WITH FUNDING FROM
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A Baseline Study and Social Norms Analysis using SNAP for the project BERHAN: Sexual and Reproductive Health and Rights Initiative in Amhara Region, Ethiopia

Mixed Triangulated Report

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Summary

Background: *BERHAN – Sexual and Reproductive Health and Rights initiative in Amhara region of Ethiopia* seeks to support women and girls in Fogera and Estie woredas to safely exercise their sexual and reproductive health rights, leading to improved wellbeing (impact).

Objective: The purpose of this study was to understand the social norms that are associated with the practices of female genital cutting (FGC) and early marriage (EM), and to establish a baseline for all project indicators.

Methods: A concurrent mixed qualitative-quantitative study was conducted in March 2021 in 12 kebeles of Este and Fogera woredas of South Gondar Zone. The qualitative component used a Social Norms Analysis Plot (SNAP) [1] framework, which targeted the constructs Empirical Expectation (EE), Normative Expectations (NE), Sanction (S), Sensitivity to Sanctions (SS), and Exceptions (E). The data collection methods used were focus group discussions (FGD), in-depth interviews, and key informant interviews (KII). The quantitative survey was conducted on a randomly selected sample of 375 respondents comprising of men, women, girls, and boys (adults and adolescents). Quantitative data were collected using an interviewer administered structured questionnaire. Qualitative data were collected by masters and PhD degree holders, and quantitative data were collected by trained and experienced BSC level data collectors.

Results: The results revealed that FGC and EM were common practices in the community with a prevalence of 85.0% and 64.0% respectively. The community held the practices because of various reasons among which are cultural preservation and lack of knowledge. The community members were highly influenced by the sanctions that made them change their initial positions. Generally, women could not use contraceptive methods without permission from their partners or family members and this applies to all modern contraceptive methods.Only 3.7% of girls and

[1] CARE's Social Norms Analysis Plot (SNAP) framework provides practical guidelines to understand and evaluate norms change. The framework defines components of social norms upon which tools are built, allowing the evaluator to assess the strength of a particular norm and ways it may have shifted over time. The first three components of the SNAP framework are drawn directly from social norms theory and describe the nature of the norm in a given context. The other two components of the SNAP framework further characterize the strength of the norm in question in its current state.

women in the age group of 15-49 were able to use a modern contraceptive of their choice and, only 30.5% were able to decide on their own reproductive health care use.

Recommendations:

The interventions, among other strategies, could mitigate the problems highlighted by taking into consideration the following measures.

1. An adequate amount of education should be provided through informal and formal channels of communication. The community's lack of awareness (the community's ignorance) was seen to be the impetus behind the practices of FGC and EM. Forums such as religious gatherings, *edirs*, and so on could be used to educate people's level of awareness about the practices.
2. The bond between schools, the justice system, and other important sectors should be meaningfully established for a mutual goal. The stakeholders should work together for better outcomes.
3. One of the underlying reasons (perhaps the most important reason) for EM is girls' poor academic achievement. Therefore, there has to be a mechanism devised to improve girls' academic performance. This could be done through a special academic capacity building tutorial scheme.
4. Police and experts in the justice system should be made aware of the laws applying to FGC and EM. There should also be a mechanism that could be used to audit how much the legal system is acting against those who violate the laws and practice FGC and EM.
5. Training and awareness raising packages should be provided to girls in schools and outside schools, as well as school principals, police, lawyers (prosecutors) and school club leaders (teachers, boys, and girls in charge of reproductive health (RH) and issues), health professionals who are directly involved in RH issues, selected gatekeepers, and religious leaders.
6. Girls should be made aware about FGC and EM in a way that can improve their assertiveness and become involved in dialogues about the issues.

7. Assertiveness trainings should be given to young unmarried girls
8. Health professionals should be trained on the sexual and reproductive needs of young unmarried girls and the psychological trauma resulting from EM and FGC.

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Acronyms and abbreviations

- ADA: Austrian Development Cooperation
- BCC: Behaviour Change and Communication
- CSC: Community Score Card
- EM: Early Marriage
- FGC: Female Genital Cutting
- FGM: Female Genital Mutilation
- GBV: Gender Based Violence
- GED: Gender, Equity and Diversity
- GEF: Gender Equality Framework
- GG: Girl Groups
- IGA: Income Generating Activity
- KII: Key Informant Interview
- MoWCY: Ministry of Women, Children and Youth
- RH: Reproductive Health
- SAA: Social Analysis and Action
- SNAP: Social Norms Analysis Plan
- SRH: Sexual and Reproductive Health
- VSLA: Village Savings and Loans Associations

Definitions of terminologies

- **Adolescents**: people with age 12-18 years
- **Adult**: the term adult has been used in two slightly different ways: 1) when we classified participants into adolescent and adult, the definition of adult is above 19 years; 2) when we classified participants into child and adult, the definition of adults is 18 completed years and above.
- **Boy**: refers to a male child from birth to adulthood (18 years)
- **Early marriage**: marriage below the age of 18
- **FGC**: Traditional harmful practice that involves the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons.
- **Girl**: refers to a female child from birth to adulthood (18 years)
- **Man**: Male person above the age of 18
- **Sexual agency**: the ability to define sexually to choose whether or not to experience sexual activity and how one wants to engage in sexual activity, and the ability to stop or refuse any sexual activity
- **Woman**: a female of age 18 years and above

1. Background

BERHAN – Sexual and Reproductive Health and Rights initiative in Amhara region of Ethiopia is a 42 month initiative funded by the Austrian Development Agency (ADA), with funds of Austrian Development Cooperation, running from March 2020 until August 2023. BERHAN will support women, girls, men and boys in rural communities of Este and Fogera Woredas in South Gondar, where rates of Female Genital Cutting (FGC) and Early Marriage (EM) are high and government Sexual and Reproductive Health (SRH) capacity/accountability is low. The BERHAN initiative will employ a holistic package of evidence-based, community-led interventions to address the drivers of EM and FGC, while improving SRH service delivery and rights. The initiative will target 31,396 women, girls, men and boys in Este and Fogera Woredas. BERHAN will be implemented together with CARE Austria and CARE Ethiopia's SRH and Nutrition unit, which plays an overall leadership role and implements field activities.

BERHAN seeks to support women and girls in Amhara to safely exercise their sexual and reproductive health rights, leading to improved wellbeing (impact). To achieve this, BERHAN will aim to: 1) increase the agency of girls and women through participation in Girl Groups (GG), income generation activities (IGA) and Village Savings and Loan Associations (VSLAs), 2) changing relations between communities and government stakeholders/service providers through training in Gender, Equity and Diversity (GED), Gender-based Violence (GBV) mitigation, SRH-friendly service delivery, and Community Score Card (CSC), and 3)transforming structures, specifically harmful social norms, via CARE's Social Analysis and Action (SAA) model and Behavioral Change Communications (BCC) efforts. This three pronged approach corresponds to CARE's Gender Equality Framework [2] (GEF) formerly known as the Women's Empowerment Framework), which was developed based on findings from an in-depth impact study of CARE programming.

The pursued outcome of the project is the following: Increased rejection of and improved response to FGC and EM by community members, service providers and Government authorities in Amhara. The corresponding outputs include: An improved ability and agency of community members to question and address the underlying causes of FGC, EM and low utilization of SRH services; an increased ability of marginalized community members (and FGC practitioners who abandon the practice) to generate income

[2] See pages 7 to 9 in following document for more information on GEF
https://insights.careinternational.org.uk/images/in-practice/GEWV/GEWV_guidance-note_english_2019.pdf

and save money, and an improved ability of government stakeholders and service providers to respond to SRH service needs and FGC complications.

BERHAN will implement the key activities with and through the following stakeholders: 360 gatekeepers, 3,600 community members, 7,236 adolescent girls and boys (married and unmarried, aged 10-19), 30 healthcare professionals (Health Extension Workers and health workers from local health posts and health centers), 48 teachers, 77 representatives of the Ministry of Women, Children and Youth (MoWCY) and Health, Justice, Administration and Education Offices, 45 women and girls with FGC complications, and 20,000 community members.

2. Conceptualization: social norms, early marriage, and female genital cutting

Social Norms: The concept of social norms has roots in various academic disciplines including behavioral economics, anthropology and social psychology, and definition and terms vary. Social norms are behavioral rules constructed and shared by a group, and are different from individually held beliefs or attitudes. A social norm in relation to FGC and EM is made up by one's beliefs about what others do, and by what others think one should do in relation to FGC and EM (Bicchieri, Muldoon, & Sontuoso, 2018).

Early Marriage: Early marriage, or child marriage, is defined as the marriage or union between two people in which one or both parties are younger than 18 years of age. The Universal Declaration of Human Rights recognizes the right to "free and full" consent to a marriage, acknowledging that consent cannot be "free and full" when one of the individuals involved is under 18 years of age and therefore deemed to not be sufficiently mature to make an informed decision about a life partner (USAID, 2015). Nonetheless, in many low- and middle-income countries, particularly in poorer rural areas, girls are often committed to an arranged marriage without their knowledge or consent. Such an arrangement can occur as early as infancy. Parents see marriage as a cultural rite that protects their daughter from sexual assault and offers the care of a male guardian. Parents often feel that a young girl is an economic burden and therefore wish to marry off their young daughters before they become an economic liability.

The regional prevalence of early marriage is 48.57% (Tekile et al., 2020); a prevalence as high as 83.0% was reported from a study in Wollo and Gojjam zones (Asrese and M, 2014), and 76.6% in west Amhara (Workineh et al., 2015). A detailed understanding of the underlying norm leading to this rampant practice has not been documented well.

Abduction for marriage: This refers to the abduction of a girl for marriage.

Female Genital Cutting: FG/C is defined by the World Health Organization(WHO, 2008) as "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons". Female Genital Mutilation/Cutting (FGM/C) is an ancient practice that remains a deeply rooted tradition supported by a complexity of symbolic and cultural meanings. It is mainly practiced in 29 countries of Sub-Saharan Africa, the Middle East (Iraqi Kurdistan, Yemen) and Asia (Indonesia, Malaysia). Today, the local becomes global, migrants travel with their cultures, and the practice is widespread within the diaspora worldwide (Europe, United States of America, Canada, Australia, among others). FGM/C is mostly performed on baby girls and girls between the ages of 0 to 15 years, prior to the onset of menstruation. It can be occasionally performed to adult and married women. FGM/C is an extremely complex, sensitive and politicized topic that is difficult to understand only through normative definitions, classifications and geographical delimitations.

The national prevalence of female genital cutting in Ethiopia is 77.28% (Fite et al., 2020). In Amhara region, the prevalence of FGC from a representative sample was 69.0% (Rahlenbeck and Mekonnen, 2009). Moreover, it has been reported to be as high as 96.0% in East Gojjam (Andualem, 2016). The regionally representative sample showed that 64.0% of women with daughters had at least one circumcised daughter(Rahlenbeck and Mekonnen, 2009). A recent study in Amhara and Afar regions showed that 98.0% and 74.0% of the participants' daughters had undergone FGC (Abebe et al., 2020). A significant proportion of women approve the continuation of FGC in Amhara region (Rahlenbeck and Mekonnen, 2009, Abebe et al., 2020).

3. Scope of the project

This baseline study was a social norms analysis, which employed Social Norms Analysis Plot (SNAP) in order to understand the practice and prevalence of both FGC and EM practices. It was delimited to 12 beneficiary kebeles (six kebeles in each woreda) of Este and Fogera woredas in South Gondar Zone of the Amhara Regional State.

4. Objectives of the baseline study

4.1 General objective

The overall objective of the study was to conduct a baseline study for the BERHAN project that includes SNAP.

4.2 Specific objectives

The specific objectives of the baseline study was to:Provide a baseline for all level indicators to serve as a point of comparison for the midterm and final evaluation:

i. % of girls and women aged 15-49 who report making their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (disaggregated by age and vulnerability)
ii. % gender-equitable attitudes toward women's and girls' sexual agency (disaggregated by sex, age and vulnerability)
iii. % of community members who think that girls should be married before the age of 18 (disaggregated by sex, age and vulnerability)
iv. % of households who refrain from subjecting their children to FGC or EM although previously planned (disaggregated by sex, age and vulnerability)
v. # respondents who report a case of FGC or EM (disaggregated by sex, age and vulnerability)
vi. # action plans against FGC/EM endorsed by members of Social Analysis and Action groups
vii. % of adolescent girls who are empowered to seek sexual and reproductive health information and services when they need them (disaggregated by marital status)
viii. Percentage of unmarried adolescent girls reporting that they have the confidence to refuse marriage
ix. Number of FGC practitioners in targeted kebeles who reduced or stopped the practice of FGC
x. Percentage of girls and women aged 15-49 years participating in VSLA who report they are able to equally participate in household financial decision making (disaggregated by vulnerability)
xi. Percentage of women participating in IGA and VSLA who increased their savings
xii. Number of new /strengthened inclusive accountability spaces in which marginalized citizens can negotiate with service providers and public authorities on issues of SRHR
xiii. Number of cases of FGC complications referred to in the health system
xiv. Percentage of government stakeholders reporting increased capacity to deliver responsive SRH services (disaggregated by sex)

5. Methods and Materials

5.1 Study area:

Fogera and Este woredas were the study areas. A brief description of the two woredas is presented below:

Fogera is one of the woredas in the Amhara Region of northwest Ethiopia. Fogera is part of the South Gondar Zone. The district is bordered on the south by Dera, on the west by Lake Tana, on the north by the *Reb* River which separates it from Kemekem, on the northeast by Ebenat, and on the east by Farta. The administrative center for this woreda is Wereta City. Other cities in Fogera include Alem Ber town. According to the 2007 statistics by the Central Statistical Agency of Ethiopia (CSA), the woreda has a total population of 228,449 of which 51% males, and 49% females.

Este is a woreda in South Gondar Zone. Este is bordered on the south by the Abay River which separates it from the East Gojjam Zone, on the west by Dera, on the northwest by Fogera, on the north by Farta, on the northeast by Lay Gayint, and on the east by Simada. The woreda has an estimated total population of 403,956, of whom 199,325 are men and 204,631 are women.

The study was therefore conducted in Este and Fogera woredas in South Gondar Zone of the Amhara Region. All the 12 kebeles (six kebeles in each woreda) of the project were included in the study. The selection of the kebeles was made purposively. by CARE and local administration. The purpose was to gather varying social norms from people residing in differing socio-economic and demographic settings.

Table 1: List of study kebeles

	Este Woreda Kebeles	Fogera Woreda Kebeles
1	Komets Abeja	1. Kidist Hana
2	Denba	2. Shina
3	Gena Memcha	3. Tiwzaqena
4	Berkut	4. Wotemb
5	Debreselam	5. Wagetara
6	Dengolt	6. Zeng

5.2 Design

A mixed quantitative-qualitative methodwas used. The qualitative method employed was the SNAP methodology. The study was conducted in March 2021.

5.3 The quantitative study

A quantitative approach was used to calculate logframe indicators including the proportion of informed decisions about reproductive healthcare, gender equitable attitudes, and FGC and EM rates.

5.3.1 Participants of the quantitative study

The participants for the quantitative study were male and female adults of age 18 or above, and male and female children and adolescents whose age is between 12 and 18, residing in the twelve kebeles introduced earlier.

5.3.2 Sample size

In similar communities in Amhara region, about 57.0% of women had appropriate knowledge about genital cutting (Melese et al., 2020), and in another study (Gage, 2013) 42.0% of adults consider marriage before the age of 18 years as too early for girls. We used the Epi INFO 7.2 sample size calculator for surveys with 95% confidence interval and 5% margin of error for each of the aforementioned proportions. The results were 376 for knowledge about genital cutting and 374 for knowledge about early marriage. We decided to survey 384 households. This sample was divided into three: male household heads, female household heads or spouses, and adolescents resulting in 128 participants in each category. Similarly, 70% of the adolescents were females. Then, 50% of the total sample was planned to be collected from Este and the other 50% from Fogera woreda.

Table 2: Planned sample distribution

Woreda	Kebeles	**Population group**	**Sample required**
Este	Komets Abeja	Male household head	5
		Female household head or spouse	15
		Male adolescent	4
		Female adolescent	7
	Denba	Male household head	5
		Female household head or spouse	15
		Male adolescent	4
		Female adolescent	8
	GenaMemcha	Male household head	6
		Female household head or spouse	15
		Male adolescent	4
		Female adolescent	7
	Berkut	Male household head	7
		Female household head or spouse	15
		Male adolescent	3
		Female adolescent	7
	Debreselam	Male household head	6
		Female household head or spouse	15

		Male adolescent	4
		Female adolescent	7
	Dengolt	Male household head	7
		Female household head or spouse	15
		Male adolescent	3
		Female adolescent	7
Fogera	Kidist Hana	Male household head	6
		Female household head or spouse	15
		Male adolescent	4
		Female adolescent	7
	Shina	Male household head	7
		Female household head or spouse	15
		Male adolescent	3
		Female adolescent	7
	TwizAqena	Male household head	6
		Female household head or spouse	15
		Male adolescent	4
		Female adolescent	7
	Wotemb	Male household head	7
		Female household head or spouse	15
		Male adolescent	3
		Female adolescent	7
	Wagetara	Male household head	6
		Female household head or spouse	16
		Male adolescent	3
		Female adolescent	7
	Zeng	Male household head	7
		Female household head or spouse	15
		Male adolescent	3
		Female adolescent	7
Total			384

5.3.3 Sampling technique

In every kebele, households were randomly selected from the register of health extension workers. Similarly, the presence of adolescents in the selected households was known from the register and in consultation with the health extension workers. When there were adolescents in the selected households, the head or the spouse and the adolescent were interviewed. Only one adolescent was interviewed in each household. If more than one adolescent was living in the household, the youngest of them was selected to capture recent experiences.Married adolescents had priority if they were living in the household. If there were no adolescents in the selected households, adolescents in the next nearest household were interviewed. In the selection of female adults, female household heads had priority. In the absence of female household heads, spouses were interviewed. FHH were deliberatly included..

5.3.4 Quantitative data collection technique

Quantitative data were collected using a structured, pre-coded questionnaire. Trained and experienced interviewers administered the questionnaire in local language and recorded the responses regardless of the level of education of the respondent. The questionnaire was pretested in Fogera before the final administration. The sample for the pretest considered both males and females of various age groups.

Data collectors held a first degree in health or health related fields. They also had knowledge of the local language and culture. Male interviewers interviewed male respondents and female interviewers interviewed female respondents. The total number of data collectors for the quantitative survey was 12. One male and one female data collector were paired to collect data from two kebeles.

5.4 Data analysis

Quantitative data were analyzed using SPSS version 20. Descriptive statistics were run to calculate the indicators. Internal consistency of scales measuring norms were tested post hoc using Cronbach's alpha. Items that required reversing were checked before computing scale totals.

6. Ethical considerations

Permission was obtained from the local administration. Informed consent was obtained from participants. The right of participants to refuse, interrupt or skip questions was respected. Data collectors were trained to be empathetic with victims of EM and FGC and to identify clients with significant psychosocial distress qualifying referral linkage to the nearest public health facility. Data from adolescent girls and victims were all gathered by women data collectors. This was done to make the respondents feel at ease during the interviews. All of CARE's ethical principles were strictly adhered to.

7. Results

7.1 Participants of the study

The quantitative component of this baseline study included a total of 375 respondents which means a response rate of 97.7%. 190 (50.7%) of the participants were from Este woreda and the remaining 185 (49.3%) were from Fogera woreda. The qualitative component included a total of 28 FGDs, 24 key informant interviews, and 24 in-depth interviews of people who experienced EM and FGC.

7.2 Sex and Socio-demographic characteristics of the participants

Of the total participants of the quantitative study, 249 (66.4%) of the participants were female, 130 (34.7%) were of age 12-19 years, 3 (0.8%) were with disability, and 120 (32.0%) were never married. Of the ever-married 255 respondents, 160 (62.7%) were married before the age of 18 and the remaining 95 (37.3%) were married after the age of 18. Surprisingly, 6 (2.4%) were married before they were 5 years old and 14 (5.5%) were married before they were 10 years old. 135 (36.0%) were unable to read and write; and 188 (50.1%) were either capable of only reading and writing or were only grade 1-8. 235 (62.7%) were agro-pastoralists (farmers) by occupation. 72 students (19.2%) and 23 merchants (6.1%) make up the second and third biggest categories of respondents respectively.

Table 3: Socio-demographic characteristics of the participants (n= 375), March 2021

Characteristics	Number (%)
Woreda	
• **Este**	190 (50.7)
• **Fogera**	185 (49.3)
Sex	
• **Male**	126 (33.6)
• **Female**	249 (66.4)
Religion	
• **Orthodox**	371 (98.9)
• **Muslim**	4 (1.1)
Age (mean=29.8; SD=13.6)	
• **12-19 years**	130 (34.7)
• **20-34 years**	106 (28.3)
• **35-49 years**	98 (26.1)
• **50 years or above**	41 (10.9)
Relationship of the respondent to the head of the household:	
• **Head**	231 (61.6)
• **Spouse**	9 (2.4)
• **Child**	131 (34.9)
• **Not related**	2 (0.5)
• **Other**	2 (0.5)
Marital status:	
• **Married**	126 (33.6)
• **Never married**	120 (32.0)
• **Divorced**	94 (25.1)
• **Widowed**	35 (9.3)
Age at the first marriage (n=255):	
• **0-4 years***	6 (2.4)
• **5-9 years***	8 (3.1)
• **12-14 years****	35 (13.7)
• **15-18 years*****	111 (43.5)
• **Above 18 years**	105 (41.2)

Level of education:	
• **Unable to read and write**	135 (36.0)
• **Read and write only**	93 (24.8)
• **Grade 1-8**	95 (25.3)
• **Grade 9 or above**	52 (13.9)
Disability status:	
• **Had disability**	3 (0.8)
• **Had no disability**	372 (99.2)
Occupation :	
• **Farmer (agropastoralist)**	235 (62.7)
• **Merchant (including petty trade)**	23 (6.1)
• **Employee (GOV/NGO/Private)**	2 (0.5)
• **Daily laborer**	12 (3.2)
• **Student**	72 (19.2)
• **Unemployed**	21 (5.6)
• **Other (specify)**	10 (2.7)
Annual Household income (range 1200- 350,000.00 Birr; median = 30,000.00)	
• **Lowest quartile**	99 (26.4)
• **Lower middle quartile**	119 (31.7)
• **Higher middle quartile**	67 (17.9)
• **Highest quartile**	90 (24.0)
Perceived adequacy of household income:	
• **Not adequate**	166 (44.3)
• **Moderately adequate**	130 (34.7)
• **Adequate**	76 (20.3)
• **Do not want to tell**	3 (0.8)

= all of them were female; **= 88.6% were female; *= 80.2% were female*

7.3. Prevalence of FGC and EM among women and girls

From the quantitative study, 70.0% of the participating women and girls were ever married (married, divorced or widowed). Sixty four percent of them were married before the age of 18 out of which 5.4% were married before the age of 10. Similarly, 85.0% of the girls and women experienced FGC, 65.0% of them do not know their age at circumcision and one-third of them were circumcised before the age of 5 years. Generally, the practice of FGC in the project areas was removing flesh from the genital organ of female babies (97.0%) by traditional circumcisers (48.8%) and traditional birth attendants (22.4%) (Table 4).

Table 4: Prevalence of FGC and EM among women and girls in Este and Fogera districts (n= 249), March 2021

Characteristics	Number (%)
Marital experience (n=237)	
• **Never married**	70 (29.5%)
• **Ever married**	167 (70.5)
At what age were you married for the first time? (n =167)	
• **Before the age of 5**	6 (3.6)

• **6-9 years**	3 (1.8)
• **10- 18 years**	98(58.7)
• **After 18 years**	55 (32.9)
• **Do not remember**	5 (3.0)
FGC experience (n=245)	
• **Not experienced**	37 (15.1)
• **Experienced**	208 (84.9)
At what age have you been circumcised? (n= 208)	
• **Before the age of 5**	68 (32.7)
• **6-9 years**	1 (0.5)
• **10- 18 years**	1 (0.5)
• **After 18 years**	2 (1)
• **Do not remember**	136 (65.4)
What was done to your genital organ? (187)	
• **Removed flesh**	181 (96.8)
• **Sewn closed**	1 (0.5)
• **Nicked without removing any flesh**	5 (2.7)
Who circumcised you? (n=205)	
• **Traditional circumciser**	100 (48.8)
• **Traditional birth attendant**	46 (22.4)
• **I do not know**	59 (28.8)

Findings of the qualitative explorations have shown us that FGC was widely practiced in the project areas, however, the community members hide this practice when the government bodies ask them about it. One of the key informants of the study who was working as a gender focal person of a kebele disclosed such fact in the following manner:

Every community member is aware that FGC is legally prohibited. This is why they do not want to tell the truth to outsiders as they fear to be imprisoned. The kebele officials also know the reality but they do not want take any action for the sake of avoiding any potential conflict with the community members. The circumcisers have been highly respected by the community. During circumcision, the parents arrange a big ceremony and provide the best meal and drink for the circumciser. When the circumciser comes from a remote area, the parents cover all his/her accommodation costs, including incentives. This is the actual reality that exists in this community but if you ask them about FGC they will hide the truth from you. (KII, Women)

Another key informant working as a health professional also said:

Some women bring their daughters to the health center and request us to provide them with a circumcision service. Hence, I feel that FGC is widely practiced by the community of this kebele (KII, Women).

As can be seen from the above reflections, FGC is commonly practiced by the study communities despite it being illegal. Unlike early marriage, although they know FGC is illegal, they are more reluctant to end the practice.

In agreement with the quantitative findings, qualitative findings have shown the EM was a very common practice.Our qualitative findings revealed that the practice of early marriage was more common in more remote kebeles, whose distance is farther from the capitals of the woredas. A girl who is not married early is generally called 'qomoqer' (unmarried), a pejorative term to discourage marriage at later ages. While some people discouraged early marriage, they conceived that 18 could be late for some people to get married. What an elderly said can demonstrate the belief held by most of the participants:

> *What I say is when a girl gets matured enough to marry, she should marry because marriage bonds one with the other…. If a girl is 15, she is mature enough [not early] to marry a husband. …. otherwise she will be called 'qomoqer' (unmarried).* (80-year-old man, gatekeepers FGD)

This idea is held among other people too. For instance, in the FGD with adolescent boys, almost all preferred to marry girls whose ages range between 10 and 15. This is because they want to marry someone who is a virgin. If marriage is delayed, they fear that the girl would lose her virginity to someone else. Contrary to this, girls in the FGDs believed that a girl should never marry before 18 (FGD, girls, Este, Denba).

A nurse from Fogera described the magnitude of early marriage from his observation as follows:

> *I have observed that there exists an early marriage practice. There are numerous girls under 18 who come to our health center for contraceptive use. I usually ask them why they were married at that early age. They told me that they were married by the will of the family. There is a pressure from family. The people around here are rich, and they use their children as a tool to create bonds with other families through marriage. Those who have lands would arrange a marriage with those who own something else. Another cause is parents would assume girls would not perform well at school. …you rarely find girls who reached college level* (Health professional, Hana, Fog).

This confirms that underage girls were married due to pressures from their parents, and the message from the nurse quoted above appeared to have been widely accepted, confirming that early marriage was pervasive. "Now many young daughters were married off. All were below 15" (Health professional,

Komets, Este). In addition, many key informants expressed that early marriage exposed girls to household burden, fistula, and psychological problems because they were immature (Teacher, Fogera).

Table 5 summarizes various community EM and FGC practices over the last one year prior to the baseline study. About one in five respondents witnessed on average four early marriages (range 1-20) and about one in four respondents estimated that there were on average eight early marriages (range 1-45) in their area. Sixteen percent of the participants witnessed on average six FGC (range 1-20) over the last one year and one in four of the participants estimated that there were on average ten FGCs (range 1-40) in their areas; 19.0% knew on average about 4 FGC performers (range 1-20). Surprisingly, three percent of the participants reported that they have performed on average 3.3 FGCs (range 1-6) over the last year. On the other hand, eighteen percent of the participants reported that they knew on average four FGC circumcisers (range 1-20) who stopped their practice (Table 5).

Table 5: EM and FGC practices in Fogera and Este woredas (n= 375)

Characteristics	Percentage of participants reporting at least one case (number (%))	Range of numbers of cases	Median Number of cases	Mean (standard deviation) of number of cases
Number of early marriages witnessed in the last one year	77(20.5)	1-20	3	4.1 (3.6)
Number of early marriages heard to be practiced in the last one year in the area	92 (24.5)	1-20	3	4 (3.8)
Number of early marriages practiced by the respondents in the last one year	9 (2.4)	1-6	1	2 (1.8)
Number of early marriages refused by respondents in the last one year in the area • **Adolescents =8.5%** • **Adults = 9.8%** • **Male = 12.3%** • **Female= 7.6%**	35 (9.3)	1-13	2	3.3 (3)
Estimated number of early marriages in the area in the last year[3]	100 (26.7)	1-45	5	7.8 (8.2)
Number of FGCs witnessed in the area in the last one year	60 (16.0%)	1-20	5	5.9 (4.6)
Number of FGCs heard in the area in the last one year	79 (21.1)	1-32	3	6.8 (7.5)
Number of FGCs one has performed in the last one year	11 (2.9)	1-6	3	3.3 (2.1)
Number of FGCs one has refused in the last one year • **Adolescents =3.8%** • **Adults = 8.6%** • **Male =9.5%** • **Female =5.6%**	26 (6.9)	1-15	2	3 (3.2)
Estimated number of FGCs in the area in the last one year	96 (25.6)	1-40	6	10.4 (10.4)
Number of FGC performers one knows in the area	70 (18.7)	1-20	2.5	3.8 (3.5)

[3] Perceptions on how prevalent the practice in the area was.

Number of FGC performers who stopped practice	69 (18.4)	1- 20	3	4.1 (3.4)

7.4 Feelings of women and girls related to EM and FGC

Women and girls were asked what they currently feel because they were married early or not and experienced FGC or not. Generally, a greater proportion of women and girls who were married before their 18th birthday had more bad feelings (36.5%) compared to their counter parts (15.5%). Similarly, a greater proportion of women and girls who were circumcised had bad feelings (17.8%) compared to their counter parts (5.6%). A greater proportion of women who were not married early (45.1%) or not circumcised (66.7%) had good feelings (figure 1). Feelings are subjective experiences in the happy-sad axis where the good refers to happiness and the bad refers to the sad feelings about experiencing FGC.

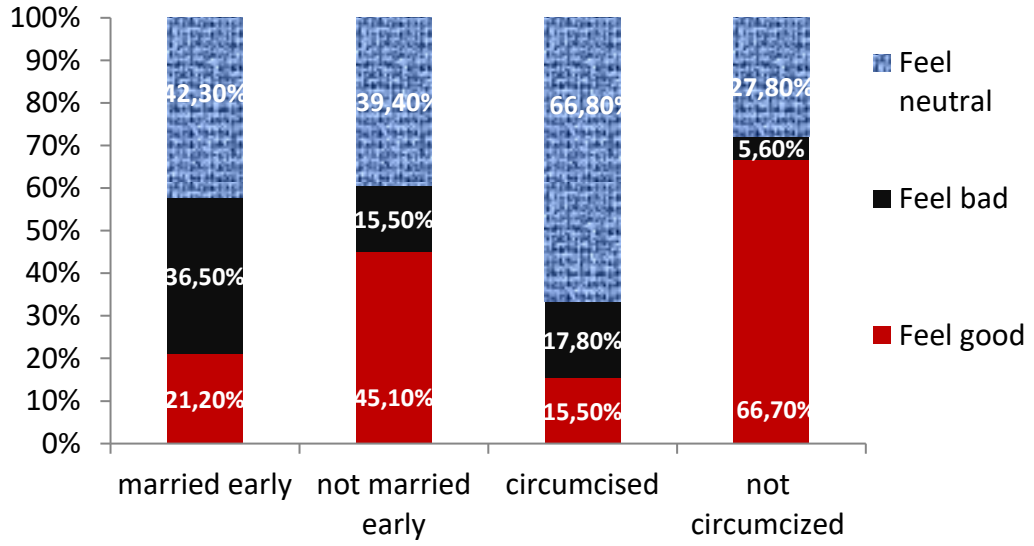


Figure 1: Feelings of women and girls related to early marriage and circumcision

7.5 Social Norms Associated with Early Marriage

Quantitative findings showed that about 40.0% of the respondents agreed parents expect adolescent girls to marry before the age of 18, and about 75.0% of the respondents agreed that peers expect a girl to be married before she turns 18. Over one in five of the respondents agreed that most girls marry before the age of 18. Surprisingly, about 30.0% of the respondents agreed that girls had no say on whether they want to marry or not. Similarly, 70.0% of the respondents agreed that parents require adolescent girls to tell them before making decisions to marry. Although 50.0% of women agreed that parents expect adolescent

girls to make the final decision on their marriage, 62.0% of adolescents did not agree on this norm. In addition to that, only 43.8% of women and 31.8% of adolescents agreed that girls choose who they marry in the study areas.

Abduction for marriage in the project areas was said to exist by 18.0% of women respondents and 22.6% of adolescent girls. Even 24.0% of women and 22.0% of adolescents agreed that most people expect girls to be abducted by men if they do not accept a proposal from a suitor. About 30.0% of women and 36.0% of adolescents disagreed that they would refuse if they were asked to marry before the age of 18. Regarding sensitivity to sanctions, 73.5% of women and 64.7% of adolescents agreed that whatever may come as a result of refusing early marriage is less harmful than early marriage (Table 6).

Table 6: Early marriage norms in women and adolescent girls in Fogera and Este woredas

Characteristics	Age of respondents	
	Percentage of women	Percentage of girls
Most adolescent girls marry before the age of 18:		
Strongly disagree	4.3	18.1
Disagree	71.0	60.2
I do not know	2.5	0
Agree	19.8	19.3
Strongly agree	2.5	2.4
Parents expect adolescent girls to get married before the age of 18 years:		
Strongly disagree	8.0	17.6
Disagree	48.8	31.8
I do not know	1.9	2.4
Agree	34.0	38.8
Strongly agree	7.4	9.4
Parents ask adolescent girls to have a say whether they want to marry or not:		
Strongly disagree	3.1	14.1
Disagree	26.7	25.9
I do not know	0.6	0
Agree	65.8	55.3
Strongly agree	3.7	4.7
Parents require adolescent girls to talk to them before making the decision to marry:		
Strongly disagree	3.7	12.9
Disagree	21.6	17.6
I do not know	0.6	0
Agree	66.0	64.7
Strongly agree	8.0	4.7

Parents expect adolescent girls to make the final decision regarding their marriage:		
Strongly disagree	3.7	15.3
Disagree	47.5	47.1
I do not know	3.7	2.4
Agree	40.1	31.8
Strongly agree	4.9	3.5
Parents expect adolescent girls to choose who to marry:		
Strongly disagree	4.3	18.8
Disagree	51.9	49.4
I do not know	3.1	4.7
Agree	36.4	25.9
Strongly agree	4.3	1.2
Most adolescent girls in this community are abducted for marriage:		
Strongly disagree	24.1	28.6
Disagree	53.7	47.6
I do not know	4.3	1.2
Agree	15.4	20.2
Strongly agree	2.5	2.4
Most girls in this community chose when they would marry:	5.6	11.8
Strongly disagree	46.9	56.5
Disagree	2.5	3.5
I do not know	40.1	24.7
Agree	4.9	3.5
Strongly agree		
Most girls in this community choose who they would marry:		
Strongly disagree	6.2	12.9
Disagree	46.3	55.3
I do not know	3.7	0
Agree	40.7	24.7
Strongly agree	3.1	7.1
Most adolescent girls have a say whether or not to marry:		
Strongly disagree	5.6	9.5
Disagree	45.7	58.3
I do not know	1.9	2.4
Agree	43.2	25.0
Strongly agree	3.7	4.8
Most people expect adolescent girls to be abducted if they don't accept a proposal from a suitor:	13.0	22.4
Strongly disagree	57.4	47.1
Disagree	5.6	8.2
I do not know	17.3	17.6
Agree	6.8	4.7
Strongly agree		
Peers expect adolescent girls to get married before the age of 18 years:		
Strongly disagree	9.3	17.6
Disagree	66.0	56.5
I do not know	3.7	7.1
Agree	18.5	18.8
Strongly agree	2.5	0
I believe that girls should get married before the age of 18:		
Strongly disagree	12.3	20.0

	Disagree	66.0	67.1
	I do not know	1.2	0
	Agree	17.9	10.6
Strongly agree		2.5	2.4
I should get married before the age of 18:		13.2	22.4
Strongly disagree		65.4	67.1
	Disagree	0.6	0
	I do not know	18.2	8.2
	Agree	2.5	2.4
Strongly agree			
If I am asked to marry before the age of 18, I will refuse:			
Strongly disagree		2.5	11.8
	Disagree	27.3	24.7
	I do not know	5.0	2.4
	Agree	60.9	51.8
Strongly agree		4.3	9.4
If I refuse early marriage, whatever may come is less harmful than early marriage:			
Strongly disagree		5.0	12.9
	Disagree	15.5	18.8
	I do not know	8.1	3.5
	Agree	64.0	55.3
Strongly agree		7.5	9.4

Figure 2 shows the relationship between the age of the respondents and the mean score of the combined score of a 16 item scale (alpha= 0.81) of the norms on early marriage. The graph shows that the younger the participants, the lower the agreement that parents and peers expect girls should be married early.

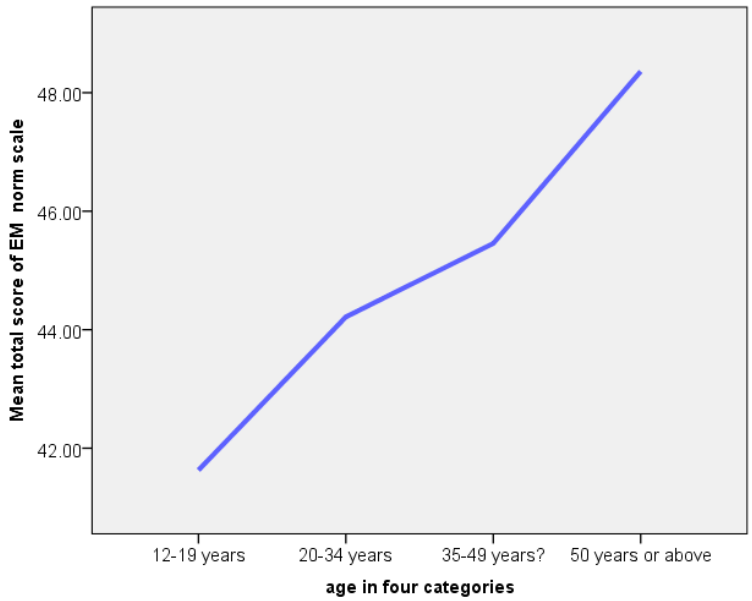


Figure 2: Norms on early marriage by age groups (the lower the mean score, the less restrictive the norm on EM)

Findings of the qualitative study, which employed CARE's SNAP framework, provided a detailed account of the social norms as outlined in the following chapters: empirical expectation, normative expectation, sanction, sensitivity to sanctions, and exceptions.

7.5.1. Empirical Expectation

With regard to the empirical expectation, what people think others do, the FGD results indicated that people's behaviour in the study areas fell broadly into two categories. These are ignorance, where people showed conformity to the practice of early marriage, and behaving with understanding facing all the odds. The table below summarizes the major thematic issues with examples:

Table 7: Empirical expectation - EM

SNAP Perspective	Who makes decisions about the practice?	What do you think others do? (Empirical Expectation)	Description
Empirical Expectation	Adolescent boys and girls	Ignorance – conform to EM	-They would do the early marriage because they don't have any other choice
			-They marry early because they will be forced to do so
		Facing the odds (with knowledge)- not doing EM	-She would not marry in order to pursue her education
		Ignorance – conform to EM	- They would do the EM because money is spent already and this is strange (unfamiliar to the community and deviates from what people expect)
			-They would marry off their daughters because of fear of having non-marital grandchildren
			-If the girls fall in love, they would marry even before 16; you can't stop it

	Parents and gatekeepers	Facing the odds (with knowledge)- not doing EM	-People would encourage their daughters to rather pursue their education - People would not marry off their daughters if the daughters refuse

Ignorance – living with EM

When people showed ignorance to early marriage, they appeared to insist on practicing early marriage. In the FGD with gatekeepers and men community members, it was learnt that most parents marry off their daughters due to the fear of receiving non-marital grandchildren (Gatekeepers, Fogera Woreda). There were parents who were in favour of early marriage. For instance, women FGD discussants reflected that most women would marry off their daughters once the daughters are 15 years old (FGD, women, Este Woreda). These discussants emphatically spoke that fifteen is old enough to get married for a girl. This was further strengthened by the behaviour of adolescent boys and girls who held the same opinion. However, some girls who refused early marriage were usually unable to choose who they should marry because the choices were made for them by others such as parents (e.g. FGD, boys, Fogera Woreda; FGD, women, Este Woreda). For instance, many shared the following statement made in the FGD with girls:

> *Girls would marry at an early age because they might feel that they would not do well at school and they consider this as obedience to the parents, and even if they try to say 'no', they imagine the bad fate they would be facing…* (FGD girls, Fogera Woreda).

Other discussants, in the same vein, commented that the community would marry off the daughters once they reach the age of 14. Some discussants preferred the age limit for marriage to be 14. "I wish the age limit for marriage was 14" (FGD, men, Este Woreda). Another participant added they preferred to marry their daughters off when they reach the age of 14 because from that age on the daughters themselves would fall in love with someone and become pregnant. Thus, in order to avoid this risk, which they thought would cause family disruption and disrespect, they would marry off their daughters earlier (FGD, men, Este Woreda).

Thus, girls appeared to be suppressed by those who have a voice(usually parents), who make the decisions about when and who the girls should marry, and therefore parents would make the decision whether their daughters should marry or not. The typical behavior then was conforming to the practice of early

marriage. This was attributed to ignorance by most of the FGD participants who emphatically spoke about the lack of awareness of the local community.

Against the practice - avoiding EM

Contrary to this behaviour, the majority of FGD participants across all community sections were said to exercise deferring the girls' marriage by a certain undefined time and thereby avoiding early marriage. The data reveals that if people have good knowledge and understanding about the harms early marriage might cause, they would never exercise early marriage; nor would they allow their daughters to marry while they are still at school. A strong statement shared by the majority was that 'a parent would never marry off his/her daughter if the daughter refuses' (FGD, women, Fogera Woreda; FGD, women, Este Woreda), underlining the importance of girls' education more than any other social matters including early marriage. This is also supported by discussants in the girls FGD's in Este (FGD, girls, Este Woreda).

Though limited, data from adolescents showed that some students – both boys and girls - would dare to report early marriage cases to the school principals so that the school could help cancel some early marriages (FGD, boys, Fogera Woreda, FGD girls, Fogera Woreda). A participant well described this as follows:

> *The practice of early marriage is harmful. When girls marry while they are too young, they could not do different activities easily. Also, if they are married early, girls' growth will be limited, and they would lose their motivation for education. Therefore, [because they are aware of this], they would decide not to marry early* (FGD, Este, girls, Denba).

Thus, it can be concluded that girls' refusal could depend on their awareness of the harm early marriage could cause them. Data from teachers revealed that schools received reports from some students who dared to do so about early marriage practices:

> *We have received reports made openly or through suggestion boxes that some students at school reported early marriage cases or plans, following which our school made interventions to stop the practices* (KII, teacher, Fogera Woreda)

7.5.2. Normative Expectation

With regard to normative expectation, what people are expected to do according to others in their surroundings, the study found that there are three different views based on the data from the FGDs. On

the one hand, the community expected people to maintain a position against EM. On the other hand, there were people who expected the community members to continue to practice early marriage whatever it costs. A third perspective is a situation in which adolescent boys and girls found themselves in a 'no-role' position in which they were passive observers of the practice. A brief presentation of the results is given in Table 8.

Table 8: Normative Expectation -EM

SNAP Perspective	Who makes decisions about the practice?	What do you think others do? (Empirical Expectation)	Description
Normative Expectation	Adolescent boys and girls	Opposing the practice of early marriage	-Maintain a position against EM and report
		To continue practice early marriage	-Others expect her to marry
		Silence, obedience, and fate	-Girls have no voice to refuse early marriage. They remain quiet and marry a man who they consider their 'fate' [whoever comes to marry them]
			-Boys would never act against the practice because of fear of elders
	Parents and gatekeepers	Maintain position against EM	- People would expect the parent not to marry off early, considering the benefit (FGD, Gatekeepers, men)
			- They expect the parent not to marry off, letting the daughter rather [pursue her education] (FGD, women)
		To continue practice early marriage	… him to marry off the daughter because a lot of money has been spent and it is good to comply with the culture

Maintain position against early marriage

Looking into the FGD data from all groups, it is possible to see that women and some girls voiced resistance to EM.

Some of the FGD participants expect the parent not to marry daughters off, letting the daughter rather [pursue her education] (FGD, women, Fogera Woreda) or alternatively report to the school (FGD girls, Fogera Woreda; FGD, girls, Este Woreda). Gatekeepers further strengthened this idea stating that parents in most cases have the awareness about the benefit of girls' education for the household and beyond. This was mentioned as the central reason behind opposing early marriage. Almost in all conversations throughout the study, there were participants who strongly claimed that the community was moving towards recognizing the benefit of educating children in general and girls in particular, and conversely the curse of marrying off daughters early.

To continue practicing early marriage

Community members generally expected parents and girls to continue to practice early marriage. Respondents to the FGD probing questions expressed that people in the community, would be required to conform to the practice of early marriag. Marrying off the girls early seemed to give the parents at least two benefits: one is to remain prestigious in the community and the other is to protect daughters from an unwanted pregnancy with a person they are not formally married to. Others mentioned that community members are expected to marry off their daughters because they want their daughters to be economically independent. Parents believed that they could not afford to cover the costs of raising their children, thus pushing their daughters to marry someone who is financially strong. They also wanted members of the community to practice early marriage because doing so is a manifestation of their culture (FGD, men, Fogera Woreda; FGD, women, Fogera Woreda).

The results also indicated that the community members have sometimes resisted anti-early marriage efforts by threatening government officials. For example, one of the key informants shared the following story.

> *The Bureau of Women, Children and Youth Affairs received information about one early marriage case, which was planned to take place at Komets Abeja Kebele. The bureau sent one of its experts to the kebele in order to halt the planned marriage. When the expert attempted to stop this marriage together with the kebele's Anti- HTP committee, the bride's family became angry and*

informed them that they had the right to do whatever they wanted with their daughter. … In the end, the family of the bride fired a gun at committee members. Fortunately, no one was injured. (Key informant, BoWCYA expert, Este Woreda)

The above narration informs us that the community members have taken violent measures to resist anti-EM legal efforts. This further indicates that changing the mind-set of the community seems to be a better and more fruitful approach to prevent the practice of early marriage than taking legal measures.

Silence, obedience, and fate

Adolescent boys and adolescent girls were asked in FGDs about what the normative expectations were in a situation where a girl is ready to get married early.

For instance, an adolescent boy expressed that in a situation in which most adolescent boys are observing an arrangement of early marriage for a daughter, "others would expect the adolescent boy to do nothing, but remain quiet because they would fear about the consequences… everyone would blame him because he would be considered immature" (FGD boys, Fogera Woreda). Another scenario was reported from adolescent girls. In most cases, they said, girls would accept the husband, as they would consider this as a sign of obedience to the parents. Some girls almost pointed out that if it was a rich and a well-behaved man who was proposed to a girl, no matter how old she is, a girl should decide to marry (FGD, girls, Este Woreda; FGD girls, Fogera Woreda; FGD girls, Fogera Woreda). They stated that adolescents would be expected to accept their fate when a man asks to marry a girl.

7.5.3. Sanctions

The FGD discussants were asked based on a vignette to express what they knew were sanctions to any form of behavior by a community member for or against early marriage. The question about how other closer people to a person could react was examined, and the responses fell generally into two categories although reactions ranged from simple verbal criticisms to a complete appreciation. The table below shows an analysis of data in the two broad categories.

Table 9: Sanctions - EM

SNAP Perspective	Who makes decisions about the practice?	What do you think others do? (Empirical Expectation)	Description

Sanction	Adolescent boys and girls	Criticisms	-Friends would put pressure on her to marry -Friends would emphasize blaming the father for granting his daughter the freedom to choose
		Approval	-Friends would admire her decision against EM
	Parents and gatekeepers	Criticism	- Verbal pressure to marry off their daughter - The father and his daughter would be accused of cancelling once preparations are made
		Approval	- Many would appreciate the father's stand and encourage him to be against the practice of early marriage

Criticism

Anyone who refuses to conform to early marriage could be facing verbal pressures (FGD, gatekeepers, Fogera Woreda), accusations (FGD, men, Fogera Woreda), condemnation (e.g. Participant 5, FGD, boys, Fog, Tiwa), and blame (FGD, men, Fogera Woreda). People would ask the parents "why is your daughter not fulfilling your will after you have prepared all this for her? [You should force her to marry]" (FGD, Este Woreda). Adolescent girls themselves expressed that many sanctions would be put on them, including peer pressure with friends pushing a girl refusing to marry (FGD girls, Fogera Woreda; FGD girls, Fogera Woreda).

Another dimension of the criticism reported by FGD discussants was just ignorance, whereby a parent was said not to give any space to what a daughter wanted. 'Who would give a girl this much right to choose to marry or not to marry?' (Participant 5, FGD, women, Fog, Wotemb).

Approval

Contrary to the criticisms, there are reactions reported to have been representative of certain groups of people in the community, who stood against early marriage. The approval mainly came from men and women community members. The FGD discussants put forward two negative consequences they feared

early marriage might cause. Hence, they said they would approve of and appreciate any efforts that would protcect a girl from early marriage. The community members would appreciate a person's decision not to exercise early marriage, for they feared that a daughter forced into early marriage would do something bad such as commit a suicidal act (FGD, men, Fogera Woreda; FGD, women, Fogera Woreda). Another reason certain community members appreciate a stand against early marriage was that parents preferred to see the fruits of the education of their daughters and hence discussants said parents would like to encourage positions against early marriage to allow their daughters to continue their education (FGD, women, Fogera Woreda; FGD, women, Fogera Woreda; FGD, women, Este Woreda).

7.5.4. Sensitivity to Sanctions

Discussants were asked to reflect on how much the sanctions could influence the members of the community who stood against the practice of early marriage and refuse to exercise it. Hence, the question was how much the sanctions made the person standing against EM change his/her position. This led to responses that can be put into two groups. In the first group, there were people who believed that the sanctions could lead the person to change his/her position in the future. In the other group, there were discussants who presumed that people who originally oppose the practice of early marriage would never change their positions despite any sanctions on them.

These perspectives are presented in Table 10 below:

Table 10: Sensitivity to sanctions -EM

SNAP Perspective	Who makes decisions about the practice?	What do you think others do? (Empirical Expectation)	Description
	Adolescent boys and girls	Change behavior	-He would change his position because he couldn't withstand the blames and pressures
			- She could change her decision and then marry if she is pressurized [by the good qualities of the proposed husband]
		No change	-She won't change her mind as she has a vision

Empirical Expectation	Parents and gatekeepers	Change behavior	-He could change his position because he would be influenced as he might think he should comply with the norm
			-Their criticisms would not make him change his position
			- She could change her position and force her daughter to marry
		No change	-Because he has a good understanding, he would not change his position
			-Their criticisms would not make him change his position
			-She wouldn't change because the parent values the daughter more than anything

Behavior change due to sanctions

It was discussed earlier that there could be sanctions ranging from verbal pressure to serious impositions. For some people, such criticisms would make them change their positions. For instance, a participant in the men's FGD stated that "he could change his position because he would be influenced as he should comply with the norm" (FGD, men, Fogera Woreda). In the same vein, a boy thinking he would struggle against early marriage practice in the community would not have the capacity to survive the criticisms, and therefore he "… would change his position because he could not withstand the blames and pressures" (FGD, boys, Fogera Woreda). Another discussant in the same group strengthened this idea by saying that adolescent boys" are threatened by parents not to halt the proposed marriage".

Adolescent girls also said that a girl who refused early marriage originally could change her decision and then decide to marry if she was pressurized [by the good qualities of the proposed husband] (FGD girls, Fogera Woreda). The participants underscored that the 'qualities' include one who is economically rich and is believed to be respected for his personal behaviour. The decision for most girls, they thought, would be to decide to marry if they were pressurized from these angles.

No behaviour change due to sanctions

Contrary to those, who could show high sensitivity to sanctions, there could also be some people who would stand brave and remain almost unchanged about their position towards the practice of early marriage.

Gatekeepers from the two woredas - Este and Fogera – stated that a father of a girl, with a full understanding of the harm early marriage might cause, would never be influenced by any sanctions against him. Similarly, men community members agreed with this idea that the majority of the people with some awareness would not be influenced by criticisms. “The criticisms would never make him change his position [against the practice of early marriage]” (FGD, men, Fogera woreda).

Women were also asked to discuss the reactions most mothers would have against early marriage and whether or not the mothers would change their positions originally held against the practice of early marriage. Surprisingly most of the discussants emphasized that adolescent girls who are at school are highly valued by parents. For them, there is nothing more important than the daughters’ lives, and hence most mothers would favour their daughters’ choice and would never change their positions against early marriage (FGD, women, Fogera Woreda). In addition, some girls said that an adolescent visionary girl would never change her mind not to marry at an early age even if it meant sanctions against her (FGD girls, Fogera Woreda).

7.5. 5. Exceptions

FGD discussants set forth exceptions or circumstances under which it would be permitted for one not to exercise early marriage, which would normally be considered as a violation of the norm. Gathered from the entire data, the exceptions generally are grouped into five perspectives.

Table 11: Exceptions - EM

SNAP perspective	Exception	Description of the exception
	Awareness and education	…if the public awareness is raised

	Legal frameworks	If there were legal actions that would be taken against those who violate rights, it might be possible to stop early marriages
	Academic records	If the girl has a good academic achievement history, parents would not let her marry early
Exceptions	Assertiveness	If she is able to communicate her thoughts clearly, she can defend herself
	Finances	If parents are poor, they may decide to encourage the daughter to marry instead of pursuing her education.

Awareness and education

Perhaps the salient factor that could lead the community to either cancel pre-arranged early marriage or avoid it by any means depends on how much people are aware and educated about the practice. The people would stand against the practice of early marriage if and only if they have the awareness and good education about how early marriage could be harmful. People could refuse to accept early marriage as a practice 'if the public awareness is raised' [about the negative consequences of early marriage]' (FGD, Gatekeepers, *Fogera woreda;* FGD girls, Fogera woreda).

Active Legal Framework

Particularly adolescent boys and girls called for active legal frameworks that can work well in order for them and their friends to resist early marriage. They emphatically explained that they have nowhere to go to if their actions against EM are not seen positively by parents. Therefore, they said if there were legal actions that would be taken against those who violate rights [in favour of early marriage], it would be possible for most adolescents to refuse early marriage (FGD, boys, Fogera Woreda).

Academic achievement

An important exception learnt from the FGD data is the association between girls' academic achievement and early marriage. It seems from the discussants' perspectives that girls who did not do well at school were likely to be married off early. Conversely, the girls with good academic records would be unlikely to get married at an early age. The latter was attributed to the hope parents put on their daughters' education. 'If a girl has a good academic achievement history, parents would not let her marry early.' (FGD girls, Fogera woreda). This implies that the parents considered their daughters' academic records when deciding for or against early marriage for their daughters.

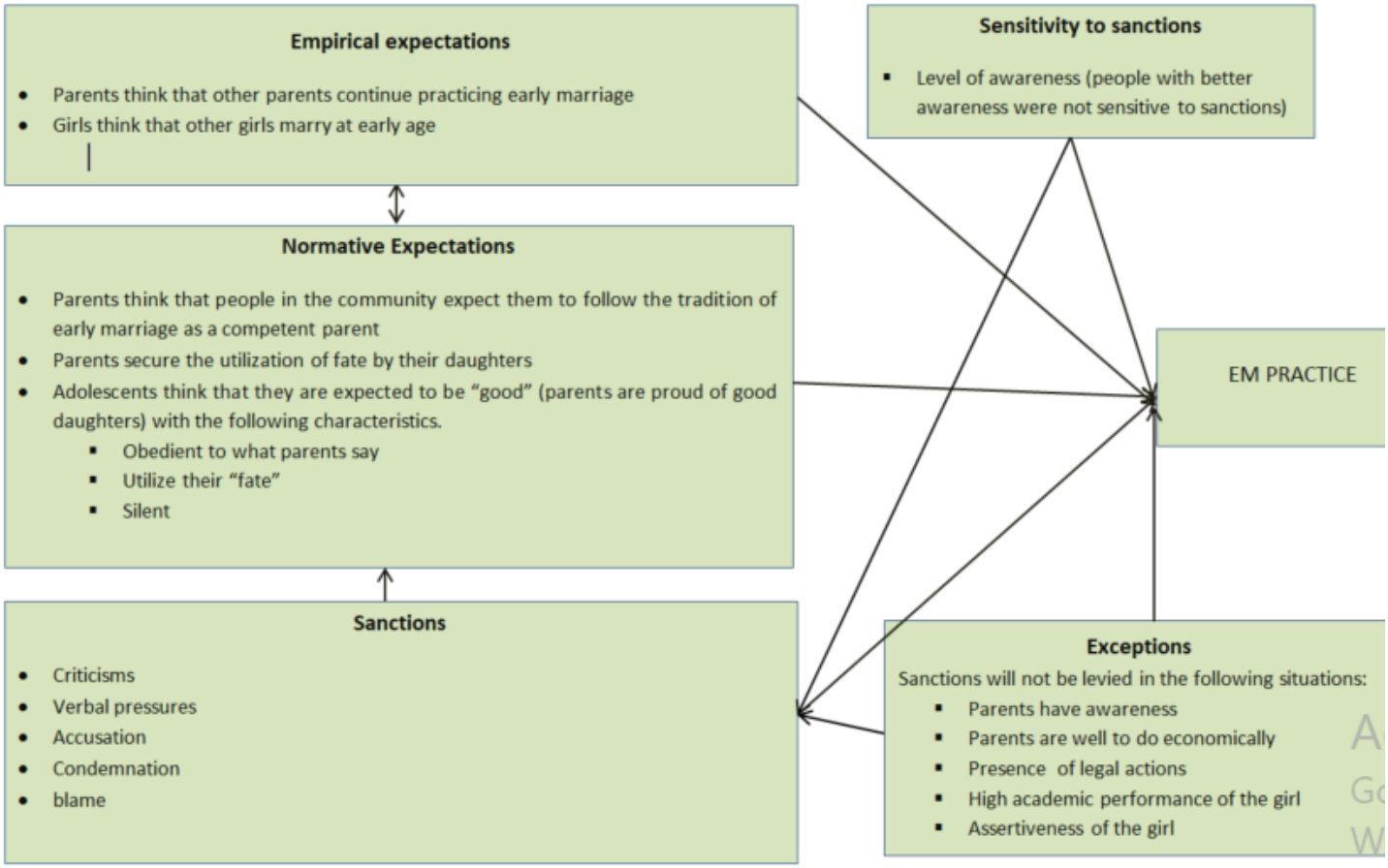
Assertiveness

Another condition where early marriage would eventually be considered an allowable practice is when a girl fails to be assertive about it. As some FGD discussants put it, if a girl was assertive enough to communicate her thoughts confidently, she could defend herself against early marriage (FGD girls, Fogera Woreda). Therefore, an assertive girl was understood as one who could maintain a position against early marriage while a submissive girl would perhaps fall into the trap (or would be ready to merely accept what she is told to do) and get married early.

Finances

The FGD data that was gathered from adolescent girls revealed that poor finances are among the exceptions that would make early marriage unacceptable. For instance, a discussant in an FGD put "if parents are poor, they may decide to encourage their daughter to pursue her education" (FGD girls, Fogera Woreda). So in a poor family daughters would be supposed to be at school, work hard, and support their parents. On the other hand, discussants also underlined that a girl could marry someone rich because parents and friends of the girl might see this as a life changing opportunity for her (FGD girls, Fogera Woreda).

Figure 3: Conceptual framework for EM



7.6 Social norms associated with FGC

The quantitative analysis showed that 28.0% percent of women and 23.5% of girls stated that most girls in the project areas want to get circumcised. 46% of women and 55.3% of adolescents agreed that the community or parents expect girls to get circumcised. One in three women and over one in five adolescents believed that girls should be circumcised. Accordingly, 30.0% of women and 22.0% of adolescent girls chose to be circumcised. On the other hand, 56.0% of women and 60.0% of adolescent girls agreed that they would oppose the practice of female genital cutting because the consequences of opposing it in the community is less harmful than the consequences of FGC (Table 12).

Table 12: FGC Norms in Fogera and Est eworedas

FGC norms	Age of respondents	
	Percentage of women	Percentage of girls (adolescents)
Most girls want to get circumcised. (EE: What you think others do):		
Strongly disagree	14.2	25.9
Disagree	54.3	50.6
I do not know	3.1	0
Agree	23.5	20.0
Strongly agree	4.9	3.5
The community or parents expect girls to get circumcised:	6.2	15.3
Strongly disagree	46.3	22.4
Disagree	1.2	7.1
I do not know	40.7	44.7
Agree	5.6	10.6
Strongly agree		
I believe that girls should get circumcised:		
Strongly disagree	14.2	27.1
Disagree	52.5	51.8
I do not know	0	0
Agree	25.3	17.6
Strongly agree	8.0	3.5
I choose to get circumcised:		
Strongly disagree	17.1	26.5
Disagree	52.5	51.8
I do not know	0.6	0
Agree	25.3	16.9
Strongly agree	4.4	4.8
I oppose the practice of female genital cutting as the consequence of opposing is less harmful than FGC:		
Strongly disagree	8.1	17.6
Disagree	29.2	18.8
I do not know	6.8	3.5
Agree	51.6	52.9
Strongly agree	4.3	7.1

Figure 3 shows the relationship between the age of the respondents and the mean score of the composite score of a five item scale (alpha= 0.83) of the norms on FGC. The graph shows that as the age of respondents increases from 12-20 years, the level of agreement on norms that encourage FGC increased rapidly. However, the agreement of respondents on norms that encourage FGC decreased slowly after the age of 35, showing that the norm is associated with the time of marriage. This means, after this age, a woman is not likely to attract a husband because she would be considered too old, and not ready for a fresh marriage.

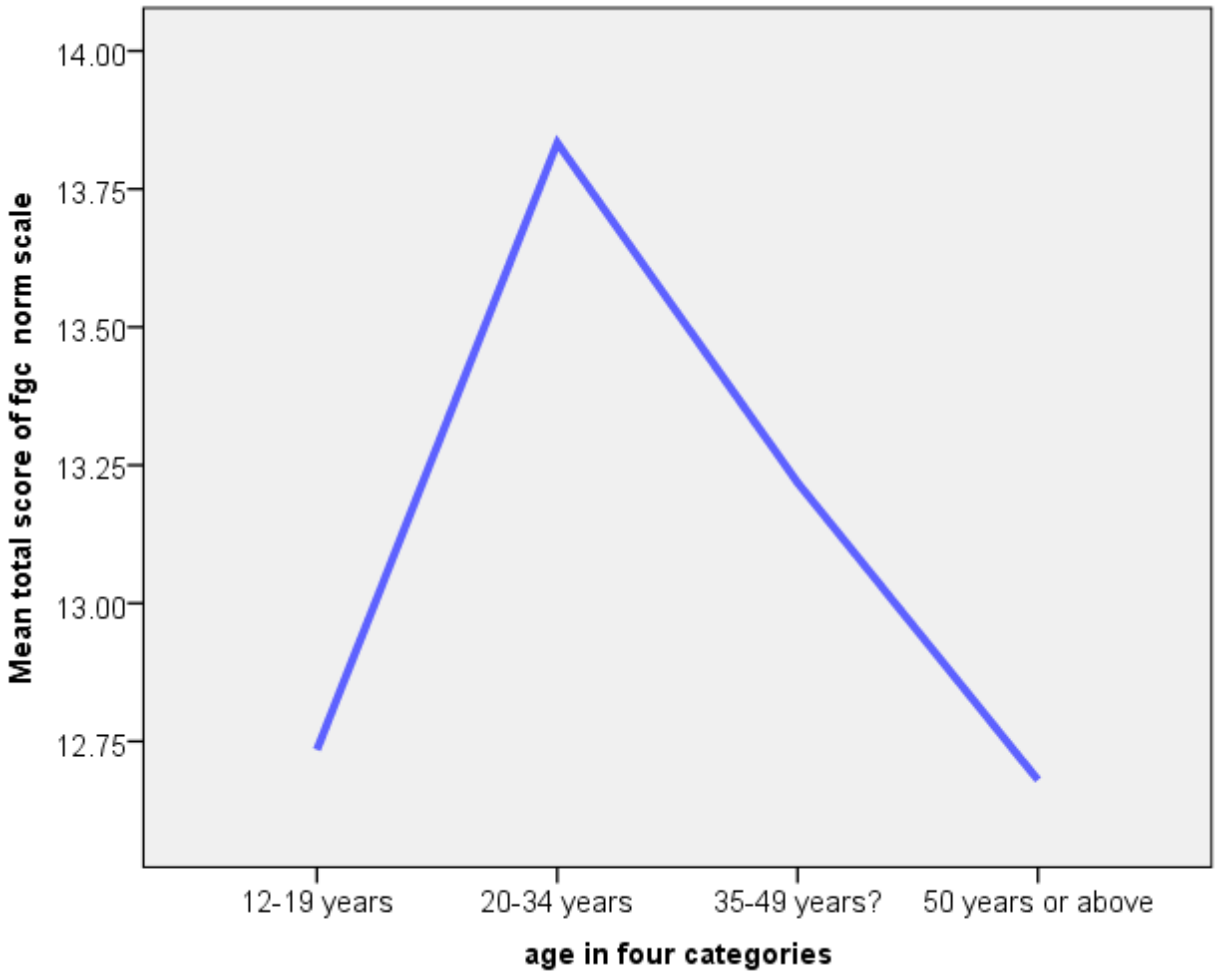


Figure 4: Norms on FGC by age groups (the higher the mean score, the more restrictive the norm on FGC)

Similar to EM, findings of the qualitative study are in agreement with findings of the quantitative study. The findings are presented below, using the concepts of the CARE's SNAP model as chapters: empirical expectations, normative expectations, sanctions, sensitivity to sanctions, and exceptions.

7. 6.1 Empirical Expectation-FGC

The focus group discussants were asked what they think girls, parents and husbands should do in relation to FGC. They were also asked to explain their responses for the sake of understanding the social norms related reasons that are associated with FGC.The empirical expectations on FGC are classified into two broad categories. The first empirical expectation refuses the practice of FGC whereas the second one accepts it.

Participants who refuse, believed that FGC is an outdated cultural tradition having no importance on girls'/women's lives and that it brings negative health consequences. For examples, one male FGD participant said:

> *"It is right to circumcise a boy, not a girl….FGC hurts! [These days], people support a position against the practice of FGC because they are aware of [its] negative consequences" (74 years old man, FGD participant).*

The second empirical expectation is support for the practice of FGC, which is classified into three subcategories: empirical expectations given to adolescent girls, parents and husbands. Each of these empirical expectations has its own social reasons. The empirical expectations are presented in the table below.

Table 13: Empirical Expectations on FGC

Practice	Who makes decisions about the practice?	What do you think others do? (Empirical Expectation)	Reasons
Female Genital Cutting	Adolescent Girls	Girls get circumcised	Not to face health complication during delivery To satisfy the need of their parents. To meet the interest of their would-be husbands Not to deviate from the cultural tradition

	Parents	Parents make their daughters get circumcised	To easily get a husband for their daughter To avoid any potential sexual related conflicts between their daughter and her husband So that their daughter easily adopts to marriage life or is comfortable with sexual intercourse. So that their daughter is safe and healthy during child delivery. To continue a cultural tradition that was practiced for many years. To avoid any potential blame from community members
	Husbands	Husbands make their wife get circumcised.	To be able to have proper sexual intercourse To get a child To safe his wife from pregnancy complications To uphold culture To avoid any potential blame from community members

Girls' agency in FGC

Concerning adolescent girls, some participants believed that girls want to get circumcised. The participants had various reasons to believe in this empirical expectation. Some participants said that FGC can protect girls from pregnancy related complications that may happen during delivery time. This idea is further elaborated by the verbal account of the following participant:

According to our culture, we said that girls must be circumcised. When girls delayed their circumcision, they would get problem in the time of delivery. If she is uncircumcised, her vagina is closed by big flesh (large clitoris). How could a child pass through within this iron fence? Hence, what we often do is that we call a circumciser to cut off this flesh and open the gate for a child to come out of the womb safely. Under such condition, if we do not immediately get a circumciser, the lives of both the mother and the fetus are put into great danger. So why would girls put themselves at such risk, when they can easily be circumcised at a young age, just like their foremothers? (FGD, Girls, Este Woreda)

Some other participants hold this empirical expectation (Girls want to get circumcised) by considering the fact that girls do not have a desire to irritate their parents and husbands. For instance, one participant

said: "*I think girls want to satisfy the need of their parents and husbands and so they do not oppose the practice of FGC*". Therefore, the other reasons for having an empirical expectation that claims girls want to get circumcised are: satisfying the expectations of their family and of their future husbands.

Some other participants said that girls want to get circumcised to not deviate from the social norms that come from their ancestors. In support of this idea, one of the focus group discussant said: "*Adolescent girls consider FGC as an important cultural practice and they do not see any woman who face health problems because of FGC. Hence, they uphold the practice*." Therefore, upholding cultural traditions is an additional reason that shapes the empirical expectation of the community, and therefore adolescent girls in the community believe that they should keep with the FGC practice.

Parents force girls to be circumcised

The participants that claim this empirical expectation reported a variety of reasons. One of the major reasons that other community members expect parents to practice FGC is linked to a deeply rooted custom that considers FGC as a precondition for marriage. Most parents have a fear that their daughter will not marry if she is not circumcised. One of the participants of the study supported this idea by saying: "*If the parents make their daughters uncircumcised, no one would ask them to marry their daughter*". Another participant put a remark: "*Letting girls uncircumcised just like animals is an act of stupidity*" (Male Gate Keepers, Fogera Woreda.

Some other participants said that the parents worry about some of the potential risks facing uncircumcised girls due to misinformation. They believe that uncircumcised girls could not have proper sexual intercourse with their husbands and this scenario would in turn oblige girls to experience unnecessary conflict with their husbands and hinder them to lead a smooth marriage life. Generally, the social norm that considers FGC a pre-requisite for marriage is a major reason for the community to have an empirical expectation i.e. most parents practice FGC.

Another significant reason described by the participants is that parents believe that there are benefits to FGC. Many parents believed that FGC can protect girls from any potential pregnancy related complications. For this reason, some parents would practice FGC. This idea is well expressed by the verbal account of the following discussant.

The genital organs of boys and girls are naturally covered with some extra flesh. The extra flesh should be removed for making boys and girls healthier. If this flesh is not removed, it brings serious health problem

especially on women during delivery time. Therefore, most parents practice FGC to save the life of their daughters (FGD, Female, Parents)

Some participants also thought that parents practice FGC for the purpose of upholding traditional custom they inherited from their ancestors and to avoid any potential blame that might be inflicted by the community members. In connection to this idea, one of the focus group discussant said:

Some parents want to continue FGC because they do not want to ignore their custom. If they attempted to deviate from the social custom, they would face sanctions. Most parents do not want to be penalized by the community. Therefore, they do not want to refuse the practice of FGC. (FGD, Male Gate Keepers)

As indicated in the quote above, parents are inclined to practice FGC (empirical expectation) because they believe that they have the responsibility to keep with their cultural tradition and to avoid any social blame against them.

Husbands force wives to be circumcised

The participants of the study demonstrated that husbands force their wives to be circumcised. The reasons given for this empirical expectation are almost similar with that of parents. The main reasons that drive husbands to encourage the practice of FGC include saving their wives from pregnancy complications, upholding cultural norms, avoiding social blame and conceiving a child through what they believe to be proper sexual intercourse.

The aforementioned insights and perspectives of the participants inform us that the empirical expectations on FGC are classified into two broad categories. The first empirical expectation refuses the practice of FGC whereas the second one accepts it. The second empirical expectation is again classified into three major categories i.e. empirical expectations given to adolescent girls, parents and husbands. Each of these empirical expectations has its own social reasons.

It can be concluded that the main drivers of FGC are deeply rooted social and cultural norms, on the one hand, which pushes the study community to perform FGC on girls as a rite of passage and requirement for marriage. But also, crucially, a key driver of FGC is complete misinformation about its medical, maternal and sexual benefits and consequences. Hence, these findings are extremely important in any intervention looking to tackle FGC.

7.6.2. Normative Expectation

The focus group discussants were also asked to reflect on what others think they should do in relation to FGC. As per the result of the vignette study, there was polarized debate among the participants about the normative expectation related to FGC. Some participants opposed the practice of FGC by claiming that it would not bring any positive effects on the marriage life of girls or women. However, some other participants favoured the practice, giving various normative reasons. The normative expectations from the vignette participants are presented in the following table.

Table 14: Normative Expectations on FGC

Practice	Who makes decisions about the practice?	What do others think you should do? (Normative Expectation)	Reasons
Female Genital Cutting	Adolescent Girls	Girls are expected to be circumcised.	To get a husband To be able to have penetrative sexual intercourse To get pregnant To avoid pregnancy complications To continue the cultural tradition
	Parents	Parents are expected to have their daughters circumcised.	To make their daughter lead a good marriage life To receive a grandson/daughter So that their daughter is safe and healthy during child delivery. To uphold culture
	Husbands	Husbands are expected to have their wife circumcised.	To be able to have proper sexual intercourse To get a child To safe his wife from pregnancy complications To uphold culture

A key finding of this part of this study is that girls are expected to be circumcised. Parents are also expected to have their daughters circumcised. In addition, husbands are expected to have their wife circumcised.

There are various social related reasons that make the 'others' have such normative expectations. However, the social reasons are almost similar to the three normative expectations. This means that girls, parents and husbands share the same beliefs about reasons supporting FGC. Hence, it is deemed to be appropriate to categorize the normative expectations based on the nature of the reasons associated with FGC. The main reasons for supporting the practice of FGC are the following:

To uphold culture

Some participants hold these expectations in order to keep with cultural norms. For example, one of the focus group discussants of the vignette study said:

> *Based on our longstanding culture, both girls and boys are circumcised and I have never heard about any culture that restricts female genital circumcision before*. (FGD, Male Elder, Gate Keeper)

From the above direct quotation, we can grasp that there is a socially accepted normative expectation to continue the practice of FGC and the community considers it as part of their cultural heritage. As a result, anti-FGC efforts have been perceived by the community as an effort of diluting their culture and there has been strong resistance against such efforts.One of the focus group discussant affirmed this idea by saying:

*FGC is part of our culture. It existed before and it still exists, and it will continue for the future even if science opposes it. Our community believes that science is not real and it is against good cultural norms like FGC. The community trusts their culture more than science and that is why FGC is still continued. (*FGD, Female, Parents)

To enable sexual intercourse and the conception of children

Some other participants also reported that there is a societal belief that a girl will not satisfy or fit with the sexual interest of her husband if she fails to be circumcised. These groups believed that the clitoris of uncircumcised girl is getting larger and it would then prevent a man to perform sexual intercourse (unable to insert his penis into the female sexual organ). Under this condition, any uncircumcised girl is believed to be unable to conceive a child. This idea is well articulated by the verbal account of the following discussant:

According to our cultural norm, an uncircumcised girl could not have penetrative sex with her husband. Owing to this reason, she cannot birth a child and would also be unable to sexually gratify her partner. Hence, a girl must be circumcised before marriage. (FGD, Male, Parent)

In the same token, a victim girl said:

While I was a grade 8 student, I heard that uncircumcised girls would face problems to perform proper sexual intercourse and safe birth. Then, I asked my mother whether I am circumcised or not. She told me that I was circumcised when I was a kid. (In-depth Interview, 17 years old girl, Este Woreda)

To enable women to get married

Another reason given for the practice of FGC is that it allows women to get married as there is the belief that uncircumcised women are not fit for marriage. One discussant explained:

There is a belief in our community that a girl would not marry if she is uncircumcised. My sister is not circumcised. Some men asked my sister for marriage. But, they immediately ignored her after they noticed that she is uncircumcised. Fortunately, one man married her and there is no harm happening to her although she is still uncircumcised. (FGD, Male Parent)

From the above verbal account, it can be understood that circumcision is considered as precondition for marriage since it would have an advantage for a girl to be able to get pregnant and satisfy the sexual interest of their husband. The result also indicated that in rare cases girls are circumcised after they get married. In light of this idea, one of the participants of the study revealed that:

In many cases, a man marries a circumcised girl. However, there are some cases when a man marries an uncircumcised girl though she would be circumcised immediately after she gets married (FGD, Boys).

To avoid pregnancy complications

Female genital cutting is also done because it is believed to protect girls from pregnancy complications. The participants said that traditionally women were expected to be circumcised for the sake of protecting themselves from pregnancy related risks that may occur during labour. The verbal account of the following discussant clearly highlights this issue:

In our vicinity, we have never seen an uncircumcised woman, who is able to lead a good marriage life with her husband and can safely birth a child. As a testimony, one woman living in this kebele married a man and she then conceived a baby. During her labor, she suffered a lot and her labor continued for three days. Fortunately, one guest woman who is a circumciser had closely watched her situation. After a while, the circumciser took out her blade from her pocket and started to open the underwear of the pregnant woman. In the meantime, the new baby came out on the spot. (FGD, Male, Parent)

The above direct quotation gives us a new insight that women can be circumcised not only during childhood or immediately before/after marriage, but also during labour.

The participants of the study also reflected on the time or the period when a girl should be circumcised. Most of the participants agreed that a girl should be circumcised at infant stage due to a couple of reasons. The first reason is that the flow of blood is low when a girl is circumcised in her early years. The second reason is that most genital cuts practiced at young age would be healed within a short period of time. Surprisingly, some other participants suggested that the health center should provide a service of female circumcision. In light of this idea, one participant said:

The practice of female genital cutting will occur anyway. It brings health complication when traditional circumcisers do it. However, if health professionals do the circumcision, it would not bring any harm on girls rather it would brighten their future life. (FGD, Male Parents)

The health professionals disclosed that a few parents ask them to circumcise their daughters. On such an occasion, the health workers inform these parents that FGC is legally prohibited. Furthermore, it was reported that none of the interviewed health professions think that FGC is medicalized. This means health complications resulting from FGC and EM were not treated in the health centers as people usually hide the cases and use other means of treatment.

All in all, the aforementioned reflections indicate that there are diversified views towards the practice of FGC. Some participants oppose FGC whereas some others support it. The reason why the community continues to practice FGC is mainly associated with multiple social norms. The major reasons shared by the majority of focus group discussants include keeping with cultural tradition, creating smooth sexual relations with their partner, child-bearing and avoiding any potential pregnancy related complications. Given these scenarios, some community members believed that FGC is a good cultural practice that has to be promoted and passed on from one generation to the next. These community members expect all girls to get circumcised. Therefore, it can be concluded that FGC is still a socially acceptable behavior that

parents, girls and husbands uphold because they believe that their community expects them to do so for different reasons that are explained above.

7.6.3. Sanctions -FGC

According to the results of the vignette study, some community members say they do not have a choice regarding FGC, parents and girls are forced to practice FGC because, if they refuse, they face various social sanctions which are imposed by different groups of people. The result indicated that girls and parents would get rewarded by the community if they meet the normative expectation to uphold the practice of FGC. However, if they fail to meet such expectation, they would be punished. The type of sanctions imposed on those girls, parents and husbands who refuse FGC are not always the same and vary in severity depening on the actors. The following table clearly shows the actors and types of social sanctions imposed on girls, parents and husbands who refuse FGC.

Table 15: Social Sanction on FGC

Practice	Who makes decisions to refuse the practice?	Who imposes the sanctions?	Social Sanctions
Refusing Female Genital Cutting	Adolescent Girls	Parents	Considering them as bad or cursed daughters
			Blaming them as if they do not want to see their families' happiness
			Intimidating them not to go to school.
			Forcing them to leave the home
			Informing them that they are ashamed of them.
		Peers Siblings	Referring or calling them with a derogatory word i.e. *Weshelaseit* (literally translated to English as 'a girl with an uncircumcised penis')
		Neighbors	Considering her as a bad girl who does not want to respect her family
			Smearing her name as she is unfit for marriage
			Disrespecting them
		Suitor/fiancé	Deciding not to marry her as she is unfit for marriage.

	Husband	Beating her so that she accepts his decision and deciding to get divorced from her
Parents		Blaming them as if they are not good parents
	Siblings	Disrespecting them
	Neighbors	Discriminating them in some occasions. For example not inviting them in arbitration and marriage ceremonies.
	Suitor/fiancé	Ridiculing and considering them as if they are abnormal parents.
		Disrespecting them
Husbands	Community members and siblings	Referring or calling him with a derogatory word i.e. *Womanish*
		Disregarding him.
		Considering him as a symbol of a weak man who cannot have sexual intercourse.

Sanctions imposed on adolescent girls by parents

The study confirms that parents, siblings, neighbors, peers and suitors impose sanctions on girls who refuse FGC. The most common sanctions imposed by parents include considering a girl as bad or cursed, intimidating her to quit her schooling, blaming her for making her family unhappy and ashamed, and forcing a girl to abandon her home. In connection to this, one FGD participant said:

Female genital cutting is part of our culture. We (parents) also worry that our daughters may not give birth and lead a good marriage life if they are uncircumcised. We directly confront girls who disrespect this norm. When they show us such bad behavior, we first give them advice about the advantages of FGC. But if they do not accept our advice, we stop to care about them and sometimes we told them that they should either leave the home or accept our advice. (FGD, Women, Parents)

Another participant added that:

> *If girls oppose female genital cutting, their fathers get very angry, as they are ashamed. Some girls with unhealthy behavior make their fathers unhappy by refusing FGC. Some parents take*

harsh measures on such girls. For example, the parents may chase them from home or keep them out of school. (FGD, Male, Parents)

The above reflections tell us that girls, who refuse FGC are vulnerable to various sanctions, which are imposed by their own parents. As it is depicted in the reflections, some of the sanctions seem to be minor, whereas some other sanctions i.e. forcing girls to leave their education and home are severe and may negatively determine a girl's destiny.

Sanctions imposed on adolescent girls by peers, siblings and neighbors

The result of the focus group discussions indicated that uncircumcised girls are being mocked and ridiculed by their peers, siblings and neighbors. This implies that sanctions against non-circumcised girls are not only imposed by their parents but also by their peers, siblings and neighbors. In connection to this idea, one of the focus group discussants said:

In our culture, we call an uncircumcised girl as Weshelaseit (literally translated to English: a girl with an uncircumcised penis). We do not consider her as a normal woman as she has an unnecessary genital organ, which must be cut off. (FGD, Male, Parents).

The above quote shows us that sanctions imposed by peers, siblings and neighbors (reference groups) can include derogatory insults. These reference groups have also imposed additional sanctions on non-circumcised girls and the sanctions include disrespect, blame and ignorance. The following discussant clearly expressed all these sanctions:

According to our culture, girls are pressurized to undergo genital cutting. If she refuses the FGC practice against the will of her parents, she will face various problems from the community members. Her peers, siblings and neighbors will not show any respect for her. They will blame her as if she brought grief on her family. They also consider her unfit for marriage. (FGD, Women, Parents)

Sanctions imposed on adolescent girls by suitors, fiancés and husbands

The results of the focus group discussion further showed that sanctions against non-circumcised girls are also imposed by suitors, fiancés and husbands. Oftentimes, uncircumcised girls are abandoned by suitors and fiancés. If these girls get married, they would face sanctions imposed by husbands. For example, one of the focus group discussants revealed the sanctions imposed by husbands as follows:

If a girl is uncircumcised, she is more likely to get divorced. For example, my sister had married a man but he was always beating her as she refused to practice FGC. Then, he informed my parents that he does not want to live with a girl who has an uncircumcised penis. Hence, he returned her back to her home. She married another person but he left her after a while for the same reason. She also married her third husband but she was again divorced because he was not interested to live with a woman who has an uncircumcised penis. (FGD, Female, Parents)

Sanctions imposed on parents by siblings, neighbors, suitors and fiancés

According to the study findings, parents also face sanctions when they refuse to circumcise their daughters. Most focus group discussants reported that their siblings and neighbors are the main actors imposing sanctions on parents. Most focus group discussants seem to agree that parents would be disrespected and considered to be bad parents, when they fail to circumcise their daughters. A few other discussants felt that parents refusing FGC would be excluded from some social occasions (i.e. arbitration, marriage ceremony, etc.). Moreover, the focus group discussants mentioned that potential fiancés and suitors would also disregard and disapprove of these parents.

Sanctions imposed on husbands by community members

Some of the focus group discussants reported that the community members impose certain sanctions on those husbands, who live with uncircumcised wives. There were some derogatory words used by the community to ridicule these husbands. For instance, the community members call him “womanish”, and they consider him a weak man whose penis is not able to get erected.

Generally, it can be concluded that adolescent girls, parents and husbands are the main decision makers, who may refuse the practice of FGC. When they refuse FGC, they face sanction from different groups of people. Adolescent girls are sanctioned by their parents, peers, siblings, neighbors, husbands, fiancés and suitors. The parents and husbands are sanctioned by the community members.

7.6.4. Sensitivity to Sanctions – FGC

The research findings showed that most girls, parents and husbands are very sensitive to the sanctions imposed because of their refusal to practice FGC. As it was discussed in the previous section, there were strong sanctions that discourage girls from refusing to be circumcised. The focus group discussants

revealed that most girls are circumcised at infant stage and therefore the decision to cut is made entirely by the parents. Some girls are supposed to be circumcised at adolescent age especially when they are ready for marriage. This particular group of girls can decide either to refuse or accept FGC. However, if they refuse FGC, they encounter multiple sanctions and the sanctions continue until they change their mind and get circumcised. Although it is unthinkable for most to imagine that girls would get married before circumcision, there are some girls who get married without experiencing circumcision. However, uncircumcised married girls are expected to be circumcised immediately after they started living with their husbands. Moreover, delayed circumcision also exists, which is often practiced during labour. All these scenarios show us that girls are less likely to save themselves from FGC, and they cannot cope with the sanctions, which continue throughout their matrimonial life. In support of this idea, one of the participants shared the following story during the discussion:

> *There is one girl in our district. She married three times but none of her previous husbands was interested to live with her. Her parents and the community members were worried about her and tried to find the reason why her husbands abandoned her. Finally, her parents figured out that she was uncircumcised. When the parents politely asked her to undergo FGC, she opposed their idea. However, the parents called a circumciser to come to their home. At the same time, the girl's legs and arms were fastened with ropes made from animal skin (Mechagna). In the end, the circumciser cut her genital organ*. (FGD, Male, Parents)

The story above demonstrates that girls refusing circumcision can be forced to be circumcised. Most of the focus group discussants agreed that girls' refusal to FGC does not last long and when they start experiencing sanctions from different community members (parents, siblings, peers, husband, fiancés, suitors and neighbors), the girls give in to being circumcised. Generally, it can be concluded that adolescent girls are more sensitive to sanctions and they are less likely to keep refusing FGC due to these social sanctions.

Participants in this study said that as a result of social sanctions, parents find it difficult to refuse the practice of FGC. However, there are some parents, who refrain from the practice of FGC. According to the finding of the study, these groups of parents are those, who are better educated. Therefore, they do not believe FGC is necessary for penetration during sexual intercourse, and they are aware of the legal consequences that result from FGC. Although the sensitivity of the parents to FGC related social sanctions is lower than adolescent girls, they become sensitive and worried about the social sanctions that they face because of their refusal to practice FGC. When the parents are put under pressure by the community to

practice FGC through sanctions, they have often reacted by taking harsh measures or imposing awful sanctions on their daughters, who refuse FGC. By looking at this scenario, one can infer that the FGC related social sanctions imposed on parents tend to increase the sanctions imposed on uncircumcised girls by the parents themselves.

The study also found out that husbands are very sensitive to the social sanctions associated with FGC. Most of the focus group discussants stated that it is hard to find husbands who boldly refuse FGC. According to the culture of the study communities, it is a big shame for a husband to have an uncircumcised wife. The continued story of the following discussant clearly shows the seriousness of this condition.

…During her labor, she had suffered a lot and her labor continued for three days. Fortunately, one guest woman who is a circumciser had closely watched her situation. After a while, the circumciser took out a blade from her pocket and started to open the underwear of the pregnant woman. In the meantime, the new baby came out on the spot. When people watched this incident, they started to look down on her husband. Her husband knew that he committed a big mistake and he started to hate himself. On the same day, he abandoned his resident area without taking his wife and he still did not return home. (FGD, Female, Parents).

The above story informs us that husbands can be judged for marrying uncircumcised women. The societal criticisms mainly targeted him instead of his wife or her parents. Most of the husbands living in the study area are aware of such social sanctions against husbands of uncircumcised women, and so avoid marrying uncircumcised women. This implies that husbands are very sensitive to the FGC-related social sanctions in the study communities.

7.6.5. Exceptions

The focus group discussants were asked under what circumstances it would be acceptable for adolescent girls, parents and husbands to refuse FGC. Most participants disclosed that the community did not encourage them to refuse the practice of FGC since there is a strong social norm that favors the practice. However, some exceptions are identified in the present study and these exceptions are thematically presented in the following table.

Table 16: Exceptions on FGC

Practice	Who makes decisions to refuse the FGC?	Under what circumstances would it be okay for the main character to refuse FGC? (Exceptions)
Refusing Female Genital Cutting	Adolescent Girls	If she does not want to marry someone
		If she is enrolled at school.
	Parents	If their daughter is circumcised by nature (*Yemariam-Gerez*) or if they claimed that the clitoris of their daughter is not too large compared to other new born female babies
		If their daughter is enrolled at school.
		If their daughter is a child and not of marrying age.
	Husbands	If his wife is circumcised by nature.

Exceptions for adolescent girls

As it was presented in the previous section, many respondents believe that FGC is a pre-requisite for marriage and child-bearing. The results drawn from the focus group discussions indicated that a girl should not deviate from the practice of FGC as far as she has an interest to get married and conceive and deliver a child safely. However, if she does not want to establish a marriage relationship for the purpose of pursuing her education, she would be entitled to refuse FGC, though she is not completely encouraged by her parents and the community to behave like that. The participants reported that most of the uncircumcised girls are those who enroll at school. However, when girls withdraw from school, they will immediately establish a marriage relationship by fulfilling the major precondition that marriage requires, which is FGC. One of the focus group discussants of the study strengthened this idea as:

If a girl attends school, she is not expected to get married. If she is not married, FGC may not be as such important for her life. Therefore, those uncircumcised girls, who enroll at school would not be blamed by the community. However, if she drops out of school, she has only one option to lead her life and the option is marring someone. As we discussed earlier, FGC is a pre-requisite for marriage. This means that those girls who drop out of school are more likely to be circumcised as they are expected to get married instead. (FGD, Female, Parents)

Based on the above information, we can understand that uncircumcised girls are more likely to stay in school, while circumcised girls are seen as more likely to get married early and start bearing children. This suggests that girls staying in school are protected from both FGC and early marriage practices. Girls' enrollment at school is the main exception or condition tolerated by the community with regards to a girl's ability to refuse the practice of FGC.

Very few girls openly oppose the practice of FGC by declaring that they do not have any intention to lead a married life. The community partly tolerates such groups of girls for various reasons. The community members would assume that this group of girls would have their own secrets, which should be kept confidential. The community perceives this group of girls might have infertility problems or might be restricted by witchcraft, which prevents marriage, or they may have other unknown reasons. By assuming such reasons, the community members would not inflict much pressure on this group of girls but if girls oppose FGC without clearly stating why, they would face various sanctions from parents and community members. In connection to this idea, one of the focus group discussants said:

The genital organ of an uncircumcised girl is naturally closed by a penis like flesh. Owing to this reason, a husband cannot have sexual intercourse with an uncircumcised girl. It is difficult for a husband to live without having sexual intercourse if he loves his wife. Hence, every girl needs to understand this problem of men. But if a girl does not want to establish a marital relationship for some secret reasons, she has a right to refuse FGC (FGD, Male, Parents)

From the above reflection, we realize that girls are not supposed to oppose marriage and FGC without having any reasons. In addition, the community thinks girls oppose marriage when they have some secret reasons. In such an occasion, the community would tolerate girls until girls are able to solve their hidden problems. Hence, some girls who do not want to lead a matrimonial life can be exempted from FGC but this does not work for all girls who refuse marriage.

Exception for parents and husbands

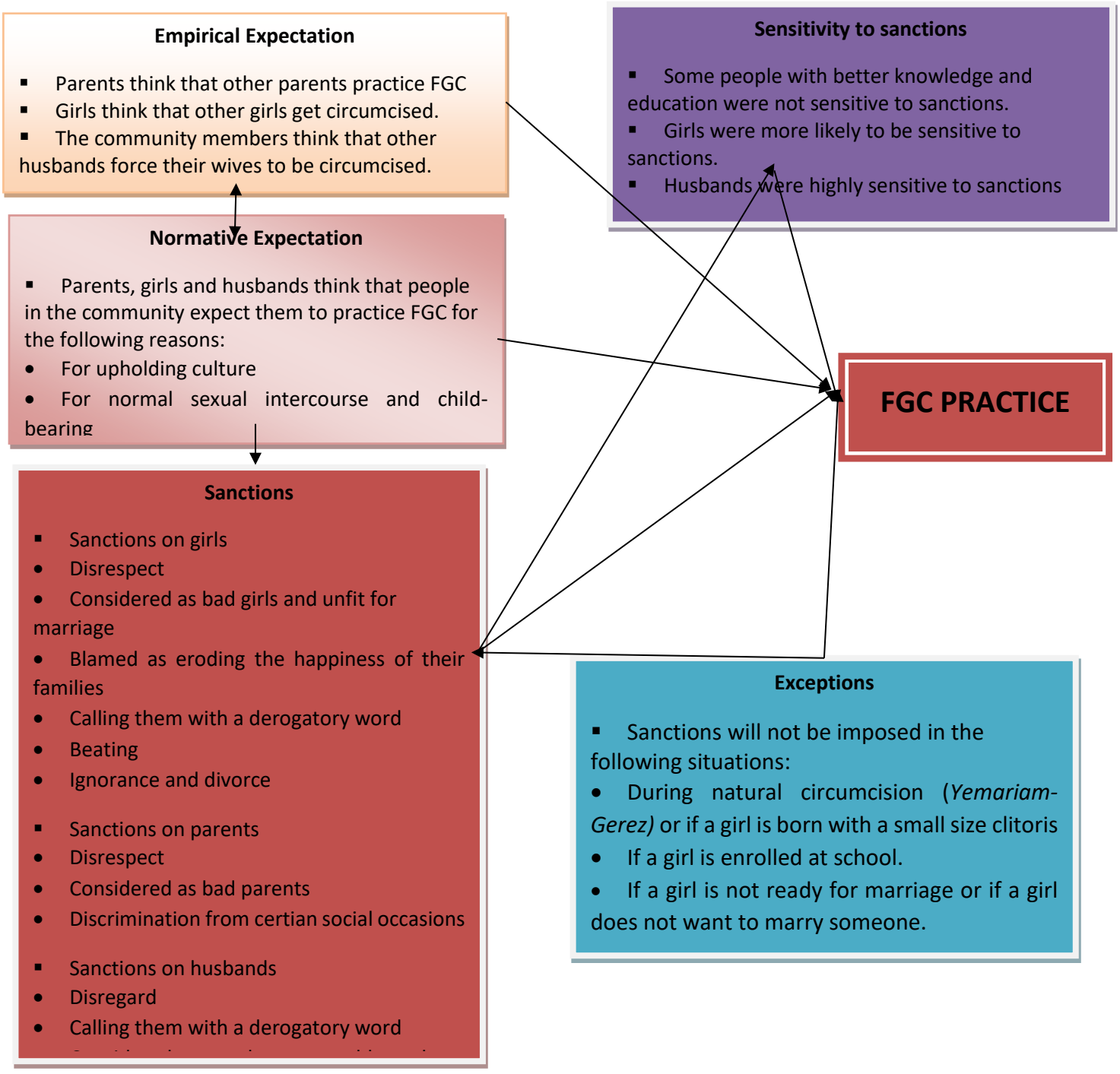
The results of this study asserted that there are exceptions or conditions that give room for parents and husbands not to engage in the practice of FGC. The community members would not expect parents to circumcise their daughter when the parents declare that their daughter is circumcised by nature, which they call *Yemariam-Gerez (Circumcised by Saint Mary).* The participants elaborated that if the clitoris of a new female baby is very small in size, they consider it as Yemariam-Gerez meaning that she is circumcised by nature. When a girl is Yemariam-Gerez, she is regarded a lucky girl who does not need circumcision done by humans.

There are some girls who are Yemariam-Gerez (this literally means that she is circumcised by Saint Mary). The clitoris of Yemariam-Gerez is not large unlike with most newborn female babies. In such occasion, the parents are not expected to circumcise their daughters (FGD, Female, Parents).

Likewise, a husband is not expected to circumcise his wife if she is Yemariam-Gerez. The following participant expressed this as:

If a man married a woman who is Yemariam-Gerez, he is not supposed to force his wife to practice FGC. No one would blame him as long as he disclosed that his wife is circumcised by nature or Yemariam-Gerez (FGD, Male, Parents).

From the above reflections, we can comprehend that there is a strong social belief that claims some girls are born with natural circumcision. Hence, parents and husbands would not face any FGC related sanctions from the community if they do have naturally circumcised daughters and wives respectively.



7.7 Gender Equitable Attitudes and SRHR Service Utilization

Quantitative findings showed that many restrictions on their service utilization were imposed on women and girls by the norms of their community. The most unfavorable attitudes were towards allowing women to decide when to marry, who to marry, whether to have sex or not, to participate in community discussions, and to move within the community freely, without risk. Figure 5 portrays that gender equitable attitudes in men declined with age, while on the contrary, gender equitable attitude of female respondents increased with age. This difference disappears at older ages (Figure 5).

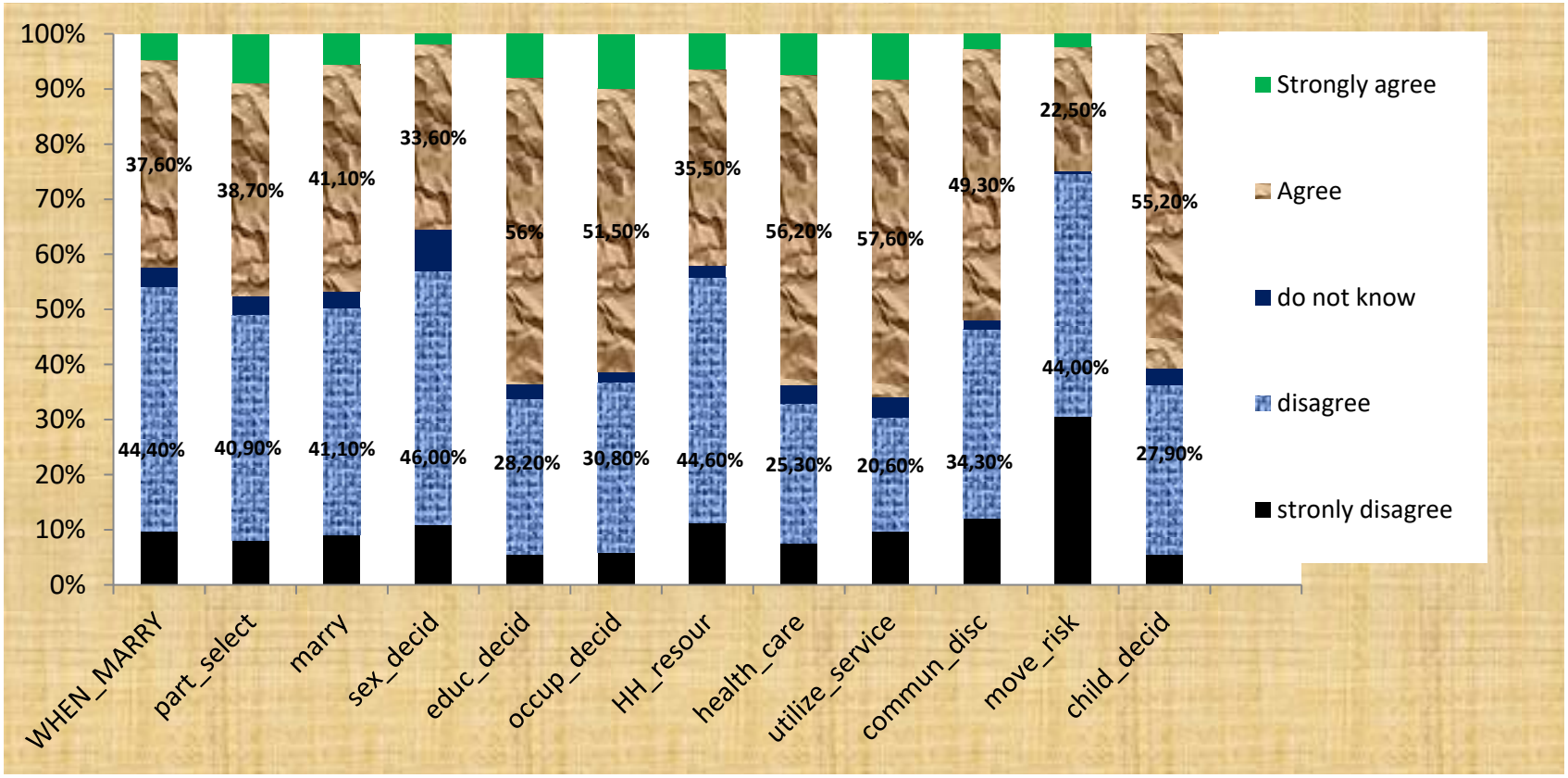


Figure 5: Gender equitable attitudes in Este and Fogera districts (n=375), March 2021

[**When_marry**= decide when to marry; **part_select**= decide on their sexual partner selection; **marry**= decide on whether to marry or not; **sex_decide**= decide when to have sex; **educ_decide**= decide on whether to continue education; **occup_decid**= decide on their occupation; **HH_resour**= decide on household resources; **health_care**= seek health care by themselves; **utilize_service**= can utilize any health services by themselves; **commu_disc**= participate in community discussions by themselves; **move_risk**= freely move in the community; **child_decid**= decide when to have a child]

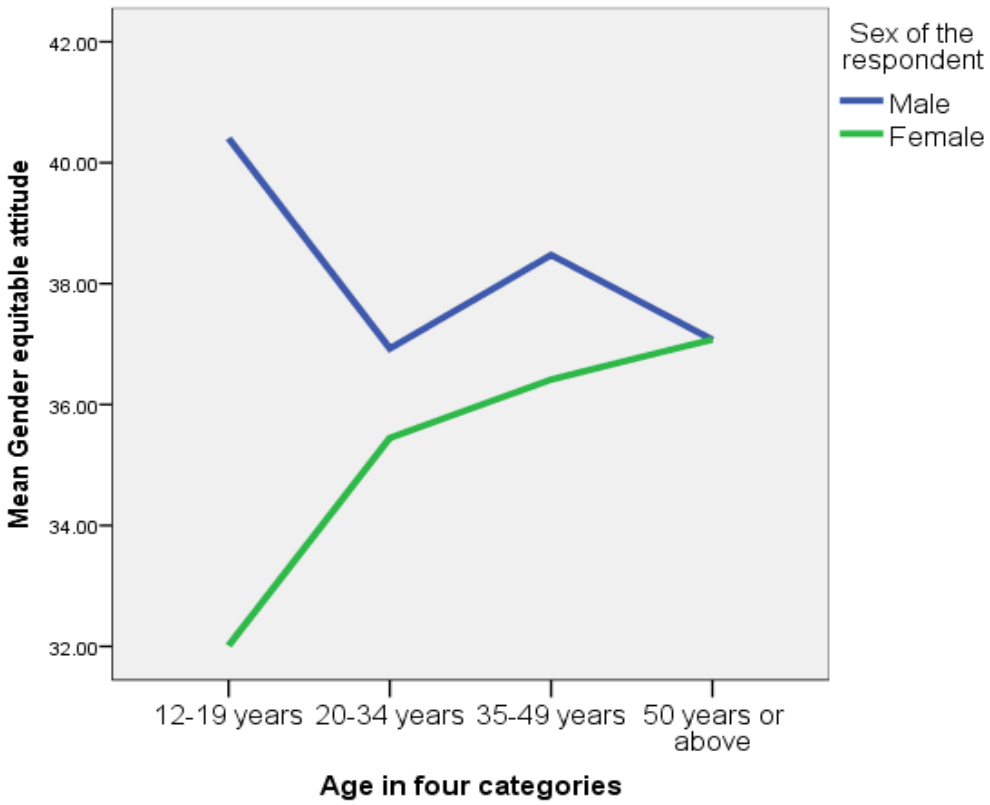


Figure 6: Gender equitable attitude by sex and age (n= 375) (the higher the score, the more favorable the attitude)

7.7.1 Contraceptive and other SRH service use

Quantitative findings showed that women generally cannot use contraceptive methods without permission from their partners or family members and this applies to all modern contraceptive methods (figure 6). Before the age of about 34, the use of contraceptive and other SRH services (such as HIV/STI counseling and testing, pregnancy care, delivery care, and abortion care) is generally lower among those who have never been married compared those who have ever married (this includes all married, divorced and widowed). However, after the age of 34, the use of these services increases among the never married compared to their counter parts (figure 7). Married women and girls' agency on sexual relations was found to be better than that of the non- married. This was similar across all age groups. Surprisingly, women and girls' agency on sexual relations drops in the non-married after the age of 34 (figure 8).

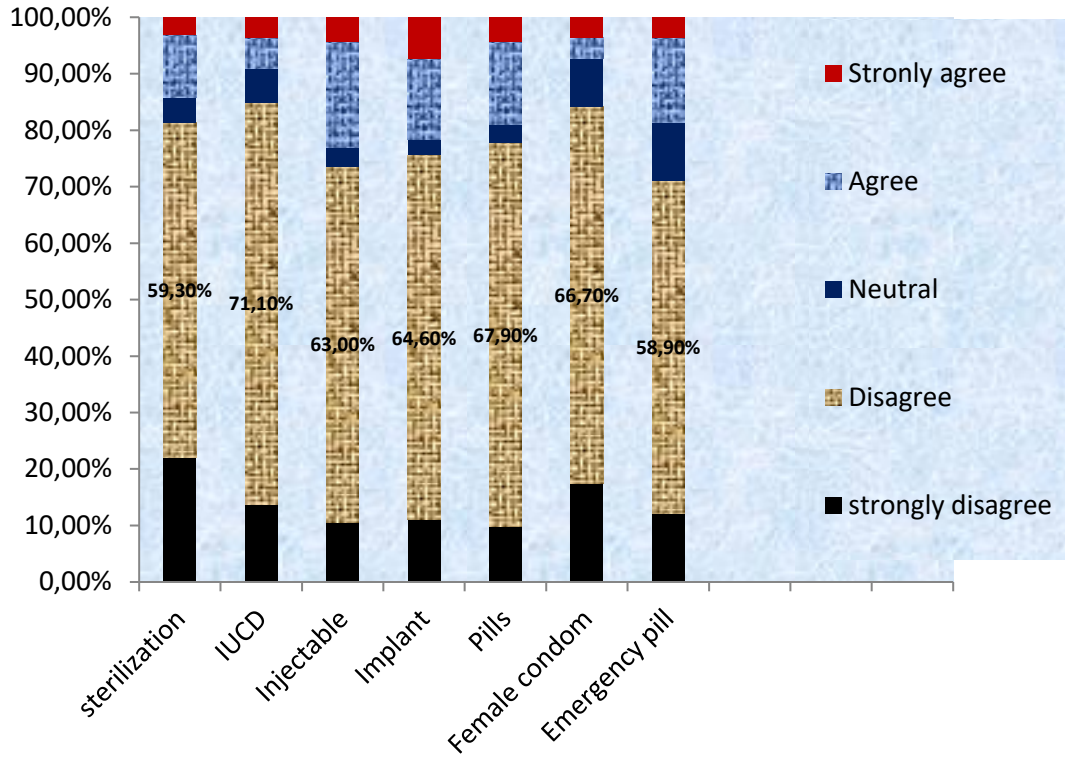


Figure 7: Ability of women and girls to use contraceptives in Este and Fogera

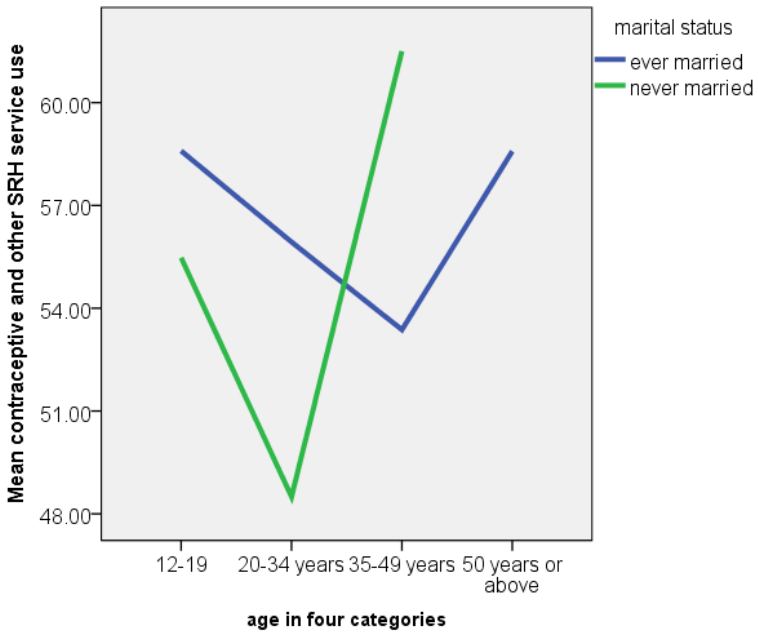


Figure 8: Contraceptive and other SRH services utilization norms by age and marital status of respondents (women and girls)

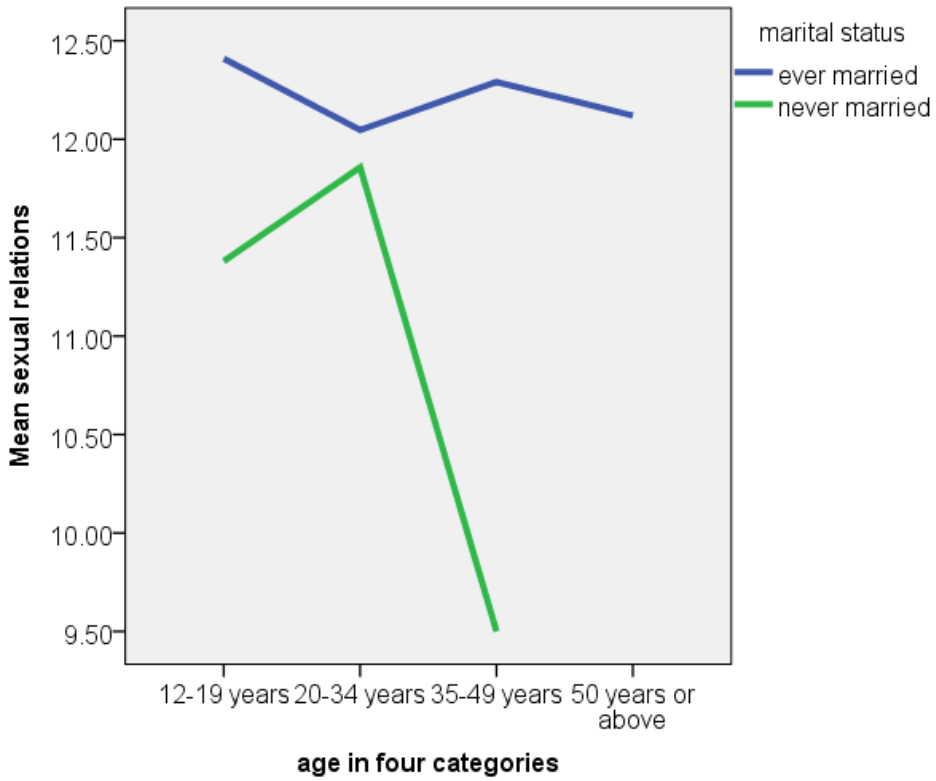


Figure 9: Sexual relations norm by age and marital status of respondents (women and girls)

Qualitative findings revealed that sexual and reproductive health services are largely unavailable though they existed in schools for adolescents who took part in clubs for health and gender. This was attributed to living in rural areas where access to gender and reproductive health rights services is extremely limited. The men and boys generally had superiority over women and girls (Teachers, Este, Fogera). This is well described by an eighty-year-old elderly:

> We consider that even though wives are involved in decision making and negotiation processes, the ultimate decision would be made by husbands. These days, women are entering into dialogues with men, yet their power is limited. … if the husband and the wife fail to agree, the husband, even by force, would make the final decisions. In some occasions, there are husbands who use corporal punishment on their wives (FGD, Fogera).

Therefore, it can be seen that there is a growing trend that women are engaged in dialogues with their husbands. Nevertheless, the wives would remain helpless in case the husbands insist that their decisions should be translated into reality.

Regarding access to reproductive health services, there exist limited services in some schools, and girls usually feel ashamed of using the reproductive health services. Two things made it difficult to deliver quality reproductive health services: room shortage and lack of experts well trained to offer the required services (Health professional, Este). However, it was possible for girls to access services like receiveing sanitation napkins and counseling from the leaders of the school club in charge of reproductive health issues.

A good tool some schools used was a suggestion box, which enabled girls to give any ideas or queries they might have regarding early marriage. This would enable the school principals to stop the proposed marriages.

As stated by a health professional:

Many women and girls use reproductive health services secretly. This is because they were not empowered to make decisions on their own. …they usually prefer the contraceptive for three months [Depo-Provera]. This was because their husbands could detect the implants by searching on the arms (Health professional, Fogera Woreda).

Thus, they have limited rights to decide about their choice of reproductive health services. Their choice apparently was dominated by the husbands, who, in some occasions negotiate but would make the ultimate decisions.

7.8. Female Genital Cutting and Early Marriage Preventions

Many respondents welcome the government laws and policies against FGC and early marriage. However, these laws and policies were not practical. While many of the participants could remember cases that were taken to court, they would never culminate to a conviction or other penalty for the perpetrator. FGC is almost considered by the society as normal practice. However, the circumcisers did fear that they would be imprisoned if they are captured by legal bodies during circumcisions.

The data from teachers in both woredas revealed that girls and boys, who dared to report early marriage proposals to schools, were able to stop it (e.g. Teacher Tiwa, Fogera; Teacher Komets, Este). Nevertheless, teachers and school principals, who struggled to stop the early marriage proposals were intimidated by

the parents or the proposed husband (e.g. Teacher, Gena, Este; Teacher, Tiwa, Fogera). They believed that these efforts, although they initially yielded promising results, were not fully successful.

This is mainly because although the laws are good, they remain impractical. Police and legal officers also confirmed this. They said that usually the laws failed to be implemented because parents themselves came to say that they had negotiated to cancel the early marriage (Police and Prosecutor, Fogera & Este). In short, although the laws are in place, the legal institutions (police and justice) were not committed to carrying out their responsibility of penalizing those who committed the crime of arranging an early marriage.

Key informants were asked about whom they worked collaboratively with in their efforts to stop the practice of early marriage. They unanimously said that there were no organizations dedicated towards stopping early marriage. However, collaborations were made with schools (where girls are likely to report), health centers (where the health status of girls could be verified), and police and prosecutor (whose job is to make people obey the law and prevent the crime of early marriage).

According to the key informants early marriage can be prevented, by devising and applying two strategies. First, the laws should be translated into action. Second, a series of works should be done training the community at all levels on the negative effects of early marriage and female genital cutting using different techniques (e.g. Education Officer, Fogera; Health Officer, Este; Police, Fogera)

As it is depicted in the study results, social norms are one of the underlying causes for the construction of, harmful traditional practices (FGC and EM) and unbalanced gender relations. The participants of the study reported that this social norm continues from one generation to the next because the new generations are taking on the social norms they see practiced by their parents. One of the key informants consolidated this idea by saying:

> *In most cases, children are doing what they have seen from their parents. Whenever there is a social norm practiced by fathers and mothers, it would also be transformed onto their children.* (KII, Este Woreda)

The above reflection informs us that the way the parents behave in the home could have its own impact on girls' attitude towards FGC, EM and other harmful practices. This indicates that family is a space for social norms and it has to receive much attention in the effort to redress the FGC and EM problems. Generally, FGC and early marriage related social norms could be challenged by taking awareness campaign to family and community levels.

7.9. The Effect of COVID-19 in relation to FGC and Early Marriage

7.9.1. COVID-19 Pandemic and FGC

The result of the study indicated that COVID-19 had some effects on FGC. The government of Ethiopia has taken various measures including school closures to contain the spread of the pandemic. When the government enforced the rule of school closures, some girls were forced to get married. Whenever there is marriage, FGC will follow. Therefore, it can be predicted that COVID-19 has brought negative consequences upon the lives of adolescent girls as it may have exposed them to experience early marriage and FGC. However, as most of the focus group discussants of the study thought that COVID-19 is a virus that only affects urban dwellers, they found it challenging to answer COVID-19 related questions. In contrast to the focus group discussants, almost all key informants (teachers, health extension workers, legal officials and gender experts) expressed that COVID-19 has its own effects on FGC and early marriage without being able to specify which effects these were.

7.8.2. COVID-19 Pandemic and Early Marriage Practice

Data from the in-depth interviews reveal that the Coronavirus pandemic had a significant impact on early marriage practices. One official from the Social Affairs Office in Este shared her experience:

> *Corona created a problem especially with regard to early marriage practices. There is a kebele with an elementary school. The school closed due to the pandemic, and many girls were married because parents thought that schools would remain closed.*

This observation was further strengthened by adolescent boys who participated in FGDs in both woredas. In their discussions, adolescent boys (some surprisingly) remembered the devastating increase in the number of girls, who got married during the school break. One FGD discussant in Este said, “Even though weddings and public gatherings were forbidden, parents married off their daughters under the concealed name of religious festivity or so.” (Boy, *Fogera*). FGD discussants also shared what they witnessed during the pandemic when schools were closed in 2020. The Coronavirus pandemic generally exacerbated the practice of early marriage because parents thought education had been discontinued (FGD, girls, Este). This is further supported by reports that were made by the police, prosecutors, and education bureau heads.

7.10. Human Interest Stories

Girls/Women facing FGC or early marriage had narrated their own stories. For the purpose of keeping their privacy, pseudonyms were used in the stories. The human interest stories that related to FGC and Early Marriage are presented below.

7.10.1 Human Interest Stories: Female Genital Cutting

Destaye (Este Woreda)

I was born and grew up in Este woreda. I am now 19 years old and I married four years ago. While I was seven years old, I heard from my mother that I was circumcised. I urinate frequently and I had some problems while I was pregnant. When I was younger, I favoured FGC but now I am against it. I feel that the practice of FGC can decrease if the law is strictly enforced.

Yeshiye (Este Woreda)

I am 17 years old and a grade 11 student. My future plan is to be an employee at a government office. I cannot recall when I was cut. I guess that I was too young when I experienced FGC. I know that FGC brings various health consequences including fistula. I sometimes worry that I may experience health problems due to FGC. Some of the community members believed that FGC is good for married woman. But, I oppose the practice and I sometimes raise awareness with those people who favor FGC. To curb the practice of FGC, I suggest that all community members should get knowledge about the effect of FGC.

Dasash (Fogera Woreda)

I am a 27 years old woman. I married a man and lived with him for two years. I divorced from him while my daughter was 11 months old. My grandmother told me that I got circumcision while I was young. I delivered my child through operation. The doctor told me that my vagina is too narrow. I believe that I faced this problem because of my circumcision. I decided that my daughter will not be circumcised.

7.10.2 Human Interest Stories: Early Marriage

Degitu's story (Fogera woreda)

I was 13 years old when I was married in 2019. At that time, I was a grade 7 student. I was married to a man who was 23. I was very young when my parents intended to create a relationship with his parents [her husband's parents], inviting them to our house, visitng their house and meeting quite frequently. They were telling me that my older sister was going to marry. Soon after, I pursued my education following the advice I got from my teachers in grade eight. My journey was stopped due to the Coronavirus pandemic, and I was married off because my parents, unjustifiably said that school would no longer be open because of the pandemic.

Then, I was discouraged and stopped school, putting my attention towards my business, selling millet seeds. Who else would do my business for me if I don't do it myself? I understood later that parents, in our vicinity, would marry off their daughters because they usually promise to 'give' the daughter to someone with whom they would like to establish a kinship (tie). I was one such girl, who was given away because my parents promised to do so, and that could not be reversed. I was not told who arranged the marriage back then. I'm sure it was my father, not my mother. Mothers after all, have no power and they keep quiet.

I think one reason for parents to decide to marry off their daughters too early is because they think she would be mating with unwanted men and have an unwanted pregnancy [which is considered disrespectful]. Another reason could be that some parents think that they should see the marriage ceremony of their daughters before they die.

The early marriage hurt me mainly in one aspect: I have dropped out of school. When I sometimes see girls in school uniforms, I greatly regret the marriage, and I feel like 'I wish I was a student in a uniform', but I know I cannot turn back to school even if my husband permits me to do so. If I went to school again after marriage, my old schoolmates would laugh at me because it is not customary to go back to school once you are named bride. I went to school just for a week, but stopped going because I could not withstand the laughter and the mockery directed at me.

I did not play any roles to stop early marriage, but some of my friends did report to schools, which in collaboration with the police, helped them to stop the early marriage proposal.

I think the only way to stop the practice of early marriage in this area is to educate parents not to arrange a marriage without the will of their daughters.

Birtukan's story (Fogera Woreda)

I'm 18. It has now been two years since I was married to a 20 year old orphan. I was not ready to marry then, but my parents asked me to marry and become independent. Then, I was forced to leave my parents' house. One pressing reason was that the man, my husband, did not have anyone to live with, so my parents were influenced by a distant cousin and asked me to marry him. Another reason was that my husband had a plot of land.

I think the pushing factor for a girl to marry early is when the husband asking to marry is economically rich. Another factor is when one is not doing well at school, people usually reach a conclusion that the girl should marry. As a housewife, I have to shoulder all responsibilities of making my own house and enabling my family to live a better life.

I did not have major challenges, but a couple of problems I remember are feeling pain from sexual intercourse and abandoning schooling. I was suffering from a bad pain when I had sexual intercourse. But I used contraceptive pills so that I was able to be free from bearing a baby at this age.

I very much regret getting married too early. I miss my education. I dreamed of becoming a teacher. That dream is no longer with me because I am a school dropout already. I advise my friends now not to marry early, but to pursue their education.

I suppose that early marriage practice can be stopped by applying a strict law that can make people accountable. Further, educating people could be a wise solution to raise people's awareness and end early marriage.

Shashitu's story (Este Woreda)

My name is Shashitu. I am 17 now and got married three years ago when I was a third grade student. I don't know how old the man I was married to was. But I guess he could be around 40.

There were two main reasons that led to my marriage. One was poverty. I am from a poor family andthat was perhaps what made my parents decide on my fate [early marriage]. My father had died a little earlier, and that made the life of my mother difficult. This led my mother to decide to marry me off to someone whom she believed could cover my living costs. Another reason, of course a consequence of the poverty, was the fact that my mother was unable to send me to school. By the time, she did not have a penny to spend on me and my education. My older brother was the main actor who facilitated the marriage. Even

though my husband took me to a town far from my village, I came back and began to live with my mother who desperately demanded my presence. We are now divorced.

I think there are two main causes for most girls to marry in their early ages. On the one side is academic failure. When girls have poor academic records, their parents usually make decisions to marry them off. On the other side is economic poverty. When people have no money to educate children, they are likely to marry the daughters to someone who is economically stronger.

In my view, educating people is a key tool to helping the efforts of stopping early marriages. If people are well educated and are aware, they would not exercise early marriage. I also say that the legal framework for practical measures against those who violate the laws and take part in the practice of early marriage should be in place.

7.11 Baseline indicators

Table 8 summarizes the baseline indicators of BERHAN Sexual and Reproductive Health and Rights Initiative Project in Este and Fogera woredas in April 2021. Findings show that sexual and reproductive rights in the project areas were at their critical concern calling stages and interventions that match the magnitude and diversity of the problems were not in place. Among women aged 15-49 years, over one in three women could not decide on their own sexual relations, only 3.7% were able to use any of the modern contraceptives, and, only 30.5% were able to decide on their own reproductive health care use. Gender equitable attitudes towards women's and girls' sexual agency are unimaginably low. Moreover, the level is even lower in women (4.1%) and adolescents (12-14) (4.8%) compared to men (13.0%) and adults (8.2%) respectively. Over one in ten adolescents (both sexes) and one in five adults (both sexes) still think that girls should be married before the age of 18. Only a small number of male (16.0%) and female (6.7%) households refrain from subjecting their children to EM. The percentage of male (13.6%) and female (6.1%) households, who refrain from subjecting their children to FGC is also small (about 91.5% do not refrain from it). 0% of unmarried adolescent girl respondents had the confidence to refuse marriage. In the year prior to the study, 77 respondents reported cases of EM and 60 respondents reported cases of FGC. At the same time, 69 FGC practitioners said they had reduced or stopped practicing FGC in the project areas within the last year. Over six in ten women, aged 15-49, were not able to participate in household financial decision-making. Despite all these problems, mitigation efforts were not adequately in place.

Table 17: Summary of baseline indicators

No.	Indicator
1.	Percentage of women aged 15-49 who report making their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (disaggregated by age, location and vulnerability) • Total (sexual relations, contraceptive use, and reproductive health care) = 9.8% Location • Este (sexual relations, contraceptive use, and reproductive health use) = 4.5% • Fogera (sexual relations, contraceptive use, and reproductive health use) = 15.8% Vulnerability • Proportion of women who married under age 18= 10.2% • Female illiterate =12.3% and Female literate=8.3% Age • Adolescent from age 15-19= 8.6% and above 19 years making their own informed decisions 10.4% • Female adolescents (15-18 years) = 8.6% • Female adults (19-49 years) =10.4% • Can decide on sexual relations: - Female adolescents (15-18 years) = 72.9% - Female adults (19-49 years) = 63.7% - Total (15-49 years) = 66.8% • Can decide on contraceptive use: - Can decide on at least one modern method = 32.1% - Can decide on one method only = 6.5% - Can decide on all* of the modern methods = 3.7% • Reproductive health care use - Female adolescents = 24.7% - Female adults = 33.5% - Total (adults and adolescents) = 30.5%
2.	% in gender-equitable attitudes toward women's and girls' sexual agency (disaggregated by sex, location, age and vulnerability) = 6.9% Sex • Percentage of men = 13.0% • Percentage of women = 4.1% Location • Este woreda=4.8% • Fogera Woreda=9.3% Age • Percentage of adolescents (12-14 years) = 4.8% • Percentage of adults (above 19 years) = 8.2% Vulnerability • Married under 18=5.7% • • Illiterate M =13.5% and F= 6.1% • Literate M=12.8% and F= 2.1%

3.	Percentage of community members who think that girls should be married before the age of 18 (disaggregated by sex, location, age and vulnerability) = 18.6% Sex • Female: 18,6% Age • Age 12-14 =6.7% • Age 15-19 =14.3% • Above age 19=21.6% Location • Este= 13.5% • Fogera= 24.0% Vulnerability • Illitrate Female=22.4% • Litrate Female 16.1% • %
4.	Percentage of households who refrain from subjecting their children to Early Marriage (disaggregated by sex, location, age and vulnerability) = 9.8% Location • Este = 8.2% • Fogera = 11.4% Sex • Male = 16.0% • Female = 6.7% Age • Above age 19+= 9.8% Vulnerability • Married under 18 =7% • Illitrate Male =16.1% Illitrate Female=4.4% • Litrate Male =16% and litrate Female =9.6% Percentage of households who refrain from subjecting their children to Female Genital Cutting (disaggregated by sex, location, age and vulnerability) = 8.6% Location • Este = 7.4% • Fogera = 9.8% Age • Male = 13.6% • Female = 6.1% • Age above 19=8.6% Vulnerability • Married under18 = 6.3 • Illiterate Male =16.1% ; Illiterate Female=6.6% • Literate Male =12% and literate Female =5.5%

5.	Number of respondents who report a case of Early Marriage (disaggregated by sex, location, age and vulnerability) = 77 Location • Este = 32 • Fogera = 45 Sex ○ Adolescent (12-14) =6 ○ Adolescent (15-19) =24 ○ Above age 19= 47 Vulnerability ○ Illiterate Male =10 Illiterate Female=9 ○ Literate Male =28 and literate Female =30 ○ Married under age of 18= 35 • ○ Male =38 ○ Female = 39 ○ Adolescent (12-18 years) = 30 ○ Adults = 47 Number respondents who report a case of FGC (disaggregated by sex, location, age and vulnerability = 60 Location • Este = 25 • Fogera = 35 Sex • Male =25 • Female = 35 Age • Adolescent (12-14) = 5 • Adolescent (15-19) = 23 • Above age 19= 32 Vulnerability • Married under age of 18= 35 • Illiterate Male =6 ; Illiterate Female=11 • Literate Male =19 and Illiterate Male =24 •
6.	Number of action plans against FGC/EM endorsed by members of Social Analysis and Action groups= 0
7.	Percent of adolescent girls who are empowered to seek sexual and reproductive health information and services when they need them (disaggregated by marital status, location, age, vulnerability) = 27.10% Location • Este = 17.5% • Fogera = 40% Age

	• Adolescent (15-19) =27.10% • Married under age of 18= 21.7% Vulnerability • Illitrate Female=20% • litrate Female =27.7% Marital Status • Married = 23.1% • Never married = 23.8% • Divorced = 33.3%
8.	Percentage of unmarried adolescent girls reporting that they have the confidence to refuse early marriage (disaggregated by location, age and vulnerability) = 8%% Location • Este = 4.1% • Fogera = 11.8% Age • Adolescent (12-14) =10.5% • Adolescent (15-19) =7.4% Vulnerability • Illiterate Female= 0% • Literate Female =9% •
9.	Number of FGC practitioners in targeted kebeles who reduced or stopped the practice of FGC (disaggregated by location) = 86 Location • Este = 40 • Fogera = 46
10.	Percentage of women aged 15-49 years who report they are able to equally participate in household financial decision making (disaggregated by age, location, vulnerability) = 42% Location • Estie= 15.3% • Fogera= 51.6% Age • Adolescent (15-19) =35.3% • Above age 19= 31.2 Vulnerability • Married under age of 18= 35 • Illiterate Female=45.3 • literate Female =39.7% Other • No adequate income = 44.2% • Moderately adequate income = 34.8% • Adequate income = 50.0%
11.	Percentage of women participating in IGA and VSLA who increased their savings = 0
12.	Number of new /strengthened inclusive accountability spaces in which marginalized citizens can negotiate with service providers and public authorities on issues of SPHR = N/A
13.	Number of cases of FGC complications referred within the health system = N/A

14.	N/A

all*= female sterilization, IUCD, injectable, implants, pills, female condom, and emergency pill.
The range of ages of respondents was 12- 80 years.

8. Conclusions

This baseline study for the BERHAN project under CARE Ethiopia aimed at understanding the social norms that are associated to the practices of female genital cutting and early marriage. Thus, the study was conducted in Este and Fogera woredas of South Gondar Zone using a mixed methods approach whereby the qualitative component used a Social Norms Analysis Plot (SNAP). Vignettes were used to generate qualitative data about Empirical Expectation (EE), Normative Expectations (NE), Sanction (S), Sensitivity to Sanctions (SS), and Exceptions (E). The data collection tools used were FGD's, in-depth interviews, and key informant interviews.

Findings have shown that EM and FGC are still actively being exercised and every single year, large numbers of girls encounter EM and FGC. In the project areas, the prevalence of early marriage was 64.0% and 5.4% were married before the age of 10. The prevalence of early marriage in the Amhara Region was 69% in 2005 (Rahlenbeck and Mekonnen, 2009). Similarly, the prevalence of FGC among women and girls was 85.0% and one-third of them were circumcised before the age of 5 years. Generally, the practice of FGC in the project areas was removing flesh from the genital organ of female babies (97.0%) by traditional circumcisers (48.8%) and traditional birth attendants (22.4%). FGC practice is also higher than the regional prevalence of 64.0% (Rahlenbeck and Mekonnen, 2009). Both this baseline survey and previous studies (Abebe et al., 2020) in the area have shown that attitudes that facilitate the continuation of these harmful traditional practices exist in the community.

This baseline survey has also found out that survivors of early marriage and FGC were not the targets of the health care system as indicated by the finding that there were no reported services given to them over the year prior to the survey. This implies that the need for changing EM and FGC practices is still not well appreciated in the community, though 36.5% of those who were married early and 17.8% of those with FGC felt bad themselves in relation to the practices.

Generally the social norms in the area facilitates early marriage. About 40.0% of the respondents agreed that parents expect adolescent girls to marry before the age of 18, and about 75.0% the respondents agreed that peers expect a girl to be married before she turns 18. Surprisingly, about 30.0% of the respondents agreed that girls had even no say on whether they want to marry or not. Although 50.0% of

women agreed that parents expect adolescent girls to make the final decision on their marriage, 62.0% of adolescents did not agree with this. In addition to that, only 43.8% of women and 31.8% of adolescents agreed that girls choose, who they marry in the study areas. About 30.0% of women and 36.0% of adolescents disagreed that they would refuse if they were asked to marry before the age of 18.

The social norms related to FGC were also similar. 28% of women and 23.5% of adolescents agreed that most girls in the project areas want to get circumcised. 46% of women and 55.3% of adolescents agreed that the community or parents expect girls to get circumcised. One in three women and over one in five adolescents believed that girls should be circumcised and accordingly, 30.0% of women and 22.0% of adolescents chose to be circumcised.

Gender equitable attitudes towards women's and girls' sexual agency were low in the areas. The most unfavorable attitudes were towards allowing women to decide when to marry, who to marry, whether to have sex or not, to participate in community discussions, and to move in the community freely without risk. The most inequitable attitude was towards the sexual agency of young girls. In the project areas, women generally cannot use contraceptive methods without permission from their partners or family members and this applies to all modern contraceptive methods. The use of contraceptive methods and other SRH services (such as HIV/STI counseling and testing, pregnancy care, delivery care, and abortion care) is generally lower among unmarried young girls. In contrast, 73.5% of women and 64.7% of adolescents agreed that whatever may come as a result of refusing early marriage is less harmful than early marriage, and 56.0% of women and 60.0% of adolescents agreed that they would oppose the practice of female genital cutting because the consequence of opposing it in the community is less harmful than FGC. These findings imply that although reducing EM and FGC is very far from easy, there are community members that could be dependable stakeholders.

The in-depth analysis of the social norms, using qualitative methodology, indicated that the predominant empirical expectation is that community members at all levels practice female genital cutting, though there were reports that confirmed that FGC practice was also declining. The normative expectation, in a similar vein, encourages the practice of FGC for multiple reasons: Some people believed that to practice FGC would allow them to uphold their traditions. Some people thought that FGC would allow free sexual intercourse as the flesh protecting the entry to the vagina is circumcised, which according to their beliefs also ease child-delivery and pregnancy complications.

The sanctions rested particularly on girls and included disrespecting, ridiculing by using a derogatory term like 'weshela' [uncircumcised], beating, and disregarding for marriage. Those people who were better educated and aware of the negative consequences of FGC were seen to have changed their behaviour. In addition, there were a few exceptions when the community would accept objecting to FGC. A girl could not me circumcised if she is proven to be naturally circumcised. Moreover, in some areas a girl could not be exposed to circumcision if her parents are aware of the negative consequences of FGC, and would dare to stand against the practice.

The practice of early marriage (EM) was examined similarly from the points of view of SNAP. The empirical expectation generally revealed that the people generally practiced early marriage as part of their cultural manifestation. The parents wanted their daughters to marry mainly for two reasons. First, most parents feared that their daughters would be victims of sexual intercourse with someone else prior to marriage. To marry off a girl, who is not a virgin later would result in disrespect. Second, parents generally wished their daughters to be independent and economically secured and they believed that this is possible only through early marriage.

The role of girls in the entire process seemed surprising. The girls (and boys, in many occasions) would obediently witness the entire process, and accept the proposed husband chosen by their parents as a sign of obedience. They would be mere silent observers in the process, beginning from the proposal to the final date of the marriage. Another factor for girls not to interfere was their belief in 'fate'. Most girls would remain quiet and accept the proposal because they thought the husband proposed for early marriage could be their fate and did not want to challenge that 'fate'. Moreover, the girls and parents who refused to accept early marriage would receive sanctions such as criticisms, verbal pressures, accusations, condemnations, and blames. These blames created sensitivity on certain groups of people. Those people in the community with better levels of education and awareness about the multifaceted harms of early marriage were not sensitive and maintained their positions against the practice of early marriage. Other people, on the contrary, changed their positions due to sanctions, and accepted early marriage in the end.

In certain instances, community members would tolerate violating the norm of early marriage practice. One such instance is if the people are educated and aware to defend themselves and their positions against the practice of early marriage. Another instance would be in cases in which the legal actions taken were educative against EM. Thirdly, when girls have outstanding academic records, they are not expected to marry early. Fourth, if a girl was assertive enough to defend her position against EM, no one could force

her. Fifth, when the girls' parents are well situated economically, they would allow their children to pursue their education rather than marrying them off early.

The data also revealed that while the COVID-19 pandemic had little or no connection to FGC, it greatly impacted the practice of EM. When schools were closed, it was learnt that the number of women who experience EM noticeably increased. The justice bodies including the police and the court systems did poorly, while the schools were seen to have been the main agents against EM. The gender disparity was visible across all areas, especially in reproductive health rights and everyday chores that were connected to EM and FGC. Though wives were involved in the dialogues relating to gender and reproductive health rights, the ultimate decision were made by husbands. Therefore, women's roles in decision-making were seen to be limited, implying that there existed a gender disparity in the community.

In conclusion, a large magnitude of sexual and reproductive right problems were observed in the project areas and interventions that match the magnitude and diversity of the problems were not in place.

9. Recommendations

The interventions, among other strategies, could mitigate the problems highlighted by taking into consideration the following measures.

1. Adequate amount of education should be provided through informal and formal channels of communication. The community's lack of awareness (the community's ignorance) was seen to be the impetus behind the practices of FGC and EM. Forums such as religious gatherings, *edirs*, and so on could be used to educate people to raise the level of awareness on these practices.
2. The bond between schools, the justice system, and other important sectors should be meaningfully established for a mutual goal. The stakeholders should work together for better outcomes.
3. One of the underlying reasons (perhaps the most important reason) for EM is girls' poor academic achievement. Therefore, there has to be a mechanism devised to improve girls' academic performance. This could be done through a special academic capacity building tutorial scheme.
4. Police and experts in the justice system should be made aware of the laws applying to FGC and EM. There should also be a mechanism that could be used to audit how much the legal system is acting against those who violate the laws and practice FGC and EM.
5. Training and awareness raising packages should be provided to girls in schools and outside schools, as well as to school principals, police, lawyers (prosecutors) and school club leaders (teachers, boys,

and girls in charge of RH and issues), health professionals who are directly involved in RH issues, selected gatekeepers, and religious leaders.

6. Girls should be made aware of FGC and EM in a way that can improve their assertiveness and become involved in dialogues about the issues.
7. Assertiveness training should be given to young unmarried girls as the first step.
8. Health professionals should be trained on the sexual and reproductive needs of young unmarried girls and the psychological trauma resulting from EM and FGC.

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