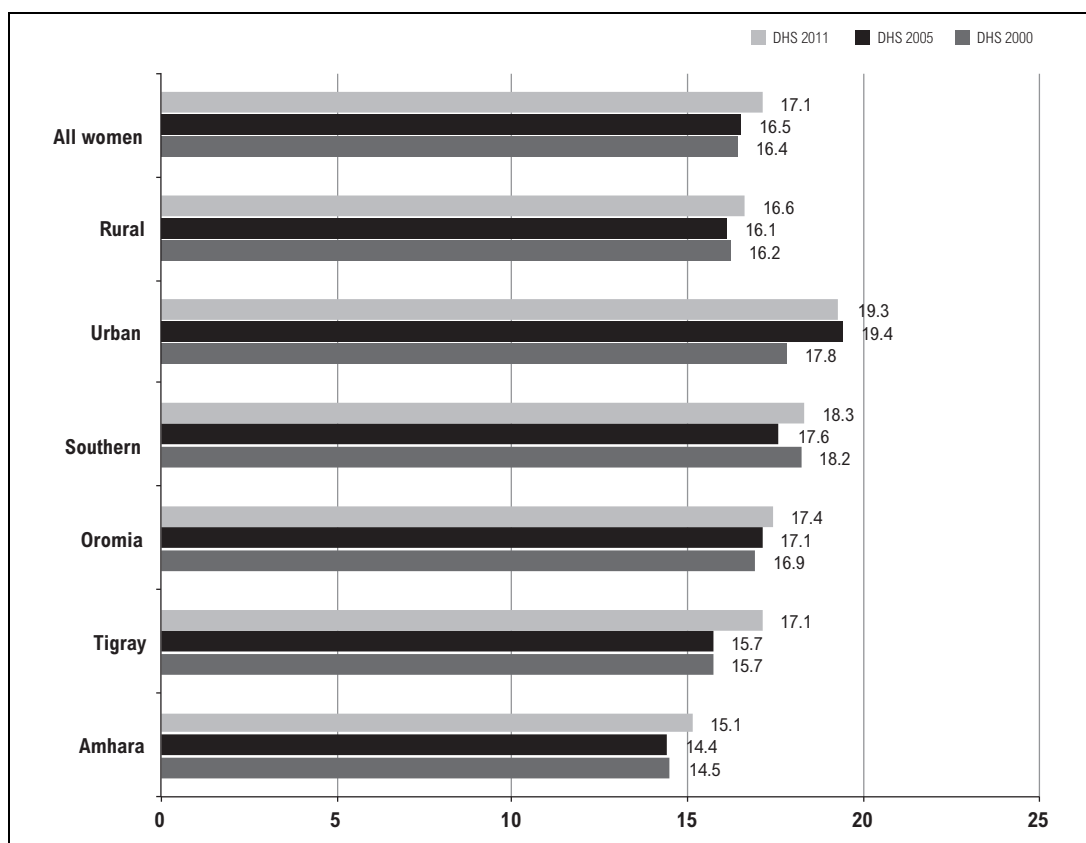
Sources: NCTPE 1998; EGLDAM 2008a, 2008b.

Prevalence was highest in northern Ethiopia, with the majority of women marrying early, particularly in Amhara, where the figure reached 62 per cent, and Tigray (53 per cent), in 1997. The rates were also around 50 per cent in Addis Ababa and Beni-Shangul Gumuz. The rates were lowest in Somali, with only 4 per cent, and were also low in the south, far west in Gambella, in the city state of Harar and in Oromia. There were significant regional differences in the rate of changes, which were most pronounced in Tigray and Addis Ababa with a difference of 19 percentage points, Beni-Shangul (18 points), and Amhara (17 points). Overall the decline in percentage terms was by one third, and in regional terms the decrease was highest in the Southern Region at 47.1 per cent, followed by Addis Ababa at 36.5 per cent, and Tigray with 35.6 per cent. The decline was below the average in Amhara, with 27.5 per cent, and Oromia with 26.9 per cent, and lowest in Somali with 2.4 per cent (EGLDAM 2008b: 82, Table 3.6.2).

The NCTPE/EGLDAM surveys were not nationally representative, unlike EDHS surveys,³⁹ and may be less rigorous in sampling and less reliable. The adoption of age 15 as the cut off, rather than median ages, is less useful and renders comparison with the EDHS difficult. The three EDHS surveys in 2000, 2005, and 2011 enable a more careful comparison of changes in median ages at marriage nationally, by urban/rural differences and by regions. See Figure 7.

39 The NCTPE 1997 baseline was conducted with 15,701 interviews in 122 *weredas*, and the EGLDAM follow-up with 29,711 interviews in 133 *weredas*. The 2005 EDHS was carried out with 15,367 women aged 15–49 and 2,607 men aged 15–59.

Figure 7. *Changes in prevalence of child marriage (rural–urban and by region)⁴⁰ from 2000 to 2011*



SoSources: CSAE 2001; CSAE 2006; CSAE 2012a.

The EDHS data show that there were some changes in early marriage from 2000 to 2011, with an increase in the median age of marriage from 16.4 years in 2000 to 17.1 years in 2011, and seemingly a slightly greater increase between 2005 and 2011. Figure 7 also shows a higher median age in urban areas. Interestingly the increase over time was more significant in urban areas between 2000 and 2005, but more significant in rural areas between 2005 and 2011, suggesting a changing pattern with greater change in rural areas recently. In regional terms⁴¹ there is a notable difference between the regions in northern Ethiopia, especially Amhara but also Tigray, where the median age was lower than average in 2000, and the regions in the south, where the median was above average, notably the Southern Region but also Oromia. There was faster change in urban areas (by 1.5 percentage points) than in rural areas (by 0.4 percentage points). The fastest change was in Tigray, with 1.4 percentage points, twice the national average, followed by Amhara with 0.6 points and Oromia with 0.5 points; the slowest rate of change was in the Southern Region, with a decrease between 2000 and 2005 and a difference of only 0.1 percentage point between 2000 and 2011. In comparing data on different age groups (20–49 and 25–49), it appears that there has been a slightly greater increase among the younger age groups, although the EDHS 2011 summary report does not provide data on the 15–19 age group and

40 Only regions with Young Lives sites have been included.

41 Figure 7 only shows regions with Young Lives sites. Median data were not available for Addis Ababa.

median ages for the 20–24 age group, which would enable a more detailed comparison with 2000 and 2005.

The Young Lives qualitative evidence is consistent with falling levels of early marriage. However, two of the 25 Older Cohort girls (aged 16) in the sub-sample are already married. In the Oromia case, below, this was overtly a marriage by abduction, although the girl did know the boy and had previously met him for a date.

Case 1. *Girl married in Oromia ostensibly by abduction*

“First he proposed marriage by sending elders to my family. Though parents were willing I refused because I wanted to continue my education. He again sent his friend to me asking for marriage. I told them ‘no’. ... One day he invited me to town and we had a cup of tea. He discussed about marriage. But after two months in collaboration with his friends he abducted me when I was going to market and brought me to this town. ... My parents did not say anything and I did not have anybody to report to. ... It took us very long to be reconciled with my parents. Recently, my husband paid 2200 *Birr* [about £80] to my parents as a reconciliatory payment. Then two months ago [February 201] we took *tej* [mead], blankets and some money to my parents, and we were reconciled. Since then I can visit my parents normally. ... I am very happy about this. But my parents cannot come to my house until I give birth because the culture of my husband’s ethnic group prohibits.⁴² ... I meet my mother or father outside my home but my siblings can enter the house. ... The marriage is also not yet formalised because my husband has to pay the bridewealth, which is five cattle. We need to save and give them to ‘legalise’ our marriage.”

(Married girl, 16, Oromia site)

The case shows how regularising the marriage and resolving the disagreement with the parents required a reconciliatory payment at marriage, with further bridewealth disbursements expected.

In the Tigray case, below, the marriage was arranged by the parents with the daughter’s consent.

⁴² He is from the Zay ethnic group who live mainly in the islands in the Lake. Their livelihood is based on fishing. She is from the Oromo ethnic group. Marriage between these groups is rare, though now reportedly increasing.

Case 2. *Girl married in Tigray through arranged marriage with her consent*

"I got married last January [2011] to my husband, who is my neighbour. I was willing to marry; nobody forced me to do so. ... I am happy with my marriage because it was arranged by my parents (mother). It also relieved me of the heavy wage labour which I have been suffering from. Before, I had no plan of marrying early. But when I stopped school and was engaged in a very tiresome job, I wanted to marry and take rest. ... During the wedding ceremony our neighbours⁴³ contributed 600 *birr* (£22) and my mother some more for the feasts [drinks and food for guests]. My in-laws spent much money and grain because they can afford it. *Gezmi* [dowry] is common, but only those who can afford can give. Mother gave my husband on the wedding day 1,300 *birr* (£48) *gezmi*. The amount was secured from my older sister who works in a factory in a town. My mother gave the money because she does not have any cattle to offer. My husband bought me all necessary clothes. After the marriage we (my husband) are sharecropping the land of my mother. We help my mother in many ways. ... I have two worries. [First], I do not think I will continue my school because my husband will not allow me. [Secondly], I do not want to have a child before five years, but I fear my husband and my parents would force me to have one too soon. ... You may find me with my child when you come next time."

(Married girl, 16, Tigray site)

In this case the daughter was very involved in the arrangement, and a dowry was provided by the bride's mother, paid by her sister working in a factory, while the costs of the marriage celebrations were covered by the groom's family and guests.

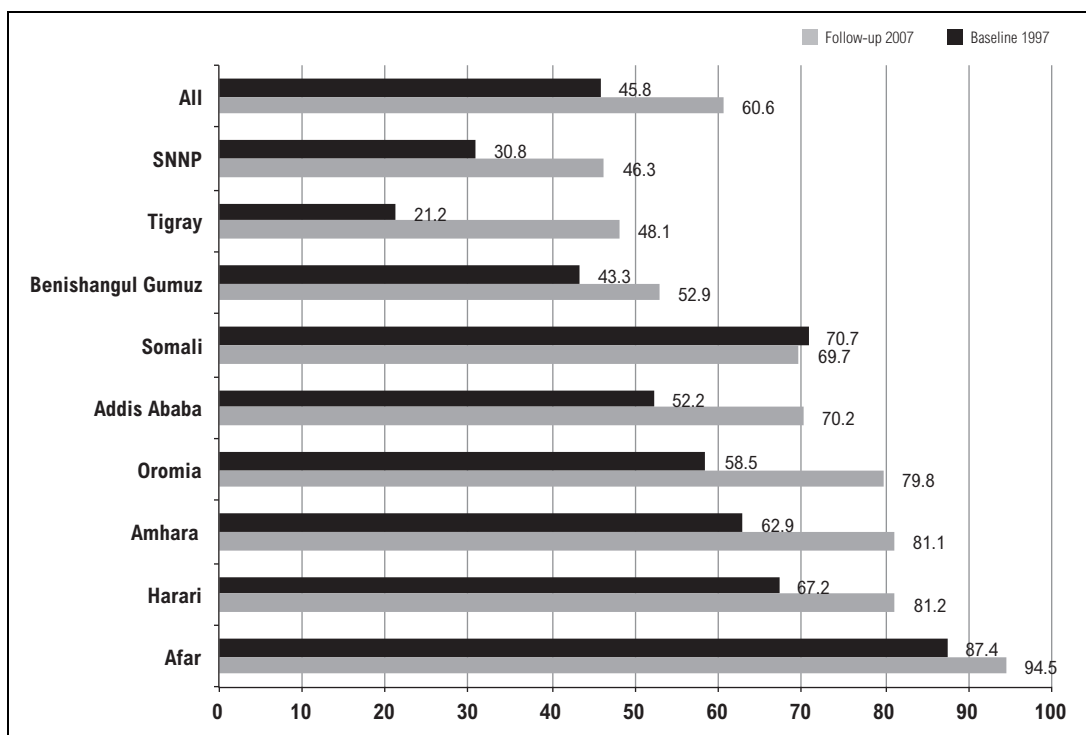
Female circumcision

Three data series provide evidence on changes in the prevalence of female circumcision: the NTCPE baseline survey of 1997 and EGLDAM follow-up survey of 2007, the EDHS 2000 and 2005 and the Welfare Monitoring Survey (WMS) of 2011. The EGLDAM surveys provide data on circumcision of all women, whereas the EDHS surveys have questions for women aged 15–49 and ask them whether they have at least one daughter circumcised, and the WMS only asks about girls under the age of 15. These methodological variations make comparison between the sources difficult.

The NCTPE/EGLDAM data suggest that the overall rate of female circumcision reduced significantly: from 61 per cent in 1997 to 46 per cent in 2007, with notable regional differences. See Figure 8.

43 In Tigray it is customary for invited guests to contribute money during the wedding day. The amount usually depends on the capacity of those who contribute.

Figure 8. *Changes in female circumcision (by region) between 1997 and 2007*

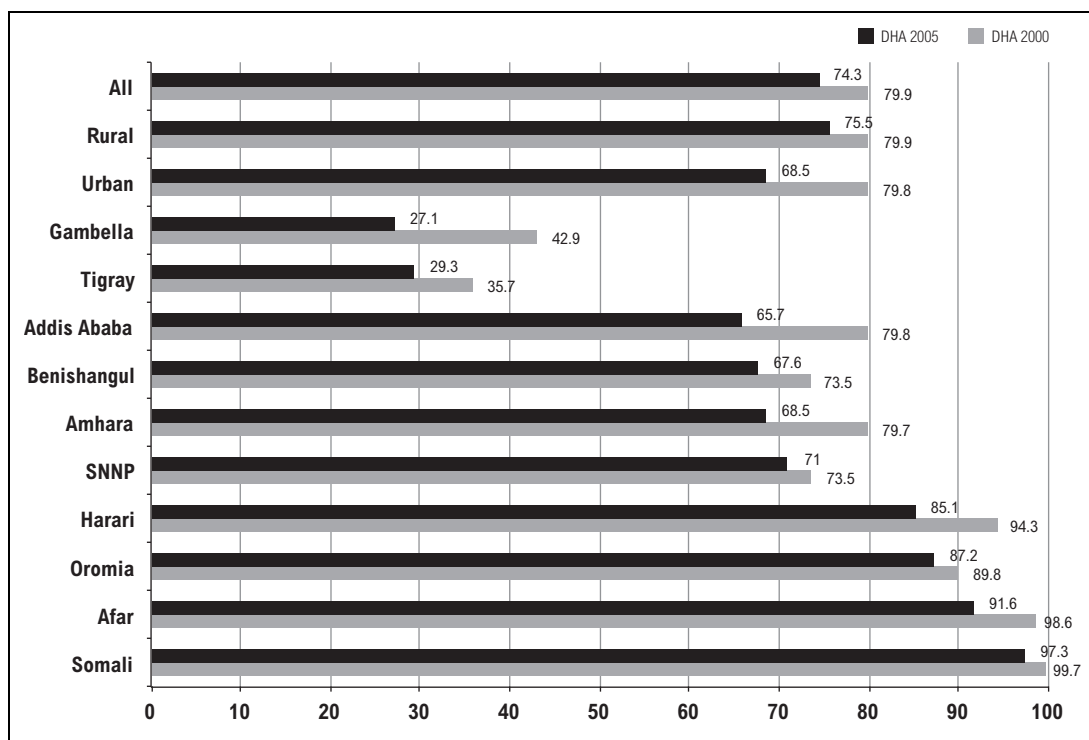


Sources: NCTPE 1998; EGLDAM 2008a.

In regional terms the greatest decline was in Tigray, with 27 percentage points, more than halving the prevalence. This was followed by Oromia with 21 percentage points and Amhara and Addis Ababa with 18 points each. The only region where there was no decline was the Somali region.

The EDHS data show that the prevalence of female circumcision was very high in 2000, at 80 per cent of women, with virtually no urban–rural differences recorded. However, by 2005 there had been a decline to three-quarters overall, and a sharper decline in urban areas to just over two-thirds. See Figure 9.

Figure 9. *Changes in circumcision of women by urban–rural and region between 2000 and 2005*



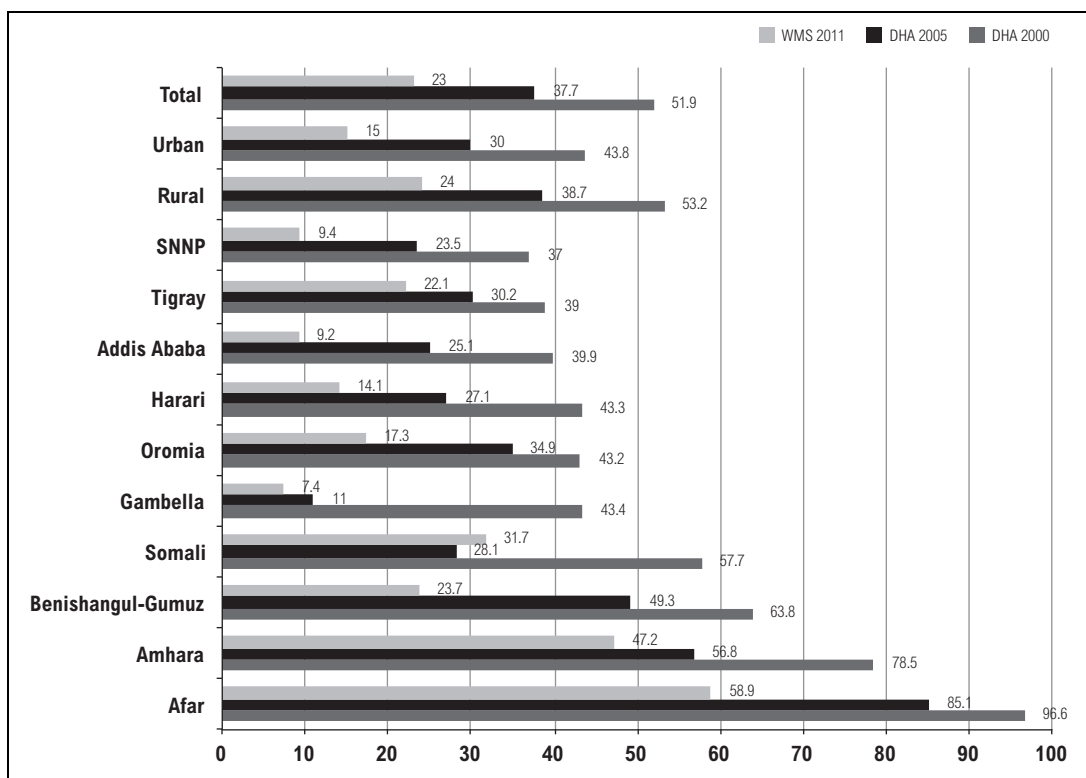
Sources: CSAE 2001, CSAE 2006.

Figure 9 also shows that there were significant regional differences. The highest prevalence in 2000 was in the two pastoralist regions to the east of the country, and the lowest prevalence was in Tigray, with just over a third of women circumcised. In terms of regions with Young Lives sites, Oromia had the highest, with 90 per cent, followed by Amhara and Addis Ababa with 80 per cent each, and the Southern Region with 73 per cent. Regarding regional changes, the decline from 2000 to 2005 was most significant in Addis Ababa (14 percentage points) and Amhara (11 percentage points), followed by Tigray (6 percentage points); the decline was much smaller in Oromia and SNNP, with two percentage points each. The 2005 EDHS also suggests rates of circumcision declining with education, from 77 per cent for those with no education to 64 per cent for those with secondary education or higher, but it also suggests that increasing wealth does not lead to less circumcision, except in the highest quintile (CSAE 2006: 253, Table 16.13).

However, more compelling evidence of change can be found in the question asked in the 2000 and 2005 EDHS about whether mothers had at least one daughter circumcised, and in the 2011 Welfare monitoring Survey, which asked about women under the age of 15 who were circumcised. Although the questions are different, they may be considered as possible evidence of change between 2005 and 2011.

The EDHS data show that the proportion of women with at least one girl circumcised was just over half in 2000, a figure which was much lower than that for women themselves (three-quarters). Moreover, there was a significant decrease between 2000 and 2005: from 52 per cent to 38 per cent, with the urban rate lower than 30 per cent. See Figure 10.

Figure 10. *Changes in circumcision of daughters and girls under 15 (by region) between 2000 and 2011*



Sources: CSAE 2006; CSAE 2012a; WMS 2011.

Figure 10 shows that there were important regional differences, with the highest rate being in Afar at 97 per cent, followed by Amhara at 78 per cent, and the lowest in the Southern Region (37 per cent), followed by Tigray (39 per cent) and Addis Ababa (40 per cent). The biggest change was in Gambella, with 32 percentage points, followed by Somali with 30 points, and Amhara with 22 points. The smallest change was in Oromia, with 8 percentage points, followed by Tigray with 9 points. However, despite the changes, Amhara remained the region with the highest rate (57 per cent) among regions with Young Lives sites, followed by Oromia with 35 per cent and Tigray with 30 per cent. Addis Ababa had one quarter and the Southern Region 23 per cent. The data also suggest a significant decrease related to levels of education: by more than half, from 41 per cent for those with no education to 19 per cent for those with secondary education or higher. However, increasing wealth does not seem to lead to less circumcision, except in the highest quintile (CSAE 2006: 254, Table 16.16).

Although a direct comparison between the EDHS 2000 and 2005 and the WMS 2011 survey is not possible, the smaller rates in the 2011 survey may be indicative of trends of change, with less than a quarter of girls circumcised, only 15 per cent in urban areas, and only 8 per cent in Addis Ababa. However, rates in Amhara region remain high at almost half (47 per cent), and in Tigray at above one fifth (22 per cent). The rate is below 10 per cent in the Southern Region (9 per cent) and as low as 7 per cent in Gambella.

We do not have quantitative data from Young Lives on the 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 Young Lives older cohort sub-sample confirmed that they had undergone circumcision. This included all five from the Oromia site, two each from Amhara and Hawassa (one Wolayta and one Amhara),⁴⁴ one from Addis Ababa (a Muslim from the Harari ethnic group) and none from Tigray. In Oromia the procedure was carried out at a late age, and the girls were all circumcised during the four years between rounds. 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.

In the following case a circumcised woman in Oromia describes organising the circumcision of her daughter-in-law and daughters.

Case 3. *A mother from Oromia site, describing the practice of circumcision in her household*

“I was circumcised myself when I was about six when I was living in another area. In this community children get circumcised when they are older. For example last year I circumcised my daughter-in-law at the age of 17. When my son brought her home in marriage we found out that she was not circumcised because her mother was dead and nobody was helping her to do so. ... In the same day I organised the circumcision of my older daughter [who was about 16 years old]. First, I let them drink *feto*⁴⁵ so that they got weakened during the circumcision.

“In July 2008, I also organised the circumcision of my other daughter [case-study child], who is 14 years old. It was done at her request. After she witnessed a girl insulting another who was not circumcised, my daughter came home and asked me to organise her circumcision. She told me she does not want to be insulted in the same way. I told her I cannot do that because I could not afford to provide her good food like meat to heal. I suspected her father would not be willing to provide it. But she pushed and told me she did not care about this and what she wanted was to get circumcised. ... Luckily, her father agreed and slaughtered a goat. She healed in two weeks. We did the circumcision in the evening for the fear of the local officials who could punish us. ... Despite being prohibited by the local officials, everybody circumcises their daughter.”

It is noteworthy that the daughter sought circumcision to avoid insults and peer pressure, and pushed her parents into organising the event, which was conducted clandestinely at night to avoid punishment.

44 During the group discussion with care givers (2008), the mother of the uncircumcised girl expressed her regrets for failing to circumcise her daughter. However, she was hesitant about having her circumcised, fearing that it might be dangerous at this age.

45 *Lepidium sativum*, commonly used as a herbal medicine.

6. Discourses against the practices

Discourses about the practices, both in favour and against, have to some extent been shaped by personal experiences. This section presents evidence of concern about, or opposition to, female circumcision and child marriage deriving from direct experience, or from awareness of difficulties endured by others.

Female child marriage

Some women have had bad experiences of arranged marriage, leading them to question the custom. In some of these accounts one can see a broad shift in attitudes towards marriage, questions being raised about the differences in power and age between men and women in traditional marriages, about the economic value of having large numbers of children, and the wisdom or justice of parents arranging marriages and women being married off very young against their will.

Two women mentioned how their own experiences of early marriage convinced them that it was a bad thing. A woman in Oromia complained that she was forced to marry when she was very young. She was very critical of her husband, who turned out to be a drunkard and sold most of the cattle that her father had given them at marriage, neglecting the others so that they died during the drought. A woman in Tigray, who was married at age 14 and had her first baby at 17, attributed her divorce to early marriage:

“I was a child at the time [and unable] to tolerate every hassle. I fell down every time. I also was lost out of my home village. I was too busy and I couldn’t withstand all challenges and responsibilities. All this embarrassed me [and led me] to divorce. ... At that time most females were too young for marriage and it was too difficult to withstand the challenges of life like falling from mountains, fetching water etc., that most prefer to divorce.”

Referring to one of her daughter’s friends, the *kebele* Women’s Association Leader in Hawassa cited the case of a girl who was in Grade 10 at school when she was told she was to be married off. Dismayed by the news, the girl ran away from her home and asked the Women’s Association Leader to protect her:

“When I asked her why she was forced to marry against her will, she told me that her mother was dead and her aunts had asked her to marry a rich man. They told her that he would relieve their poverty and hers. I was very angry. I told her that I would take her to the Kebele and to the legal desk if they persisted ... she is not a means of poverty relief. She heard my advice and is still attending school ... I told her that I can take her to the police and file her case. But the girl was afraid because they [her relatives] pay her school fees and support her in her education.”

Sometimes family members disagree among themselves over girls’ marriage. Respondents in Tigray said:

“The major disagreement between parents and girls is when girls refuse to get married at an early age. The age of marriage is 18 and some girls report to women’s association leaders or their school teachers if their parents try to marry them off before that. Sometimes the girls are beaten by their parents when they refuse to get married.”

This suggests antagonism between generations. Data from 2011 indicate that parents have been trying to convince their daughters to go ahead with early marriage, but to avoid the risk of being reported they claim that they are not under-age.⁴⁶ Girls in Oromia described what happened to one of their school friends, a 15-year-old girl who was in Grade 4 when her parents chose her a husband and arranged the wedding. The girl reported her plight to the school and begged the teachers to save her. The teachers pointed out to the father that his daughter was under-age and tried to convince him that marriage would harm her education, but he disagreed. The girl's grandmother was against the marriage and quarrelled with the father. While the parents were preparing the wedding ceremony, the girl sought refuge in her grandmother's house and remained there for some time. But her father convinced the teachers to let the girl return home, on the pretext that her mother was sick. Eventually she was forced to marry, despite her own and her grandmother's protestations.

Female circumcision

Much of the opposition to female circumcision in the Oromia site and the two urban sites, where the practice is most prominent, is based on women's and girls' own personal experiences, or difficulties faced by other women.

Women who have suffered themselves may be keen to prevent their daughters or granddaughters from being subjected to a similar ordeal. For example, one woman in Hawassa explained that because she had endured severe difficulties during childbirth following a radical circumcision her own daughters had not been circumcised.

Care givers in Oromia provided graphic detail of the physical ordeal undergone by females during circumcision, stating that it is

"... brutal and a lot of blood is poured, so the circumcised girl may stay at home for up to two months because it will take more days to recover from the pain of the wounds. In the past girls were shy and might stay at home for many days but now the girls are very fast and can easily recover from the wound. The main problem is that they lose much blood during the circumcision so that they need more days and a balanced diet to recover. Sometimes when the bleeding doesn't stop quickly, the father of the girl or her future bridegroom slaughters a sheep for her and she drinks the blood of the sheep so that this will replace the lost blood."

The care givers emphasised the need to give circumcised girls rich food to make up for the lost blood and hasten their recovery. One of the girls in Oromia said that she was put off the procedure because she believed that a young acquaintance had died following use of an old razor blade during her circumcision. A woman from Addis Ababa admitted that she had once defended female circumcision before *kebele* officials as an important local tradition, but changed her mind after witnessing how much a young circumcised girl suffered while giving birth.

An uncircumcised Muslim girl in Addis Ababa explained that her mother had arranged for her to be circumcised at an early age, but when the circumciser came to their house she had managed to escape to a neighbour's house. Another Muslim girl in the same site who was circumcised against her will when she was five years old explained that she had no chance of escape because there were so many people to keep her at home that day.

⁴⁶ This was evident from interviews with care givers, and the two early-marriage cases presented in the paper also indicate that there was consent between parents and the daughters.

7. Resistance to change

Although there is opposition to both practices and clear signs of change, there is also considerable community resistance to the imposition of the legal age of marriage and the banning of female circumcision. Views about female circumcision and child marriage are strong and sometimes lead to open disputes within a family or among peers.

Female child marriage

Government measures and other influences have not necessarily led to a change in values and attitudes with regard to early marriage, and many respondents are concerned about changes in practice. For example, community representatives in Oromia stated:

“The government is teaching that girls have to decide concerning their marriage condition. But this violates the traditional way of marriage in which parents have had a full right to decide on the marriage arrangement, including the selection of a partner for their daughters. However, the influences from the government through different ways like teaching the children in school, etc. reduces the interference of the families in controlling and follow up the activities of the children. Now girls start to establish affections and relationships with boys in schools and when they go to farm for daily work. This will in the long run affect their well-being and their education adversely.”

This quote suggests that government intervention and the involvement of girls in wage labour are altering the relations between the generations, reducing parental dominance over the marriage decisions of their offspring. Disquiet about this trend centred on an implicit assumption that young people do not have the experience or maturity to act wisely in the absence of adult guidance, and that consequently girls may be at risk of abduction or of engaging in pre-marital sex, with numerous detrimental outcomes for themselves and their families.

Thus a major concern expressed about the imposition of the legal age of marriage at 18 is that it might promote premarital sex, with a range of negative consequences. The statistical evidence from the EHDS 2000, 2005 and 2011 suggests that overall the age of marriage and first sexual activity for women is the same, but that in urban areas the age of first sex is slightly earlier.⁴⁷

Care givers in Tigray called attention to problems associated with raising the age of marriage, arguing that the threshold should be brought down to 16 or 17. They reasoned that since girls are already sexually active by the age of 15 or younger, a raised threshold makes early pregnancy outside wedlock more likely, which often leads to pressure for marriages to avoid illegitimate children, with the girl's parents commonly threatening legal redress if the boy refuses. Seemingly, some parents felt that it is safer for girls to continue their education if they are married, as this prevents abduction. They are also against sending girls to school in urban areas because of the risk of their having sex, which would compromise their chance of marrying well and could lead to unsafe early pregnancy and the ensuing problems of bringing

47 The EDHS 2000, 2005 and 2011 showed no overall difference between women's age of first marriage and age at first intercourse (16.5 years for women aged 20–49 and 17.1 for women aged 20–49 in 2011), possibly given the sensitivity of admitting to pre-marital sex. However, the median age at first sex was lower in urban areas (18.7 years for women aged 20–49) than at first marriage (19.3). Addis Ababa was the only region where the age of first sex was reported as slightly lower. The median age of first intercourse in 2005 was 20.0 for women aged 25–49, whereas the age at first marriage was 21.9.

up a child alone.⁴⁸ Parents also want to ensure that their daughters are protected and attain an independent married life as early as possible, as expressed in the saying *ketsige'a*: 'let me ensure that she find protection'.⁴⁹ They are also eager to have grandchildren while they themselves are fit and well. Further, families gain status by bringing their daughters up to be chaste and obedient, and it is imperative that a girl who is to undertake a prestigious marriage to a deacon be a virgin, this adding to the pressure to marry them off young.

Adults in Addis Ababa were concerned that the raised age of marriage poses a risk of unwanted pregnancies and unsafe abortions. Here too there was a hope that the minimum age would be amended on the grounds that "*girls are becoming 'ready' for sex at a much earlier age*". It is possible that the involvement of many women in the Addis Ababa site in sex work may influence attitudes, the likelihood of girls being initiated into this occupation being less if they marry early.

In Oromia, where abduction is common, care givers favour arranged marriages. However, they did concede that there was a need to make some adjustments to customary practice, which "ought to take into account the interest of the couple". They disagreed with forcing a girl to marry someone whom she does not know or like, or who is a lot older than she is, and argued that girls should not marry before the age of 18, should have the parents' permission, and should follow traditional ceremonial procedures. There has been a decline in both arranged marriages and forced abductions in Oromia and an associated rise in 'voluntary abductions', or elopements. Care givers were happy that forced abductions had decreased, since this practice "totally violated all the marriage rights of the girl", and they deplored the fact that sometimes in the past a girl who resisted being taken to the bridegroom's home or having sexual intercourse with him was assaulted. But there was considerable unease about an increase in elopements. It was emphasised that parents of the girl frequently oppose unions that arise through elopement, and many take the groom and his family to court, although apparently the courts are reluctant to investigate consensual marriages. Elopement also adversely affects bridewealth. The bridegroom's family is expected to give the bride's family a sum of around 1,200 *birr* (£44) in compensation for violating the norms of their clan, 1,000 of this being for the girl's parents and 200 for the clan.

Elopements in Oromia are often organised in secret by the couple themselves, and this was said to jeopardise the honour of both the girl and her family. Hence, it is feared that couples who are in love might have sex and the girl could become pregnant before marrying. Some care givers argued that marriages that begin with elopement are more likely to end in divorce. Many girls have been cheated into such arrangements. Without the consent of the girl's family, these marriages are easily dissolved, and a woman who marries without her family's consent risks being rejected by them after divorce. Arranged marriages are preferred because they ensure mutual respect among all concerned – in particular, the groom's family is more likely to respect the bride and her family. Elopements involving girls in their early teens were disapproved of, because such girls were considered too young to make decisions without consulting their family, and her honour would be compromised. Couples who elope often lack the basic necessities such as a home and a secure income and therefore depend on their family; if support is denied, they risk becoming marginalised socially.

48 Some international literature claims that girls' attendance at school delays marriage (UNICEF 2005), and one study suggested that girls going to school did not acquire adult status and were not considered ready to marry (Malhotra and Tsui 1996: 488); however, causal links are difficult to determine in the absence of longitudinal data (Mensch et al. 1998: 60).

49 Literally meaning: 'finding her a husband who will take over the responsibility of looking after her so that she is protected'.

Loss of contact with the girl's family was identified as one of the most serious problems created by elopement. One woman from the Oromia site referred to her own experience:

"My daughter got married ... just last September ... She agreed with her husband and married him without our consent. She married with her choice; that is it. She was married in a nearby town. She has not come to our home and we have not gone to hers since she got married. The reason is that she got married without seeking our permission and against our interest and our tradition. We are not reconciled yet. So, we didn't go to her and she didn't come to our home."

Girls in Oromia also disagreed with elopements. One group argued that it is harmful, in so far as it "violates the cultural norms of the community", and should be prohibited. Their reasoning was the same as that of adults and included the adverse impacts on a girl's education, the likelihood of divorce, underage sex and parenthood, and consequent poverty. They stressed the importance in arranged marriages of the ongoing support given to the couple by elders who take the girl's education and future into full consideration, pointing out that the parents of the groom may even facilitate the girl's education after marriage.

Overall, concerns about current trends in marriage hastily arranged by the younger generation highlighted the risks of individual choice leading girls into inappropriate relationships or even circumventing traditions such as bridewealth payment. Respondents were clear that in practice this may lead to an increase rather than a decrease in early marriage, early divorce or abandonment. Furthermore, marriage without parental consent can strain relationships between the generations. As a consequence, couples may lack the protection and resources to start a new independent life, since parents may feel less responsible for daughters who married without their consent.

Female circumcision

As with female early marriage, government officials, women's association leaders and some parents oppose the practice of female circumcision. However, even though the practice is considered illegal, different sections of the communities have expressed their belief in its importance and their interest in its continuance, for various reasons. It is particularly important to note that in the Oromia and Addis Ababa sites these views were held by girls themselves.

In Oromia there is considerable divergence of opinion. The situation here is very different from the other sites, because in Oromia it is the girls – not the adults – who most resist change. This appears to be due, largely, to peer pressure to conform. A group of boys from the Oromia site provided the following rationale. They noted that young girls often do refuse to be circumcised out of fear of the pain, but went on to say that refusals are far less common among girls when they reach marriageable age. This is because teenage girls are much more likely to fall in line with pressure, through "insults" or "bullying", exerted by girls who have been circumcised. The boys recalled the case of one young woman who was circumcised after marriage, having been taunted by a neighbour.

Aware that they are working against prevailing norms, some girls resort to organising their own circumcision clandestinely, in some cases apparently in defiance of their parents. Adults in Oromia conceded that girls do sometimes undergo the procedure secretly. One woman from the site explained that her two daughters had organised their own circumcisions at the ages of 12 and 14, only telling her after the arrangements were already in place. An elderly man said:

“Last year alone some 17 girls had been circumcised by their own interest in the community. When the local administrator presented the circumciser to the court all the girls witnessed that they circumcised themselves with their own hands and not by the accused circumciser. As a result the court failed to get witnesses and was unable to punish her. She was set free.”

A local school teacher from the site who had been asked to help stop the practice disclosed that recently 35 girls had been circumcised. When they and their families were reported to the police, the girls claimed that they had arranged their own circumcisions, that their parents had not been involved, and that they had sought to avoid censure by girls who had been circumcised. The teacher went on to say: *“We lack evidence when we sue them at the police station. The girls say that they circumcised themselves. Later, education was given to the women who circumcise. I don’t know what change came since then.”*

Girls explained that clandestine circumcisions are inevitable when a mother opposes the procedure. “The girl goes to the house of the circumciser and begs her to conduct it. The circumcision is conducted secretly during the evening or early in the morning.” Interestingly, the girls indicated that government intervention had in effect resulted in lowering the age of circumcision and exacerbated inter-generational differences. Girls used to be circumcised from the age of around 15.

“This is the time when the girls are engaged and the time of marriage approaches. ... Today, girls start circumcision from the age of 10 and even below. In the past circumcision was arranged by the parents, mainly by the mother. Now, the arrangement is made by the girls who want to be circumcised. Since the circumcision of girls is considered as harmful practice by the government, parents fear to make the arrangement. The other thing is that girls who were already circumcised started to insult those who are not circumcised. Following the mobilisation of the government against the circumcision of girls, this kind of insult started to spread. As a result, girls started to practise it even without the consent of their parents and even against the tradition of the community ... below the age at which the tradition allows, i.e. 15 years and above.”

This quote suggests that the campaign to prevent female circumcision might actually have provoked a reaction in defence of the practice and a counter campaign against those girls wishing to avoid the practice. Two of the girls who planned to be circumcised reasoned that it is better to find “peace” by being circumcised, rather than being harassed by peers, while another said that she would rather “face all the insults” than damage her future life through circumcision. However, the stigmatisation of uncircumcised girls is so strong that this girl finally ended up being circumcised a couple of years later. By the third round of field work in 2011, all of the girls in the sub-sample in this site had been circumcised.

Differences of opinion over circumcision can lead to conflict within families. The *iddir* [funeral association] leader whom we interviewed in Hawassa explained that although she had four of her daughters circumcised she had decided not to circumcise her last daughter. Her husband was furious about this and insisted that the fifth child also undergo the operation. As a compromise, the woman arranged for the girl to go through a very minor, almost symbolic, procedure. However, her husband was suspicious when the girl was able to leave the house the next day without experiencing any pain. The woman reasoned that her daughter was none the worse for not having undergone the full procedure since, unlike her circumcised sisters, the uncircumcised daughter seldom broke pots in the kitchen.

Seemingly, resistance to change is strong even in areas where penalties for infractions have been imposed, possibly as a counter reaction to the imposition of the ban. Hence, girls from Addis Ababa argued that despite official efforts to stop it, Muslims there were still conducting clandestine female circumcisions. We have already seen that circumcisions may be conducted at night to avoid punishment in Oromia. Since the government ban in Hawassa, people have been using boys' circumcision ceremonies as a cover to circumcise their daughters. *"On the first day they circumcise the boy [which is legal] and the people are invited on this day, but on the next day they conduct the circumcision of girl(s)."* This was expressed through the saying: *Beklo lemakolashet, Ahiyanan kebalelut* – 'to castrate the mule, they pushed the donkey to the ground'. This is a very effective decoy, because when questioned by local authorities, participants testify to having been present at a male circumcision.

8. Modernity and rising aspirations for girls

We have indicated that intervention by both government and non-government bodies has played a critical role in changing practices surrounding female circumcision and child marriage in Ethiopia, although not always changing attitudes in ways that were expected or hoped for, and not always inducing changes that are conducive to girls' well-being. In this section we focus not so much on the effect of formal measures as on changing values and practices associated with the advance of modernity more broadly. In particular, we show that in some parts of Ethiopia norms affecting the institutions of marriage and childhood are gradually being transformed, an emergent focus on children's right to self-actualisation being a key to this process.⁵⁰

Ethiopia has seen a dramatic increase in school access in recent years,⁵¹ a trend associated with a marked rise in aspirations concerning girls' education and employment, as well as concerns that both can be threatened by early marriage. A *kebele* official in Amhara outlined this view:

"... now people are trying to abandon early marriage at their will. ... Now community members believe that children can marry according to their choice and interest. The prevention of harmful traditional practices helps to reduce the impacts on girls' education and health."

Care givers in Amhara made a similar case, also observing that, with most of the children in the community now in school, the age of marriage has inevitably risen. They claimed that in the past women and children were overlooked, and only children from rich and educated families were able to attend school. Early marriage, female circumcision and use of traditional medicines were all common, to the detriment of girls' education. *"Early marriage and low awareness of the people towards the importance of education played an important role in the low educational status of the people. However, nowadays there are no early marriages."* They were content that modern marriages are arranged with the full consent of the couple, and that girls are able to choose their partners.

50 This section does not address female genital cutting, since this practice was not implicated in modernity discourses.

51 See Young Lives Ethiopian Third Round Country Report (Woldehanna et al. 2011).

In arguing for the benefits of female education, attention was sometimes drawn to the well-being of the individual child rather than to the child's duty towards her family. For example, in Tigray, a boys' group held that:

“early marriage is not good for girls, since it causes them to stop their education. For them, it is good to be educated, and if you are educated you will have a good job and salary. ... Families should give their children some spare time, so that they have some time to study. Moreover, it would be good if parents could advise their children instead of punishing them.”

From some of the interviews it was apparent that views about appropriate roles and responsibilities for girls are changing, increasing prominence being given to their individual, as opposed to collective, interests.

It is noteworthy that the statistical evidence presented in the earlier sections shows clearly that the median age of marriage increases with education, and the prevalence of female circumcision decreases, especially among the younger generation.

Some respondents ascribed this shift to the transformation in values and behaviour of girls themselves, highlighting the greater insight and wisdom of the current generation. For example, in comparing her grand-daughter's life with her own at the same age, one care giver in Tigray underlined how empowered young women are today.

“I got married at her age of 14. I was small at that time. It was common to take the bride without thinking wisely; we didn't even think what will come in the future. We simply agreed to go home with the husband and we began to suffer from falling and punishments.”

She contrasted women's past suffering with the improved circumstances of girls today, attributing this trend to education, knowledge and enhanced recognition of girls' and women's rights.

“In our time, we were forced to marry. But my grand-daughter is 14 years old now and if I tell her that she is going to marry, she will reply 'marry yourself'. During our time, we were unable to decide on our life, but today children have the right to decide. If parents attempt to marry them without their permission, they will sue their parents. ... Children today are very much wise. ... Her life will definitely be good because she will be educated and may even marry someone who is educated. So both will live a good life. ... But during our period even if the husband is employed, he will beat his wife and she will say nothing.”

It should also be pointed out that the new opportunities that girls have found for gainful employment with the changing economic context in some sites may well have given them more confidence and some economic freedom, which may have enhanced their decision-making abilities, including in terms of resisting early marriage and circumcision. As outlined in the site contexts provided in Annex 2, agricultural investment in farms in the Oromia and Amhara sites and a stone- crushing industry in the Tigray site have provided opportunities for girls to earn wages which were not present a few years ago, and, as noted earlier, this has already been referred to as influencing girls' behaviour. The next round of research will enable us to assess the extent to which these opportunities will affect young women's decision making, notably regarding child marriage and circumcision.

9. Conclusion

This paper has presented evidence about contested views surrounding female child marriage and circumcision in Ethiopia in a context where both practices have been portrayed in the international literature as infringements of child rights. The paper explores the considerable diversity in norms and practices in the country and reviews the statistical evidence for change in practices, showing that both are on the wane, although to different extents and with urban–rural, regional and social-status variations. We argue that despite this diversity, there is significant coherence in the underlying cultural repertoires. The evidence that we put forward questions evolutionary and materialist logics explaining the practices as relating to poverty, and we reason that, in essence, they reflect a fusion of gerontocratic and patriarchal values which subordinate both the young and women. In making this case, the paper shows that kin groups have a strong vested interest in the productive and reproductive capacity of women, as expressed through the regulation of their sexual conduct and marriage by older generations. It also shows that these values have not traditionally been perceived as inconsistent with the well-being of young women; indeed, female child marriage and circumcision were seen as ensuring girls' social integration and thereby their protection, as well as their moral and social development.

There have been many external interventions promoted by the government and international and national organisations, through legislation, policy, advocacy and law enforcement. These developments are clearly resulting in change in both values and practice. The evidence suggests that an important part has also been played by greater participation in school, and greater economic opportunities for youth associated with modernisation.

However, the social power of female child marriage and circumcision is such that there has been considerable resistance to reform in some areas, even and paradoxically especially in some of the areas where government and non-government advocates have been very active with campaigns and law enforcement, as this has resulted in counter-reactions. There has also been much community contestation of the state-imposed raising of the age of marriage and banning of circumcision. In the competing and contested repertoires, agents of the state and community leaders in positions of authority are unequivocally opposed to both practices. Likewise, there are care givers, girls and boys who vehemently oppose them for a range of reasons. In some cases this viewpoint coheres with an emergent child-focused, individuated, outlook. In particular, there is a growing sense that girls should be involved in decisions affecting them and should have the possibility of staying on at school and getting a good job. Ironically, this has led to apprehension about the risks of pre-marital sex in a context of an enforced minimum age for marriage of 18. In some contexts the assertion of children's right to make their own decisions has been associated with a preference for early elopement and marriage in defiance of customarily arranged marriages, and an insistence on circumcision in spite of the state-imposed ban. At the same time, opposition to external intervention has led to strategies of elopement under the guise of abduction, clandestine practices of circumcision, or lesser forms of cutting, resulting in the transformation rather than disappearance of the practices.

In light of this evidence, we would argue that official efforts to stop these practices have failed to understand and address their underlying rationale. Substantial effort and resources have been expended in telling people about their 'harmfulness', and a significant proportion of the people whom we interviewed seem to largely agree with the official position. However,

practical change falls short of expectations, and prohibition seems to have led to new 'risks' for girls which are related to attempts to circumvent the ban. In particular, if the legal age of marriage of 18 is enforced, and older girls do not have access to contraception and abortion, they risk becoming pregnant and having children out of wedlock, which often results in their being rejected by their families and partners and having to bring up a child single-handedly in adverse conditions. Attempts to impose the ban on circumcision have led to its being practised in hiding or even at night, increasing potential health risks. There is also evidence that the changes have caused a degree of conflict between generations and, more broadly, within families. Parents and girls alike face significant ambiguity and contradiction in their decision making and take many factors – economic, social and cultural – into account. In particular, with regard to the protection of their daughters, they consider the trade-off between early marriage or circumcision and other risks. Parents do what they think best for their children, often experiencing great uncertainty and occasionally even acting against their better judgment, simply because they feel that they cannot protect their daughters from the social risks associated with avoidance of child marriage and circumcision. Girls make decisions based on their assessments of their chances in a context of considerable peer pressure to conform. The main message from this is that interventions to promote changes in practices that do not consider the underlying logics and potential unintended consequences for those affected are unlikely to achieve their aims and may engender resistance and result in adverse outcomes.

Annex 1: Snapshot descriptions of the five study sites

The first site is in Addis Ababa in the centre of the city, in an old quarter that is due for demolition. The population in this site is mixed, particularly in terms of ethnicity, but also with regard to religion, with the Amhara representing a third of the Young Lives children, followed by the Gurage, who represent a quarter, and several other groups who form smaller minorities. In terms of religion there is a significant majority of Orthodox Christians, with Muslims making up over a third of the sample, and in addition a few Catholics. There is a high incidence of female-headed household. Many Young Lives households rely on petty trade and wage labour in the informal sector. There is a high prevalence of female sex workers in the area.

The second site is in a rural area in the South Gonder Zone of the Amhara Region, close to a small town. The population is largely dependent on rain-fed agriculture. Land shortage means that holdings are small, resulting in youth un(der)employment and out migration, although recently new opportunities have emerged for trade and wage labour, notably in the construction sector. Some young women and some young men, including children in our sample, work for a man who owns a business selling haricot beans in the town. This site is ethnically and religiously homogeneous, the only ethnic group being Amhara, who are all Orthodox Christians. Relatively early marriage is not unusual, and female circumcision occurs around birth.

The third site located in the eastern part in Oromia region, 8 km from a major town. Livelihoods are diversified, due largely to the presence of a lake, agricultural investment and urban proximity. The site is ethnically and religiously mixed, although the Oromo represent the vast majority of the population (accounting for 90 per cent of Young Lives children). The minorities include Hadiya and Gurage. In terms of religion, three-quarters are Orthodox Christians and one quarter are Muslims. The area is within the Arsi Oromo area, which is predominantly Muslim. Marriage customs involve bridewealth; widow inheritance and polygyny by successful elderly men are cultural norms with a few actual cases. To avoid bridewealth payments, men may abduct girls, consummate the marriage and then negotiate for a smaller bridewealth payment; sometimes this is a form of elopement with the agreement of the woman, and this seems to be becoming a more prevalent custom. Female circumcision is customarily performed in this site as a prelude to marriage.

The fourth site is located in an old neighbourhood in Hawassa, the capital city of the Southern Ethiopian Nationalities, Nations and Peoples Administrative Region (SNNP). The ethnic composition of the site is heterogeneous, with three major groups among the Young Lives sample: a dominant minority of Wolayta people (37 per cent of Young Lives children), a quarter Amhara (23 per cent of children), and the Oromo (15 per cent of children). There are also a few Gurage and a few Tigraway and Sidama. In terms of religion the site is also mixed, with two major religions: a little more than half the sample are Orthodox Christians (58 per cent of children), and Protestants represent 40 per cent. There are very few Catholics and Muslims (2 per cent each). The Round 1 survey revealed more than 20 per cent of female-headed households. In terms of livelihoods, most people in the community are engaged in informal-sector activities – notably petty trading, daily labour, street vending, or other forms of self-employment. Children are also involved in such activities. The community

is considered to be very poor, and NGOs have been engaged in distributing aid and educational materials locally.

The fifth site is located in Tigray Region. Although quite close to Mekele, the capital, it is still fairly remote, as there is only a dry-season road leading to a nearby town. Livelihoods have been based on rain-fed agriculture and livestock rearing. The area is prone to drought. A private quarry and stone-crushing industry supplying cobble stones attracts wage labourers and provides employment and much-valued income generation for some in the community, including young people – a fact which affects children's schooling. Irrigation has also been developed recently, with the involvement of both community members and local investors, which is likely to affect the local economy. The population in the Tigray site is homogeneous in ethnic and religious terms, composed of Tigray who are Orthodox Christians, living in three hamlets. In the Round 1 survey, 15 per cent of houses were female-headed. Female circumcision, which used to be carried out around birth, is said no longer to be an active practice.

Annex 2: Tables

Table 1. *Proportion of types of female circumcision by region*

Region	None	Cliterodectomy	Excision	Infibulation
Addis Ababa	2	98	0	0
Afar	0	34	8	58
Amhara Region	13	42	45	0
Amhara people	10	45	45	0
Beni-Shangul Gumuz	28	69	0	3
Gambella	100	0	0	0
Harari	0	90	5	5
Oromia*	1	86	12	1
SNNP*	65	19	16	0
Somali	0	4	6	90
Tigray	50	24	26	0
Tigray people	40	30	30	0

*No breakdown provided for Oromo within Oromia or for groups within SNNP.

Source: EGLDAM 2008a: 408, Table 4.4, based on estimates by focus-group discussants in 1997.

Table 2. *Prevalence of female child marriage and circumcision by ethnic group, 1997 (NCTPE survey)*

Ethnic group	Child marriage	Circumcision
Amhara	67.3	88.4
Tigray	75.4	80.1
Oromo	48.1	97.7
Gurage (Sebat Bet)	92.9	52.2
Gurage (Sodo)	100	28.0
Wolayta	98.7	37.1
Kambata	99.0	33.0
National level	54.6	72.7

Source: EGLDAM 2008a: 389–90, Table 1.5a.

* Only ethnic groups represented in the five Young Lives qualitative sites have been included.

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Harmful Traditional Practices and Child Protection: Contested Understandings and Practices of Female Early Marriage and Circumcision in Ethiopia

This paper explores local perspectives on female child marriage and circumcision in Ethiopia. Both practices are widespread still, despite international and national efforts to eradicate them, and reflect deep-rooted patriarchal and gerontocratic values regulating transactions between kin groups at marriage and women's reproduction. Both have been designated as Harmful Traditional Practices (HTPs) by the Ethiopian government and are proscribed by law, with designated punishments. This is in line with Article 24 of the United Nations Convention on the Rights of the Child, which calls for the prohibition of traditional practices that are prejudicial to the health and well-being of children. Apart from the fact that both practices are labelled 'harmful' and relate only to girls, the main reason for considering female child marriage and female circumcision together is that the latter tends to be seen as a necessary precursor to former.

The paper explores the values that drive these practices and examines whether and in what ways they have been affected by efforts to eradicate them. It points to the complexity of beliefs and practices, highlighting differences associated with ethnicity, religion, generation and gender. It finds that the efforts of government and elite leaders to eradicate them are contributing to the diminution or transformation of female circumcision and female child marriage, although with marked regional variations and considerable contestation and resistance in some places. In mapping these processes of change, the paper identifies trends in premarital sex, clandestine surgeries, and other subterfuges that may demonstrate unexpected consequences and adverse reactions to laws which were intended to protect children. In doing so, it emphasises the challenges confronted by child-protection measures designed to bring about change to long-established customs.

The analysis draws on interviews with 25 children and young people from five communities, as well as their peers, caregivers and community representatives, conducted in 2007, 2008 and 2011. The paper uses both statistical and ethnographic evidence to assess the prevalence of the two customs and the cultural and material logic underpinning them. It gives an overview of the external forces militating for change and presents evidence on trends of change. This is followed by analysis of the personal experiences of Young Lives children and the discourses against the practices, as well as a consideration of the resistance to change. Finally, the discussion reflects on wider issues of modernity and rising aspirations for girls.

About Young Lives

Young Lives is an international study of childhood poverty, involving 12,000 children in 4 countries over 15 years. It is led by a team in the Department of International Development at the University of Oxford in association with research and policy partners in the 4 study countries: Ethiopia, India, Peru and Vietnam.

Through researching different aspects of children's lives, we seek to improve policies and programmes for children.

Young Lives Partners

Young Lives is coordinated by a small team based at the University of Oxford, led by Professor Jo Boyden.

- *Ethiopian Development Research Institute, Ethiopia*
- *Centre for Economic and Social Sciences, Andhra Pradesh, India*
- *Sri Padmavathi Mahila Visvavidyalayam (Women's University), Andhra Pradesh, India*
- *Grupo de Análisis para el Desarrollo (Group for the Analysis of Development), Peru*
- *Instituto de Investigación Nutricional (Institute for Nutrition Research), Peru*
- *Center for Analysis and Forecasting, Vietnamese Academy of Social Sciences, Vietnam*
- *General Statistics Office, Vietnam*
- *Child and Youth Studies Group (CREET), The Open University, UK*
- *Oxford Department of International Development (ODID), University of Oxford, UK*
- *Save the Children*

Contact:

Young Lives

Oxford Department of
International Development (ODID),
University of Oxford, Queen Elizabeth
House, 3 Mansfield Road,
Oxford OX1 3TB, UK
Tel: +44 (0)1865 281751
Email: younglives@younglives.org.uk
Website: www.younglives.org.uk