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FGM and child marriage attitudes, norms and practices in Afar and Somali regions

Midline findings

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Executive summary

Introduction

The Ethiopian government is committed to ending female genital mutilation (FGM) and child marriage. The country has a strong legal framework, which outlawed both practices two decades ago, as well as multiple policies and strategies designed to eliminate these harmful practices. Despite these commitments, and the sustained efforts of the government and its development partners, progress remains highly uneven and too slow to meet targets. Indeed, the most recent Ethiopian Demographic and Health Survey found that in the pastoralist regions of Afar and Somali, there is little evidence of progress in addressing either practice; rates of FGM are static, and rates of child marriage may even be increasing.

This report is part of a multi-year, mixed-methods longitudinal study. It draws on data collected in 2024 in two zones of Afar and two zones of Somali, exploring women's and girls' social and economic empowerment, especially regarding risks of FGM and child marriage.

Research methodology

The Gender and Adolescence: Global Evidence (GAGE) programme undertook mixed-methods research in early 2024 in Afar and Somali regions. Data was collected in three *woredas* (districts), in two zones, in each region. The GAGE midline quantitative sample included 1,881 adolescents and young adults (who were aged between 12 and 21 when surveyed) and 1,912 caregivers. The sample was almost equally split between Afar and Somali. Surveys, which were administered in the respondents' native language, were broad and included modules on FGM, child marriage, education, livelihoods, sexual and reproductive health, mobility and decision-making, and gender norms. Our qualitative sample was also drawn equally across regions. It included 65 adolescent girls and young women, 67 adolescent boys and young men, 102 caregivers, and 113 key informants from *kebele* (community), *woreda* and regional levels.

Key findings

Overall, our midline findings underscore that there have been considerable changes in the lives of the adolescents and caregivers in our sample in the two years since baseline. Although some of these changes (e.g. exposure to drought) have been similar across regions, others have been confined to a single region (e.g. declining age of marriage in Somali) or even a single zone within a region (e.g. conflict in Hari Rasu [Zone 5]).

Households, livelihoods and social protection

Midline research found that although livestock are still the primary source of income for most households in Afar (70%) and many households in Somali (45%), only a minority of households in study sites in either region currently engage in seasonal migration, and income strategies are diversifying. This is especially the case in Somali, where many households not only engage in agriculture (38%), but also trade (14%). This is reflected in rates of food insecurity, which are nearly twice as high in Afar (35%) as in Somali (20%). In study sites in both regions, food insecurity has been exacerbated by climate change, with drought, flooding, disease, and invasive species devastating livestock holdings and crop yields. Although emergency food aid was provided during the worst of the drought, respondents – especially those in Hari Rasu [Zone 5], Afar – agreed that social protection has not been commensurate with need.

Education

Midline research found that although aspirations for education are high, there is a large gender gap in study sites in both regions. Girls' and young women's aspirations are lower than boys' and young men's, and caregivers' aspirations for daughters are lower than those for sons. There is also a gender gap in enrolment. Compared with their male peers, girls and young women in both Afar (66% versus 79%) and Somali (47% versus 58%) are less likely to have ever enrolled in school – and twice as likely to have dropped out. Respondents agree that this is largely due to parental demands on girls' time for domestic and care work, though child marriage and girls' greater risk of under-age and illegal migration are also important factors. In addition, because formal education is relatively new in study sites



A 15-year-old girl fetching water from a hole in a dry river, Afar, Ethiopia © Nathalie Bertrams/GAGE 2024

in Afar and Somali, with access to middle (grades 7 and 8) and secondary (grades 9-12) school still largely confined to urban areas (especially in Hari Rasu [Zone 5], Afar), and because herding responsibilities mean that many children do not enrol until early adolescence, most students are years over age for grade. This means that few children (and especially girls) have the opportunity to study beyond primary school. Drought – and, in Hari Rasu [Zone 5] Afar, conflict – has further limited young people's access to education, as community members and teachers have been forced to prioritise survival over education.

FGM

In line with existing research, we found that FGM remains effectively universal for girls in study sites in Afar (99%) and Somali (80%), although because of variation in when girls undergo FGM, not all adolescent girls in our Somali sample have yet undergone the procedure (96% of those over age 14 have). The type of FGM girls undergo is a matter of some debate in both regions, because current practices are understood by respondents only in relationship to traditional practices, which are extreme; and because respondents (especially those in more urban areas) are anxious to frame current practices as *sunna* (permissible according to religion). Although a large majority of adolescent girls and young women in both Afar (78%) and Somali (100%) study sites have been infibulated/ subjected

to genital narrowing, the amount of flesh removed prior to narrowing – and the degree of narrowing itself – appears to be very slowly 'improving' over time (based on comparing age cohorts), largely due to religious leaders' advocating for clitorrectomy versus infibulation. Awareness of the national law banning all forms of FGM, which has not been adopted by regional governments, is limited.

Although there are differences between the two regions – with respondents in Afar study sites generally more aware of risks, less likely to support continuation, and more open to 'milder' types of FGM than their peers in Somali – in both regions support for the practice remains strong: 40% of young people in Afar and 46% of young people in Somali stated that they intend to cut their future daughters. This is due to beliefs that FGM is required by religion (especially in Somali), is necessary for the replication of culture, and controls girls' sexuality and makes them fit for marriage. Indeed, in Somali study sites, we found that adult women and future grooms often expressed not only support for FGM, but specifically for infibulation, which they identified as the only way to ensure that a bride was sexually pure.

In Somali, we also found some evidence of medicalisation (of both FGM and defibulation), that adults and young people agree that FGM is entirely the purview of women, and that government officials and non-governmental organisation (NGO) staff do not universally support elimination. In Afar, we found more space for

fathers to have some say in the decision about which type of FGM, and some willingness (albeit only in urban areas of Awsi Rasu [Zone 1]) to abandon the practice entirely.

Child marriage

Because the average young person in our sample was not yet 16 years old at the time of the midline survey, few (~5%) had been married when surveyed. We expect this to change by endline, given widespread agreement in both regions (especially in more remote *kebeles*) that girls' risk of child marriage climbs sharply during mid-adolescence, once they begin menstruating or turn 15, and because large majorities of young people in both Afar (84%) and Somali (83%) believe that most girls marry prior to age 18. Critically, while girls in study sites in both regions are at high risk of child marriage, the reasons why they are at risk are very different. In Afar, respondents reported that child marriage remains common due to parents, who still primarily follow *absuma* marriage customs that dictate that marriage partners are maternal cousins. There is, however, growing space (due to girls' improved access to formal education) for girls (and their teachers) to advocate for delayed marriage and a preferred partner. In Somali, where religious leaders stated that they have the right to approve marriage even if partners are still legally children (under age 18), respondents agreed that child marriage is

becoming more common for girls and boys and that the age of marriage is dropping, entirely due to the growing phenomenon of adolescent-driven child marriages. This they often attribute to girls' and boys' increased interactions with one another, due to mobile phones and climbing rates of school enrolment. In both regions, adults and young people had only limited awareness that child marriage is illegal under national law.

Economic and social empowerment of girls and women

In both Afar and Somali study sites, and especially in more rural communities, girls' and women's broader empowerment remains limited, due to pervasive, deeply patriarchal gender norms. Girls and young women have less mobility and more limited voice than boys and young men. Similarly, women's control over assets and financial decision-making, especially in Afar (where women are not commonly involved in livestock trading), is more limited than men's. Although there is growing space for girls and women to earn, and contribute to household livelihoods, there is near universal agreement, in both Afar and Somali and among young people and caregivers, that daughters' behaviour must be controlled more than sons', and that a husband has the authority to control his wife, even with violence.



17-year-old girls pounding corn, Somali, Ethiopia © Nathalie Bertrams/GAGE 2024

Implications for programming and policy

Drawing on our broader research findings, we suggest the following priority actions for the Ethiopian government and its partners if the goals of the National Costed Roadmap to End Child Marriage and FGM are to be achieved. We highlight the range of actors needed to fast-track change for adolescent girls and young women, and the specific actions within their mandate, while recognising that efforts need to be well coordinated and are interdependent:

- Because knowledge of the law banning FGM and child marriage remains limited, as does enforcement, the justice sector needs to scale up efforts to promote and enforce national laws on harmful practices.
- Because restrictive gender norms limit girls' and women's access to education, employment and decision-making – and ultimately drive both FGM and child marriage – all levels of the Women and Social Affairs sector must prioritise efforts to directly tackle these beliefs and practices.
- Because fathers, brothers, male peers, boyfriends and husbands are complicit in perpetuating the broader gender norms that disadvantage girls and women – including FGM that is framed as the purview of women – government and non-government actors need to collaborate to shift male attitudes and practices.
- Because the gender norms that limit girls' and women's lives also limit communities' and leaders' capacity to recognise and address these norms, it is vital that child- and gender-focused NGOs work with adolescents and adults to shift beliefs and practices, and to develop and support local champions working to end FGM and child marriage.
- Because girls are far more likely to be excluded from education than boys, the education sector must redouble efforts to ensure that all girls have access to education, at least through to the end of middle school but ideally through to completion of secondary school.
- Because global evidence suggests that the best way to prevent child marriage is to keep girls in school as long as possible, social protection (e.g. school feeding, cash transfers) should be used to incentivise families to educate girls and delay marriage.
- Because girls and women in pastoralist communities have extremely limited opportunities to earn their own incomes, the agricultural and labour sectors should scale up efforts to expand and diversify livelihood options for unmarried and married females.
- Because girls and women who have undergone FGM often face a lifetime of pain and infection, because of the growing trend of medicalisation of FGM, and because it is possible to decouple child marriage and adolescent pregnancy, the Bureaus of Health at the regional and district levels must redouble efforts to ensure that health care workers are part of the solution.
- Because Afar and Somali are not yet evidencing the progress shown by other regions of Ethiopia in reducing FGM and child marriage, regional government leaders should invest in promoting the social change that will improve girls' and women's lives, as well as broader development outcomes.
- Because FGM is seen as a religious mandate, and child marriage is seen as religiously acceptable (and even preferable), it is vital that government and non-government actors work closely with religious leaders to promote harm reduction in the short term, clarifying what FGM practices do and do not fall under the rubric of *sunna* [permissible] and eventually the abandonment of these harmful practices.
- Because clan and culture are central to Afar and Somali identities – and to the perpetuation of FGM and child marriage – government and non-government actors need to work closely with clan leaders to shift the beliefs and practices that continue to disadvantage girls and women.
- Because the National Alliance to End FGM and Child Marriage is uniquely positioned to continue and accelerate efforts towards eradication, it is vital that Alliance members collectively continue to open new change pathways and identify new champions to support eradication efforts at all levels.
- Because eliminating FGM and child marriage will be resource-intensive and require consistent long-term interventions, development partners must scale up investment in programming, underpinned by robust research evidence.

Introduction

The Ethiopian government is committed to ending female genital mutilation (FGM) and child marriage. The country has a strong legal framework, which outlawed both practices two decades ago, as well as a 2013 National Strategy and Action Plan on Harmful Traditional Practices against Women and Children and a 2019 National Costed Roadmap to End Child Marriage and FGM by 2025. Ethiopia is also signatory to both the United Nations Convention on the Rights of the Child (UNCRC) and the Sustainable Development Goals (SDGs), which recognise that FGM and child marriage abrogate the rights of girls and women, and call for these harmful practices to be eliminated. Yet despite these commitments, and the sustained efforts of the government and its development partners, progress remains highly uneven and too slow to meet targets. Indeed, in the pastoralist regions of Afar and Somali (both of which are categorised by the government as ‘emerging’), there is little evidence of progress in addressing these harmful practices; rates of FGM are static, and rates of child marriage may even be increasing.

This report is part of a multi-year, mixed-methods longitudinal study. It draws on data collected in two zones of Afar and two zones of Somali in early 2024, exploring women’s and girls’ social and economic empowerment, especially regarding risks of FGM and child marriage. The midline sample of nearly 4,000 young people and caregivers (approximately 1,000 households, each with a young person and caregiver, in each region), and more than 150 key informants, was carefully drawn to allow us to establish patterns and track progress against national and international targets.

The report begins with a background section to introduce the Afar and Somali contexts. We then present the conceptual framework, sample and methods of the midline research. Findings are presented by theme, including: households, livelihoods, and access to social protection; education; FGM; child marriage; and girls’ and women’s economic and social empowerment; and within each theme, by region. We conclude with implications for programming and policy.



An 18-year old mother and her two children, Somali, Ethiopia © Nathalie Bertrams/GAGE 2024

Background

Afar and Somali contexts

Both Afar and Somali regional states are primarily desert, home to pastoralists who engage in seasonal migration shaped by rainfall patterns. They are very much impacted by recurrent climate change-driven drought and flooding (Oxfam, 2016; Management Entity, 2021; UNOCHA, 2022; UNICEF, n.d.a; n.d.b). In large part due to resource constraints, both regions are also impacted by recurrent violence that has displaced tens of thousands of people in recent years (Tadesse et al., 2015; UNOCHA, 2022; UNICEF, n.d.a; n.d.b; Ethiopia Peace Observatory, n.d.). Although poverty rates are similar in Afar (24%) and Somali (23%), there are large disparities in the patterning of that poverty (National Planning Commission, 2017; World Bank, 2020). In Afar, people in urban areas are far better off than those in rural areas (ibid.). This is not the case in Somali, where urban poverty is marginally higher than rural poverty (ibid.). In both Afar (95%) and Somali (98%), Islam is practised by the overwhelming majority of the population (Østebø, 2023).

Primarily because populations are sparse and nomadic – which both complicates the delivery of formal schooling and suppresses demand for it – access to education in Afar and Somali has long lagged compared with Ethiopia's other regions (Jackson, 2011; Wodajo, 2014; Woldeesenbet, 2015; Muhumed, 2017; Alemu and Solomon, 2019). In Afar, access to education has been further limited by the conflict that started in the Tigray region in 2020. This led

to widespread school closures in Afar in the second half of 2021, and left many families too poor to invest in their children's education (Presler-Marshall et al., 2024a). The Ministry of Education (2023) reports that while 71% of children complete 6th grade at the national level, this is true of only 29% of children in Afar and 54% of children in Somali. Furthermore, girls in both regions have less access to education than boys, due to complex interactions between cultural, economic and structural factors that leave girls both less likely to enrol in school and more likely to drop out (Jackson, 2011; Wodajo, 2014; Muhumed, 2017; Dessalegn et al., 2020; Goshu et al., 2021). In Afar, the Ministry of Education (2023) reports that 26% of girls and 31% of boys complete 6th grade. In Somali, while completion rates are higher, the gender gap is even larger: 49% of girls compared with 60% of boys. In both Afar (13%) and Somali (14%), it is rare for girls to enrol in secondary school (ibid.).

The economic empowerment of girls and women in Afar and Somali is broadly shaped by pastoralism, and by government efforts to encourage populations to adopt sedentary lifestyles in river basins, where irrigation makes crop farming possible and it is easier and more efficient to deliver government services (Abebe, 2014; Haji and Legesse, 2017; Mahamoud and Ahmed, 2019). In pastoralist areas, females' access to income is almost exclusively related to livestock (Inkermann, 2015; Dessalegn et al., 2020; Ridgewell and Flintan, 2007). In agro-pastoralist areas, which are more common in Somali, women's livelihood strategies also include trading. Women's incomes,



A health centre being rebuilt after being damaged by recent conflict, Afar, Ethiopia © Nathalie Bertrams/GAGE 2024

while small, can be more dependable than men's (Oxfam, 2016; Gurmu, 2018; Balehey et al., 2018; Mahamoud and Ahmed, 2019; Tekla et al., 2019; United States Agency for International Development (USAID), 2021).

Although the age at which girls undergo FGM varies by region, the practice is nearly universal in both Afar and Somali, neither of which have aligned regional laws with national prohibition. The most recent Ethiopia Demographic and Health Survey (EDHS) found that of females of reproductive age (15–49 years), 91% in Afar and 99% in Somali had undergone FGM (CSA and ICF, 2017). With the caveat that the number of girls sampled in the EDHS in Afar and Somali is small,¹ the rates for adolescent girls (aged 15–19) were nearly as high – 91% and 95%² respectively. FGM is not only more common in Afar and Somali than it is in other regions, but also more extreme. The EDHS reports that most girls and women over the age of 15 have been 'sewn closed' in Afar (64%) and Somali (73%) (see Box 1, which explains the four types of FGM). Infibulation rates for girls under the age of 15 were 64% and 33% respectively (ibid.). In both Afar and Somali, FGM is widely believed to be required by religion and a necessary cultural practice.

Indeed, numerous studies indicate that while the health risks associated with FGM are generally well recognised, they are often considered less significant compared to the social repercussions of avoiding the practice or the social benefits of continuing it (Asmani and Abdi, 2008; Flintan, 2008; Andarge, 2014; Abathun et al., 2016, 2018; Gebremariam et al., 2016; Mohamud et al., 2016; Abdisa et

al., 2017; Adinew and Mekete, 2017; Getanehe, 2017; Abebe et al., 2020; Presler-Marshall et al., 2022a).

Afar and Somali stand out among Ethiopia's regions as they have yet to revise their Family Law to prohibit child marriage (McGavock, 2021). This hesitation is reflected in the high rates of child marriage within both areas. According to UNICEF, among women aged 20–24 surveyed during the 2016 EDHS, 67% in Afar and 55% in Somali were married before reaching age 18, in contrast to a national rate of 40% (UNICEF, n.d.a; n.d.b). Furthermore, Elezaj et al. (2019) calculated, using EDHS data, that while the incidence of child marriage among girls aged 15–17 has declined at the national level since 2000 (down 9 percentage points), it appears to be increasing in Afar (up 6 percentage points) and Somali (up 7 percentage points). These similarities in child marriage trends are especially intriguing given that marriage practices are divergent. In Afar, and with the caveat that practices vary by zone, a girl traditionally marries an *absuma* (maternal cousin) and is allowed no input decisions about marriage timing or partner (Jones et al., 2016; Dessalegn et al., 2020; Presler-Marshall et al., 2020). In Somali, most girls reportedly marry when and to whom they choose (albeit with family and social pressure to marry early) (Lelieveld, 2011; Woldeesenbet, 2015; CSA and ICF, 2017). Recent evidence from Afar suggests that the conflict that started in northern Ethiopia in 2021 has further exacerbated girls' risk of child marriage, with impacts on both the incidence of child marriage (increased) and the age at which girls marry (decreased) (Presler-Marshall et al., 2024a).

Box 1: FGM classification

The World Health Organization (WHO) classifies FGM into four types (WHO, 2024). Type 1, also called clitorrectomy, involves the partial or full removal of the clitoris. Type 2, also called excision, involves the removal of the labia minora and/or majora (usually in addition to the clitoris). Type 3, also called infibulation, involves the narrowing of the genital opening by removing the external genitalia and suturing or fusing (usually with scar tissue) the remaining flesh. Type 4 involves all other harm to girls' genitalia.

In Ethiopia, where FGM is often called 'female circumcision' despite the fact that it – unlike male circumcision – confers no health benefits, only harm, the most recent Demographic and Health Survey does not follow this classification scheme. It instead delineates between 'cut, with no flesh removed', 'cut, with flesh removed', and 'sewn closed' (CSA and ICF, 2017).

Useful for contextualising our findings, in many Muslim communities, FGM type is divided into only two categories: *sunna* (permissible) and *haram* (forbidden). The 2023 fatwa issued by Muslim scholars considers infibulation/Type 3 *haram* and clitorrectomy/Type 1 *sunna*.

1 The total number of girls aged 15–19 who were asked questions about FGM on the 2016 EDHS was only 139 in Afar and 152 in Somali.

2 Regional figures for girls aged 15–19 are authors' own calculations, using unweighted EDHS data.

Conceptual framing

Drawing on the growing body of evidence regarding adolescent well-being and development, as outlined in the GAGE conceptual framework (GAGE consortium, 2019), this research adopts a holistic perspective. It focuses on the interconnectedness of what we refer to as the '3 Cs' – capabilities, change strategies, and contexts – to identify effective ways to support and empower adolescent girls in realising their full potential, now and in the future (see Figure 1). This perspective acknowledges that social and economic empowerment are deeply linked, and recognises how various contexts influence the risks and opportunities faced by adolescent girls, as well as the strategies for promoting change.

Central to this approach is the capabilities framework, initially advocated by Amartya Sen (1984; 2004) and further refined by Martha Nussbaum (2011) and Naila Kabeer (2003) to better address complex gender dynamics at both household and societal levels. This framework has developed into a broad normative structure that examines

the types of assets – economic, human, political, emotional and social – that enhance individuals' ability to achieve meaningful ways of 'doing and being'. It emphasises a sense of competence and purposeful agency, focusing not just on a static set of external assets but on investments in an individual's skills, knowledge and voice.

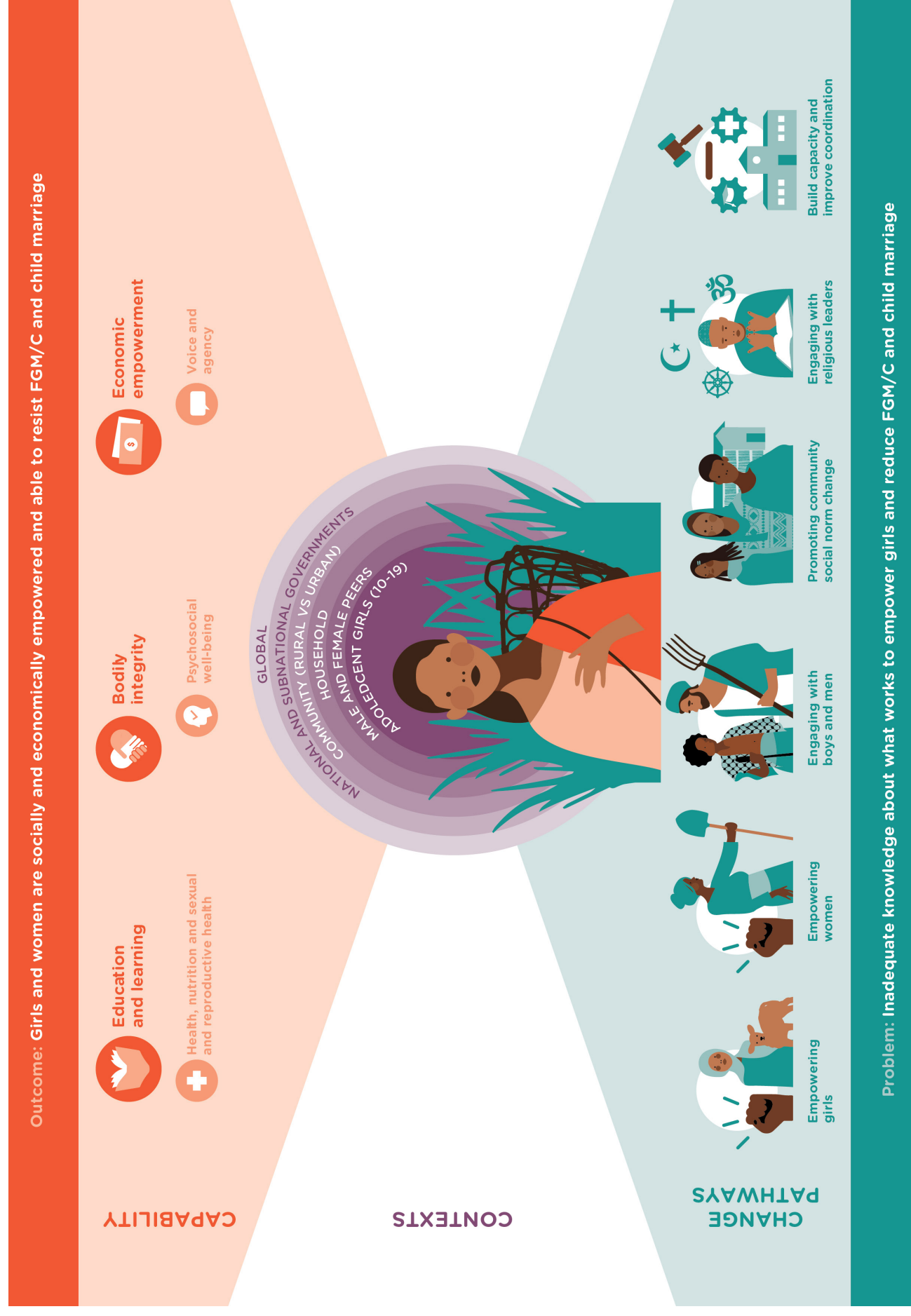
The second component of our conceptual framework is context. Our model places girls within a socio-ecological framework, recognising that adolescent girls at various life stages have distinct needs and challenges, which are heavily influenced by their familial, community, subnational and national contexts.

The final component, change strategies, acknowledges that the realities faced by girls shape the pathways for developing their capabilities and the strategies available to them for improving their circumstances. Our socio-ecological approach highlights that fostering transformative change in girls' capabilities and overall well-being requires integrated intervention strategies at multiple levels. This involves aligning policies and programmes that support girls, their families, and their communities while also striving for systemic change.



An adolescent girl at a primary school, Somali, Ethiopia © Nathalie Bertrams/GAGE 2024

Figure 1: GAGE conceptual framework



Sample and methods

This report draws on mixed-methods research undertaken in early 2024 in Afar and Somali regions. Data was collected in three *woredas*, in two zones, in each region (see Figure 2). In Afar, these included Awsi Rasu zone [Zone 1]) and Semurobi and Hadelella (Hari Rasu zone [Zone 5]) *woredas*. In Somali, research was carried out in Daror (Jarar zone) and Harshen and Goljano (Fafan zone) *woredas*.

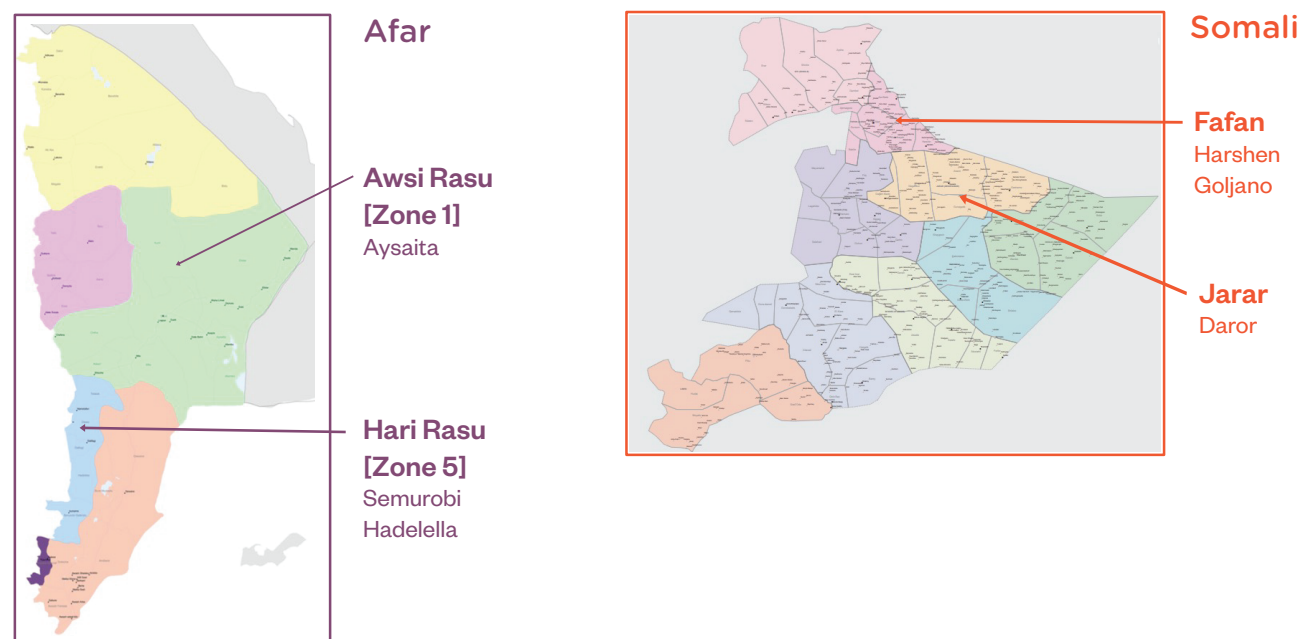
Our midline quantitative sample included 1,881 adolescents and young adults (aged between 12 and 21 when surveyed) and 1,912 caregivers³ (see Table 1). The sample was almost equally split between Afar (961 young people) and Somali (920 young people). Most young people (81%) and most caregivers (90%) were female. Surveys, which were administered in the respondents' native language, were broad and included modules on FGM, child marriage, education, livelihoods, sexual and reproductive health, mobility and decision- making, and gender norms (see Endale et al., 2024a;b). Caregiver surveys also included a module on household socioeconomic conditions and participation in social protection programming. This report relies on descriptive statistics and presents means for

different groups of respondents (e.g. males versus females, target versus control). Where average differences are described as statistically significant, $p < .05$.

Our qualitative sample was also drawn equally across regions (see Table 2). It included 65 adolescent girls and young women (half of whom were married⁴), 67 adolescent boys and young men (half of whom were married), 102 caregivers, and 113 key informants from *kebele*, *woreda* and regional levels. Importantly, while qualitative research was undertaken in both Awsi Rasu [Zone 1] and Hari Rasu [Zone 5] in Afar, in Somali, we collected qualitative data only in Fafan zone, and not Jarar. Qualitative tools covered the same themes as the surveys, but allowed for more in-depth exploration (again in the respondent's native language) of personal attitudes, community norms, shifting practices, and observations about the actors working to either encourage or stifle change (see Presler-Marshall et al., 2024d). In terms of the qualitative data analysis, all interviews were transcribed and translated, and then coded using the software package MAXQDA, following a thematic codebook, informed by the conceptual framework discussed earlier.

Before research commenced, ethical clearance was received from the Research Ethics Committee of the

Figure 2: Research locations



³ All midline participants took part in baseline research. Attrition was limited and well below the planned for attrition rate (15%) built into the sample at baseline. From the total 2,042 baseline core adolescent respondents, 1,890 were tracked and interviewed in the midline survey. Similarly, 1,912 caregivers were tracked and interviewed in the midline survey out of the 2,042 baseline respondents. The attrition rate was 7.4% of core adolescents and varied slightly by location and age. In Afar, the total attrition rate for adolescents was 5.9% (6.8% for those under age 15 at baseline and 5.2% for those aged 15 and over at baseline). In Somali, analogous figures were 9.8%, 10%, and 9.3% respectively. The attrition rate for caregivers was 6.3% (4.5% in Afar and 8.2% in Somali).

⁴ Our qualitative sample included a disproportionate number of married young people so that we could better explore marriage decision-making.

Table 1: Quantitative sample

		Afar	Somali	Total
Young people	Total	961	920	1881
	Female	824	705	1529
	Male	137	215	352
Caregivers	Total	976	936	1912
	Female	897	833	1730
	Male	79	103	182

Table 2: Qualitative sample

	Afar	Somali	Total
Girls and young women	33 (half married)	32 (half married)	65
Boys and young men	32 (half married)	35 (half married)	67
Mothers	36	34	70
Fathers	16	16	32
Key informants	58	55	113
Total	175	172	347

Ethiopian Society of Sociologists, Social Workers and Anthropologists (ESSSWA), a Ministry of Science and Innovation-accredited body to carry out national research ethics reviews. All interviewers were trained to interact appropriately with vulnerable adolescents and adults, including on sensitive topics such as FGM. Before interviews

commenced, participants were informed of their right to refuse to participate (including their right to withdraw consent at any time during the interview) and about confidentiality and data security protocols. Informed assent (for minors under age 18) and informed consent (for adults aged 18 and over) was then obtained from all participants.



A 15-year-old girl newly married to her cousin, Afar, Ethiopia © Nathalie Bertrams/GAGE 2024

Findings

As noted earlier, our research findings – which apply only to study sites and not to all of Afar and Somali – are organised by theme: households, livelihoods, and access to social protection; education; FGM; child marriage; and girls’ and women’s economic and social empowerment. Within themes, findings are presented first for Afar and then for Somali.

Households, livelihoods and access to social protection

Afar

Because formal education is comparatively new in Afar study sites, the caregiver survey found that only 4% of household (HH) heads are literate, with literacy rates higher in more urban Awsi Rasu [Zone 1] (8%) than in Hari Rasu [Zone 5] (3%). The survey also found that it is now rare (5%) for entire households to seasonally migrate in search of pasture (see Figure 3). In Awsi Rasu [Zone 1], most households (67%) are completely settled. In 27% of households, some household members engage in seasonal migration. In Hari Rasu [Zone 5], migration patterns

are more equal, with just over half (52%) of households completely settled and just under half (44%) having only some members migrate.

The caregiver survey identified large differences in ownership of household assets across zones. Afar households in Awsi Rasu [Zone 1] (97%) were far more likely to own land than those in Hari Rasu [Zone 5] (67%) (see Figure 4). Households in Hari Rasu [Zone 5] (95%) were far more likely to own small livestock (mostly goats) than those in Awsi Rasu [Zone 1] (80%). Ownership of large livestock (mostly cows) was similar across zones. In our sample, the average household owned 20 goats and 6 cows.

When asked to identify the main source of household income, livestock was reported by 70% of Afar caregivers in study sites. The responses varied by zone (see Figure 5). Caregivers in Awsi Rasu [Zone 1] (51%) (where households were more likely to be permanently settled and to own land) were far more likely to report crop farming than those in Hari Rasu [Zone 5] (7%). Households in Hari Rasu were more likely to rely on livestock (86% versus 38%).

In both zones – and not surprisingly, given drought – approximately one-third of Afar caregivers in study sites reported that their household had been food insecure in the past year (see Figure 6). Concerns about food security

Figure 3: Household migration for pasture, Afar

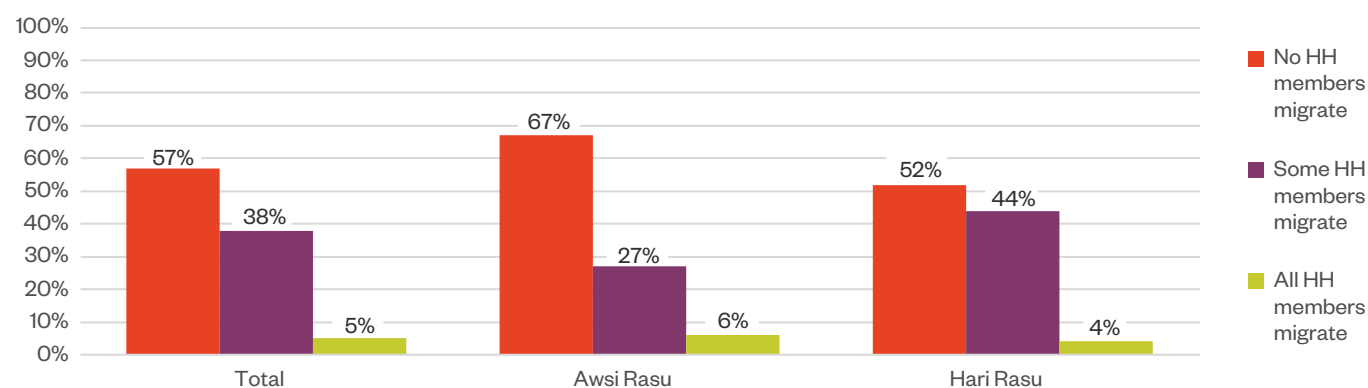


Figure 4: Household assets, Afar

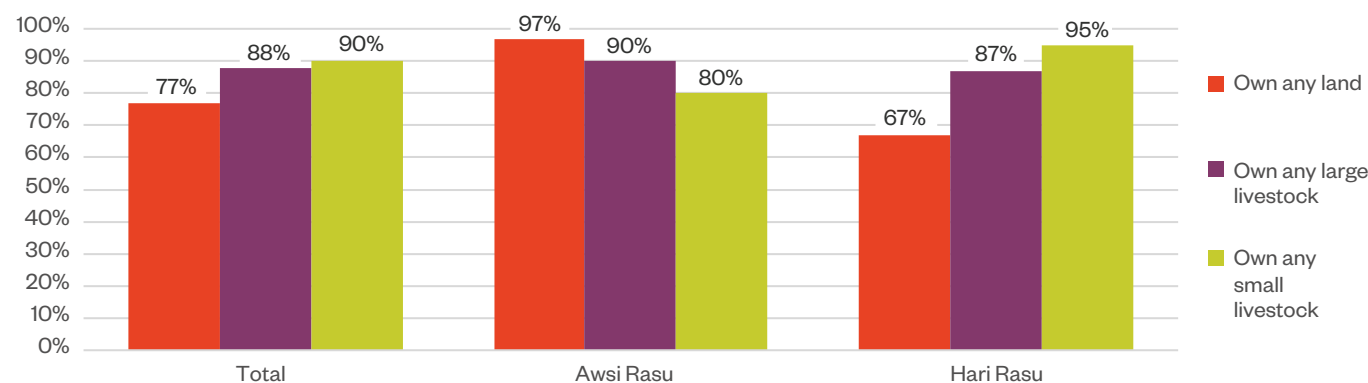


Figure 5: Main source of household income, Afar

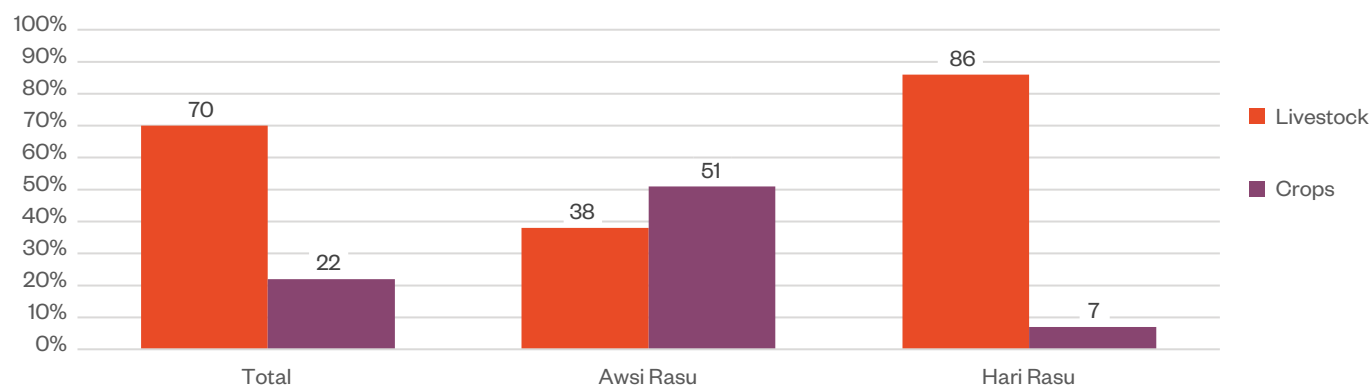
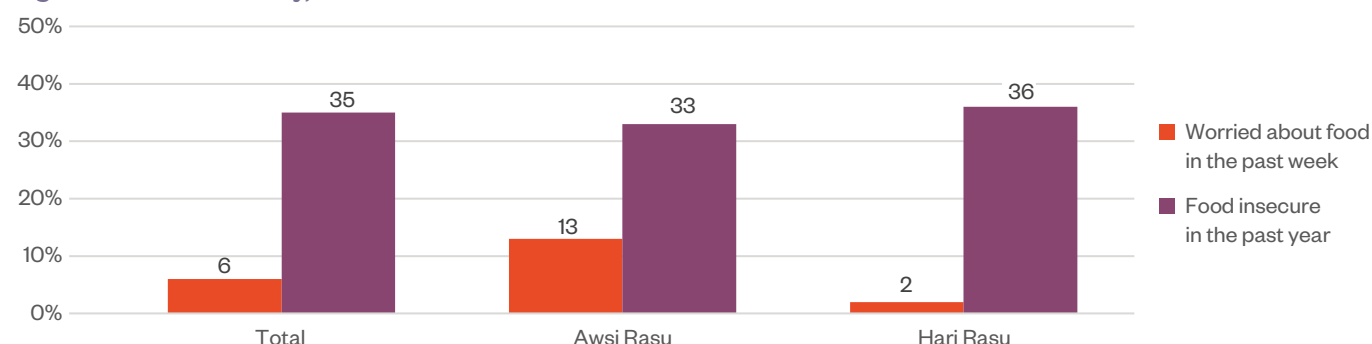


Figure 6: Food security, Afar



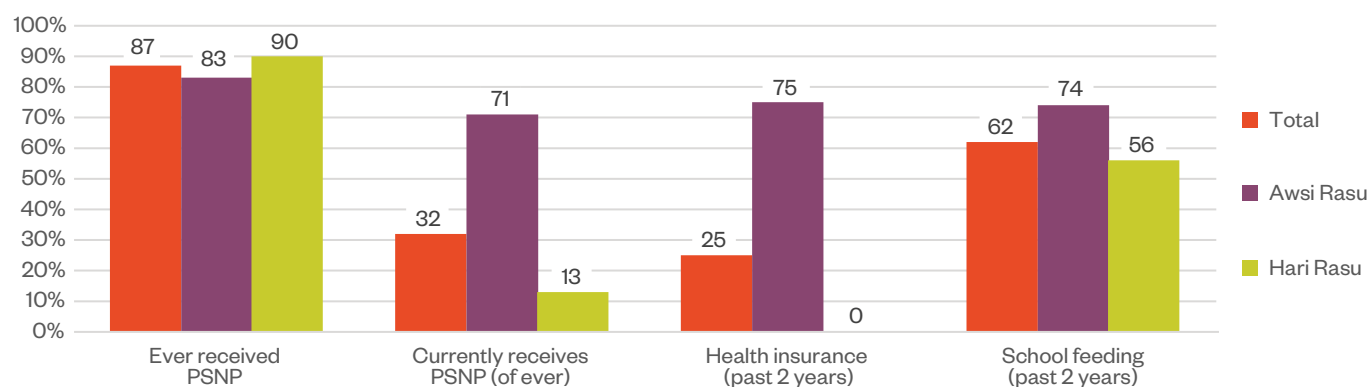
in the past week, however, were markedly higher in Awsi Rasu [Zone 1] (13%), which, unlike Hari Rasu [Zone 5] (2%), had not seen drought end in the weeks prior to the survey.

In terms of social protection, most Afar caregivers (87%), in both zones, reported that their household had ever received assistance from the Productive Safety Net Programme (PSNP) (see Figure 7). Of those, and in part reflecting the drought that was still gripping Awsi Rasu [Zone 1] during data collection, current levels of receipt were far higher in Awsi Rasu (71%) than in Hari Rasu [Zone 5] (13%). School feeding was also more common in Awsi Rasu than in Hari Rasu (74% versus 56%). No caregivers in Hari Rasu [Zone 5] reported having access to community-based health insurance, a major difference compared

with 75% of those in Awsi Rasu [Zone 1] which is closer to Semara, the capital city of the region.

Qualitative findings extended and nuanced the survey results. Most caregivers in study sites, regardless of whether they lived in Awsi Rasu or Hari Rasu, strongly identified as pastoralist, even if their livestock holdings were small and their regular livelihoods derived from agriculture. A father from Awsi Rasu [Zone 1] stated, *'I am pastoralist and I rear cattle, though few in number.'* A mother from Hari Rasu [Zone 5] noted that while crop farming has been expanding, only those who can afford the money and effort required to irrigate can diversify in this way: *'Irrigation requires a lot of work for those who have money to work with it.'*

Figure 7: Access to social protection, Afar



Another mother from the same zone added that even those who raise crops see their animals as a safety net, because goats can be sold for food if crops fail:

When the farm product is not sufficient to feed the family, we sell animals and use the money to buy food and other things...

Caregivers and young people in study sites in both zones emphasised that climate change has made both forms of farming (livestock and crops) highly uncertain, as drought and flooding have reduced herds and yields. They have also left livestock vulnerable to disease and allowed the spread of invasive plant and animal species. A mother from Awsi Rasu [Zone 1] explained:

The major cause is drought that has resulted from a shortage of rain in the area. When there is drought... there is not sufficient food for the animals, and they become more susceptible to disease.

A 20-year-old young man from the same zone added:

In the past two years, there has been drought and it seriously affected my family and the community as a whole. Besides the drought, there have also been animal diseases and ticks, which have badly affected our animals.

Impacts on agriculture have been similar. A father from Awsi Rasu [Zone 1] explained that floods washed away not only crops, but soil: *'Some people here tried to cultivate crops but the Awash River filled and there were floods, which eroded people's farmland.'* A mother from Hari Rasu [Zone 5] added that even when crops start off healthy, they often fail before harvest:

The farm has not been giving a good yield. Crops look good when they start to grow. Later on, pests destroy crops and lead to harvest failure.

Especially in Hari Rasu [Zone 5], respondents reported that recent conflict has further disrupted farming and decimated livelihoods. Those raising crops have been afraid to work in their fields, while those raising animals have been afraid to take them to market. A mother from Hari Rasu stated:

We could not stay in the farm at that time because of security-related concerns. They may injure you or fire a gun when they find you around the farm. We left our farm unprotected because of security concerns, and birds destroyed it.

A father from the same zone added, *'In the past two years, people have been afraid to take their animals to market.'*

In line with survey findings, many qualitative research participants reported that their household and community has struggled with food security in the two years since baseline. A father from Awsi Rasu [Zone 1] stated that:

Since the time of the heavy flooding, most of the people in this kebele have suffered from food shortage and hunger.

A father from Hari Rasu [Zone 5] agreed, saying:

There have been food shortages in our locality over the past two years, because of the drought, conflict and the consequent road closure.

Mothers added that even when families have enough to eat, diet quality has declined. A mother from Awsi Rasu [Zone 1] explained:

Previously, we were feeding the children by alternating between rice and bread... Now, we are only providing one type of food.

Respondents also noted that females are at higher risk of malnutrition than males. A 15-year-old girl from Awsi Rasu [Zone 1] explained, *'Let the boys have enough', they say... because it is a shame [to let] girls eat before boys.'* An 18-year-old young man from Hari Rasu [Zone 5] added, *'My mother gave the food to the younger children [in the family].'*

According to respondents, social protection (including emergency food aid and the PSNP) has not kept pace with need. A mother from Awsi Rasu [Zone 1] reported:

We had been receiving cash support before the war [in northern Ethiopia]. They had been paying for us since we participated in the safety net programme... After the Junta war, there has been no other kind of support coming to our area. We only received a one-time food support of 50kg of wheat immediately after the war ended... Then they told us to work the farm and lead our lives by it. But then the farmland was flooded with water.

Respondents reported that school feeding was also important, but that it had been discontinued in many communities. An 18-year-old young man from Awsi Rasu [Zone 1] stated:

Besides in this year, 2024 [2016 EC], there was school feeding in the first semester but it stopped in the second semester, but I am not sure why the school food was disrupted.

Somali

The midline survey found that 16% of Somali household heads in study sites were literate, with literacy rates higher in Jarar (21%) than Fafan (14%). It also found that seasonal migration is increasingly uncommon. Most Somali caregivers (78%) reported that no members of their household migrate in search of pasture (see Figure 8). Households in Fafan (83%) were more likely to be settled than those in Jarar (66%). Where households engage in seasonal migration, it was equally common for only some members to migrate (10%) and for all members to migrate (12%).

The caregiver survey also identified large differences in ownership of household assets across zones. Households in Fafan (59%), where households are more settled and crop farming is expanding, were far more likely to own land than households in Jarar, where agriculture is less common and land is almost exclusively owned by the clan (14%) (see Figure 9). Caregivers in Fafan (55%) were also more likely than those in Jarar (29%) to report that their household owns large livestock (most often camels). Ownership of small livestock (most often goats) was equally common

across zones (82%). The average household in the Somali sample owned 2 camels and 18 goats.

When asked to identify the main source of household income, Somali caregivers' responses also varied by zone (see Figure 10). Caregivers in study sites in Jarar (30%) were less likely to report crop farming than those in Fafan (41%). They were also more likely to report trading, sales and self-employment than those in Fafan (18% versus 12%), with much of the trading, sales and self-employment tied to markets in Somaliland, rather than Ethiopia. Rearing livestock was common in both zones (45%).

Despite differences in household assets and livelihoods, Somali caregivers' concerns about food security did not differ by zone. One fifth (20%) of caregivers in both Fafan and Jarar reported being worried about food in the past week (see Figure 11). A similar percentage reported being food insecure in the past year.

Overall, Somali caregivers in study sites in Jarar reported better access to social protection than those in Fafan. While nearly half (48%) of households in both zones had ever received the PSNP, of those, caregivers in Jarar (64%) were more likely to be currently benefiting from PSNP than those in Fafan (58%) (see Figure 12). With the

Figure 8: Household migration for pasture, Somali

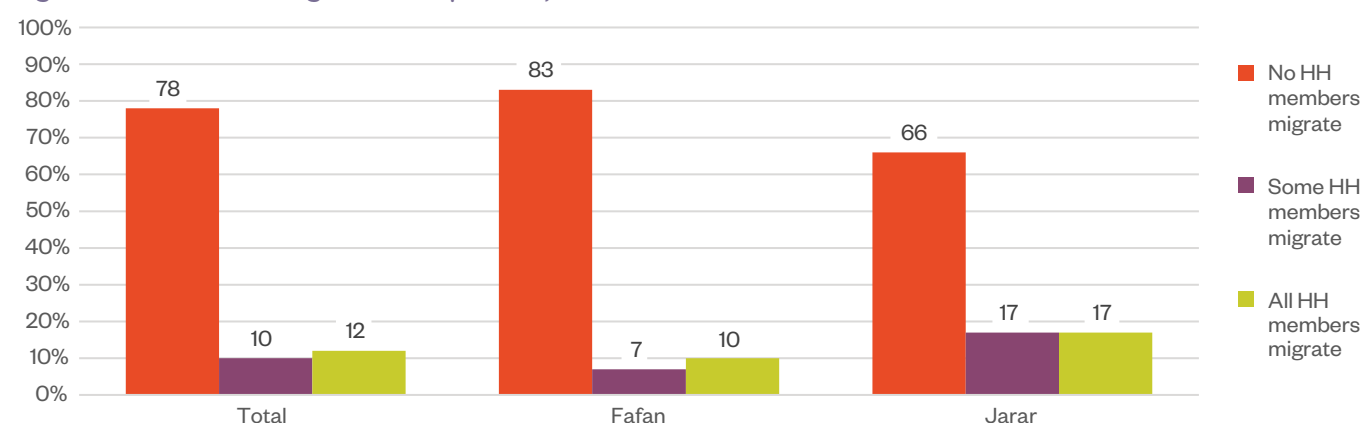


Figure 9: Household assets, Somali

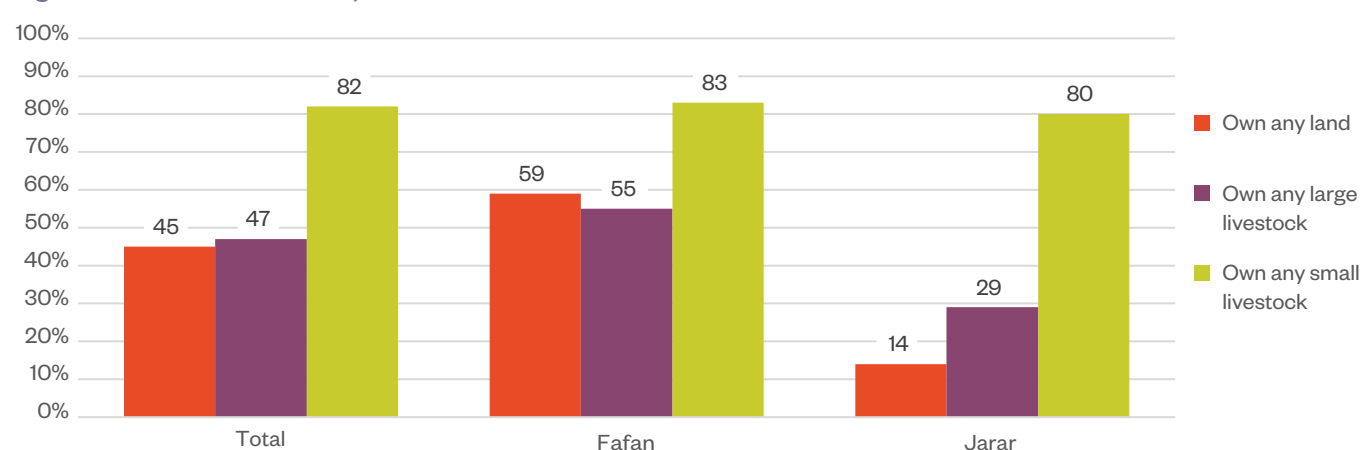
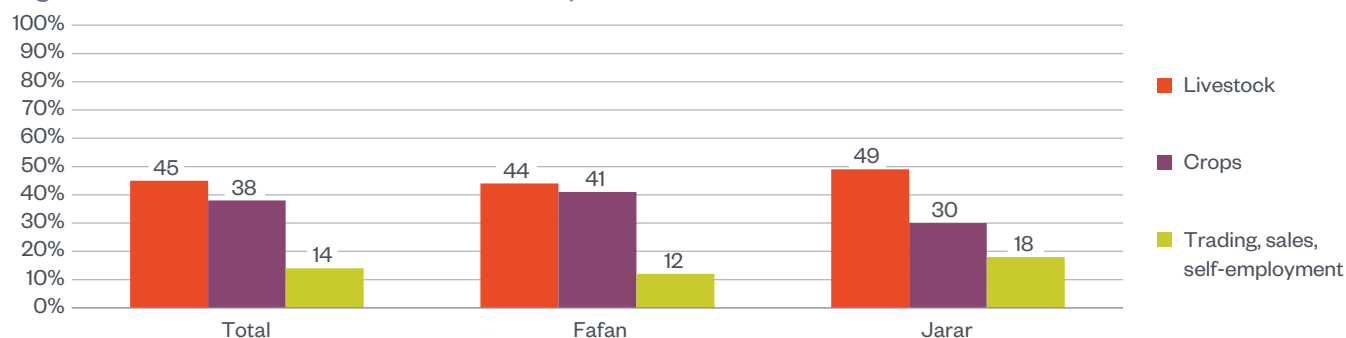


Figure 10: Main source of household income, Somali



caveat that access to community-based health insurance and school feeding is rare in both zones, compared to caregivers in Fafan, caregivers in Jarar also reported better access to health insurance (4% versus 9%) and school feeding (6% versus 12%).

In Somali, as already noted, qualitative data was collected only in Fafan. In that zone, respondents reported that livelihoods are quite mixed. A minority of households, primarily in Harshen, depend solely on livestock. However, most households (under normal weather conditions) raise livestock and at least some crops, and many also supplement their income (sometimes for a only few months a year) with wage labour, trading and mining. A religious leader from the Harshen *woreda* explained the minority:

The people here are pastoralists... It is goats and camels... We do not focus much on farming ... We only plant vegetation to feed our animals.

A 19-year-old young man from the Goljano *woreda* added that pure pastoralism is largely a thing of the past: ‘In the past, most of the community’s livelihood was cattle breeding.’ Now, noted a 15-year-old boy from Harshen:

It is a mixed type – some make their living by selling charcoal, some by raising animals, and some are still involved in trading... The main source of livelihood is trade, like operating small shops.

Figure 11: Food security, Somali

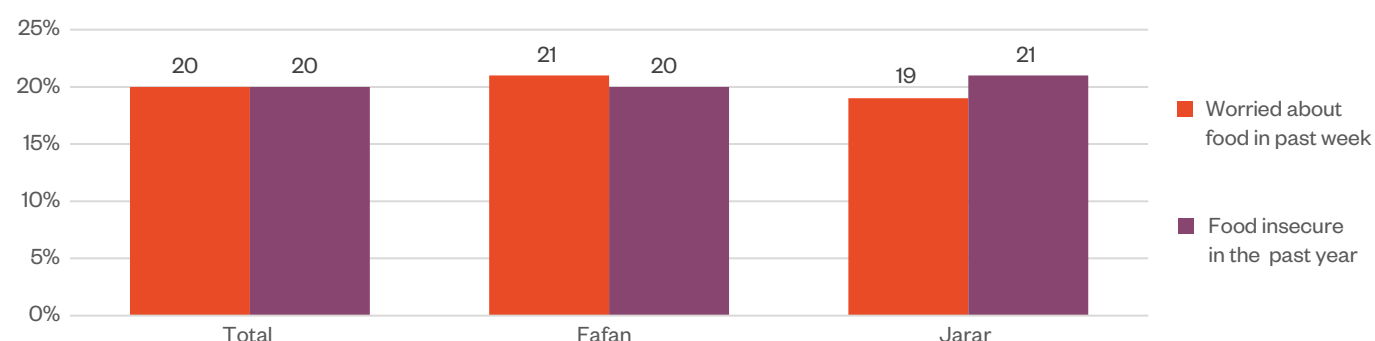
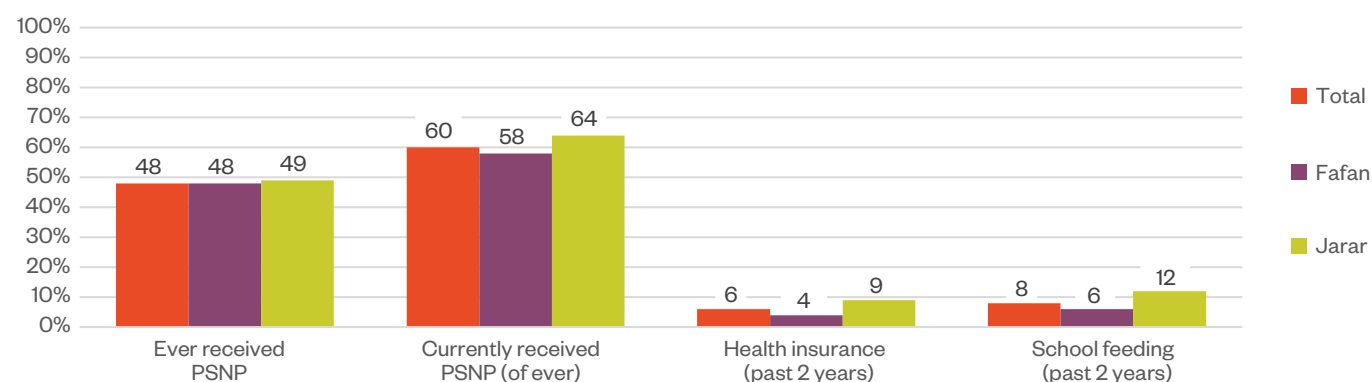


Figure 12: Access to social protection, Somali



It was also common in study sites in Fafan for young people and caregivers to report that remittances are important to households' economic survival. In some cases, remittances were provided by family members who lived in nearby towns, and in other cases, by relatives who had emigrated to other countries, including in the Middle East and Europe. A 12-year-old boy from Goljano reported:

We have one older sister who has a job in the city and she supports us... She is a house maid in Hargeisa [in Somaliland].

A 17-year-old girl from Harshen added, 'My father lived in Norway for 7 years, he was sending us US\$100 every month.'

Across communities, Somali respondents agreed that the drought, which peaked in late 2022 and early 2023, had decimated livelihoods. Livestock died, crops withered, and small businesses (which depend on community members having cash to spend) failed. A clan leader from Harshen explained:

Most of the animals have died, and we have no place to sell the ones we do have. In this region, most of our animals are sold in Somalia, like in Mogadishu, Bosaso or Berbera. We don't have any other places to sell them. When we go there, and many people are selling, the prices of the animals drop.

A development agent from that woreda similarly stated:

The drought destroyed all the crops we had. Whatever can be used the year after was not enough. In the past, there were trees. Because of the hardship, the community shifted to making charcoal by cutting down these trees because they did not have any other income with which to buy food.

A 21-year-old young man from Goljano noted that even though the drought has ended, it will take years to re-establish the herds on which families depend:

Local community members sell their cattle and make their livelihood. But during the drought, people lost their cattle. Loss of cattle by the drought had harmed the livelihoods of the community. Now the local community does not have cattle. In fact, now it rains. But people are without cattle.

Although most respondents in study sites in Fafan reported that they had enough to eat now, they agreed that food security had been badly compromised by the drought. A kebele chairperson from Goljano reported:

There was severe shortage of food. Flour we used to buy at 500 birr was sold at 2,500. If you are poor, you cannot buy anything.

A 19-year-old young mother from Harshen noted that the drought was particularly difficult for pastoralists whose incomes were not diversified: 'We only have goats to sell. We buy food items by selling our goats.' Another young mother, from Goljano, noted that because women with very young children had been unable to migrate (in search of better pasture, paid work, or reliable emergency aid), they and their children had suffered the most. She stated:

For me it was impossible to migrate since I have children... We did not have anything to eat... Shortage of food together with having children was the most difficult one... Since children cannot withstand hunger, I feed them first. If there is any left from the children, I will feed my mother. If there is no food after feeding my children, me and my mother sleep without food.

Access to social protection was reported to be common during the drought. Most respondents in study sites reported that their community had received food rations from the Ethiopian government or the World Food Programme (WFP). A development agent from Harshen recalled that, 'PSNP gave us wheat flour, food oil, and peas.' A 20-year-old young man from Goljano added, 'Previously, NGOs provided some food support.' At the time of midline data collection, however, respondents reported that emergency aid had ended and that only a minority of households were benefiting from the PSNP. Most of those households were engaged in public works, creating infrastructure aimed at mitigating climate change. A 20-year-old young man from Harshen explained that support is only received twice a year:

We receive the PSNP support after participating in the public works programme and it is cash in return for work. Others who are with disabilities and cannot do the PSNP public work, receive free support... We work to conserve water ponds, and also protect against soil degradation by making terraces... We receive support twice in a year.

A 16-year-old girl from Goljano added that although benefits are small (given inflation) and irregular, every little bit helps: 'We can say there is a little change in our life after we started to get the PSNP.'

Education

Afar

Educational aspirations in Afar study sites are extremely high. Of ever-enrolled young people, over two-thirds (68%) reported aspiring to complete university. Boys' and young men's aspirations for university were significantly higher than girls' and young women's (83% versus 65%). Aspirations for university in Awsi Rasu [Zone 1] (75%) were significantly higher than those in Hari Rasu [Zone 5] (63%). Caregivers' aspirations for their enrolled children were lower, but show similar patterning. Caregivers were more likely to aspire for their sons to complete university (57%) than for their daughters (38%) (see Figure 13). Caregivers in more urban and better-serviced Awsi Rasu [Zone 1] had higher aspirations – for sons and daughters alike – than those in Hari Rasu [Zone 5]. Interestingly, male caregivers reported higher aspirations for both sons and daughters (81% and 71% respectively) than female caregivers (55% and 35% respectively).

Only two-thirds (67%) of young people in Afar study sites had ever been enrolled in formal education (see Figure 14). Boys and young men (79%) were much more likely to have been enrolled than girls and young women (66%). Young people in more urban and more settled Awsi Rasu [Zone 1] (84%) were more likely to have been enrolled than those in Hari Rasu [Zone 5] (59%). Of those who had ever enrolled, a large majority (81%) were still enrolled at the time of the midline survey. Girls and young women (20%) were more likely to have dropped out than boys and young men (10%). Young people in Hari Rasu [Zone 5] (23%), which was heavily impacted by the conflict that first broke out in Tigray and then spread across northern Ethiopia, were more likely to have dropped out than their peers in Awsi Rasu [Zone 1] (14%). Attendance in the two weeks prior to the survey was high (95%), but girls and young women missed three times as many days during that time as boys and young men (6% versus 2%).

Afar young people's progress through education is slow. Even though the average adolescent in the sample was 16 years old at the time they were surveyed, the average

Figure 13: Afar caregivers' educational aspirations for sons versus daughters

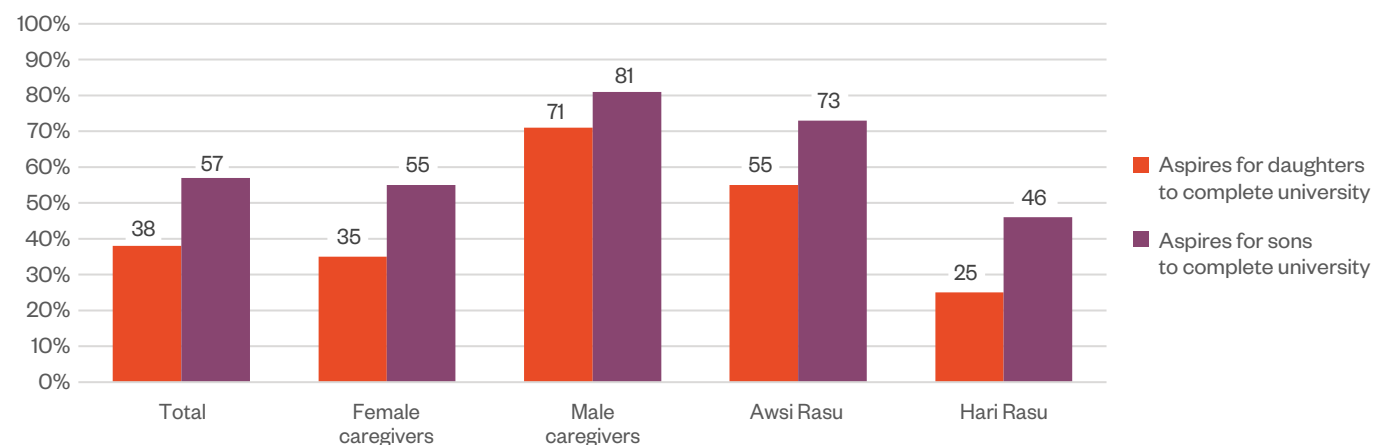
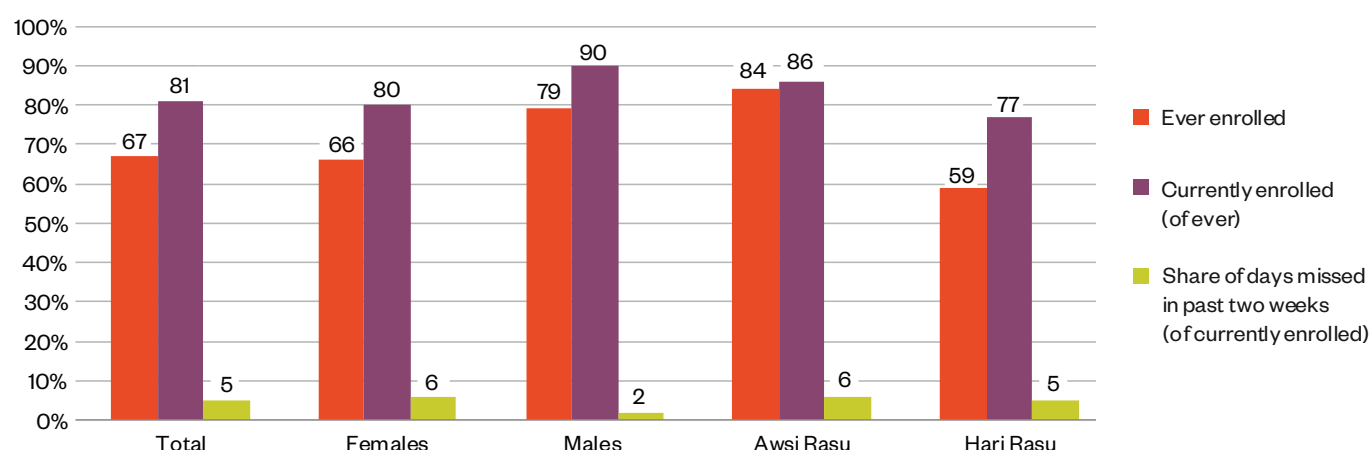


Figure 14: Enrolment and attendance for Afar young people



student had not yet completed 4th grade (see Figure 15). Students in more settled Awsi Rasu [Zone 1] were nearly two full grade levels ahead of their peers in Hari Rasu [Zone 5] (5.7 grades versus 3.9 grades), despite being (on average) only 3 months older. Boys and young men were slightly ahead of girls and young women (5 grades versus 4.6 grades), because they were on average a half year older. In aggregate, school leavers' grade attainment was slightly higher than that of enrolled students. The average school dropout had completed 5.1 years of education by the time they left school. Girls who had dropped out (5.2 grades at age 15.8) had completed more grades than their male counterparts (4.5 grades at age 15.3), because they were older when they left school. Dropouts from Awsi Rasu [Zone 1] had completed more grades than those in Hari Rasu [Zone 5] (6.3 grades versus 4.6), despite dropouts in Hari Rasu being nearly a half year older at the time of leaving than those in Awsi Rasu.

Afar young people's slow progress through education is heavily shaped by how late many enrol in school. When asked about the enrolment status of all children under 18 living in the household, caregivers in study sites reported that only 48% of children aged 7–12 had ever enrolled, compared with 60% of children aged 13–18 (see Figure 16). Relatively on time enrolment was significantly more

common in more settled and better serviced Awsi Rasu [Zone 1] than Hari Rasu [Zone 5] (71% versus 36%) and, interestingly (given patterns among young people), it was more common among girls than boys (53% versus 44%).

Because adolescent girls' uptake of education is often shaped, at least in part, by whether schools are equipped to help them manage menstruation, the adolescent survey asked students about school water, sanitation and hygiene (WASH) facilities. Of enrolled girls and young women, 41% of those in Afar study sites reported that their school had separate toilets for girls and boys (see Figure 17). A similar proportion (37%) reported that their school had facilities or supplies to help girls manage menstruation at school. Of girls that reported school-based menstrual health management (MHM) support, most reported the provision of period products (83%) and toilets (59%).

Qualitative research again extended and nuanced survey findings. For example, respondents noted that for older adolescents and young adults, especially those from more remote communities in Awsi Rasu [Zone 1] and from Hari Rasu [Zone 5], formal education was not available in childhood. A married 23-year-old young woman from Awsi Rasu [Zone 1], who never attended school, explained, '*At that time, there was no school.*' Although nearly all communities now have their own school (at least up to grade 4), under-

Figure 15: Grade attainment for Afar young people

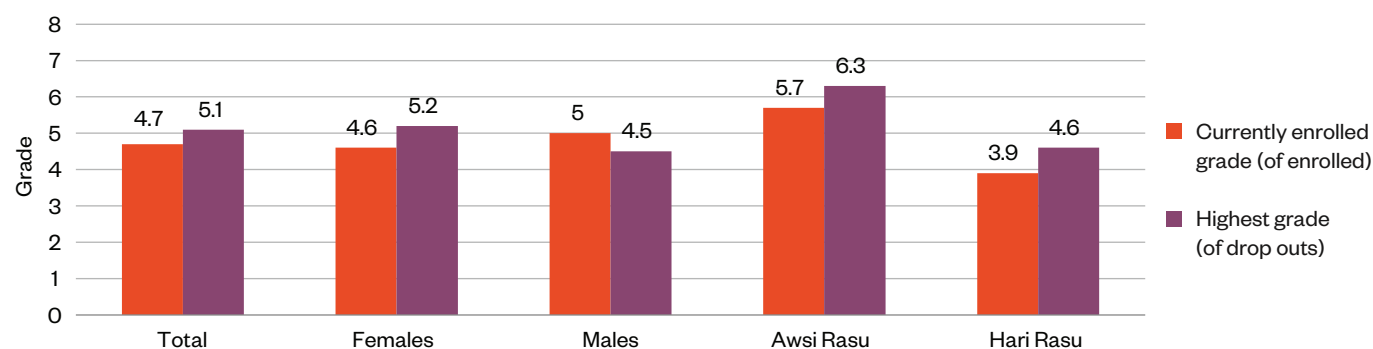


Figure 16: Proportion of Afar children ever enrolled in formal education, as reported by caregivers

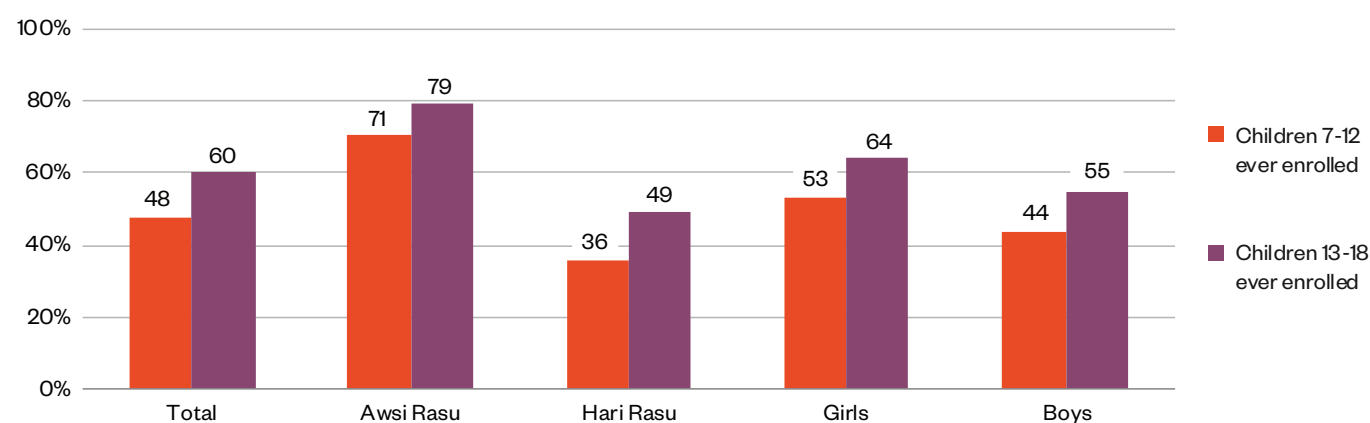
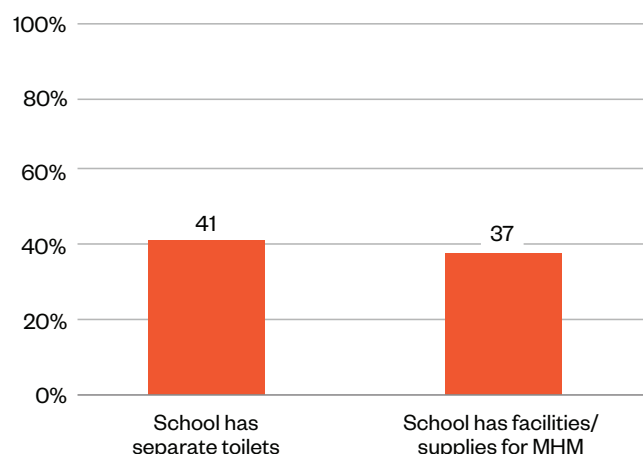


Figure 17: School support for managing menstruation, enrolled Afar females only



resourcing continues to limit young people's access to education, especially in Hari Rasu [Zone 5]. In some cases, this is because classrooms lack chairs or books; in other cases, it is because there are too few teachers or because teachers are too often absent. A 20-year-old young man from Hari Rasu explained that education in his community is dire due to a lack of teaching staff:

Because of lack of drinking water, and other facilities, teachers did not come to school regularly. Besides, there were not adequate teachers deployed in our school and those who came to our locality left the school and the locality as well because of lack of water and other facilities, including food. Teachers do not want to come to this locality and to work in this school.

Young people's access to middle and secondary school remains limited by the fact that the higher grades are provided in relatively more urban areas. This, again, is most limiting for young people in Hari Rasu [Zone 5], who must either travel long distances to school by foot or pay to board in town. A father from Hari Rasu explained:

I have a son who is attending 9th grade in Kumame... It is far... For elders it will take 11 hours, and for youngsters it will take 7 or 8 hours.

A 21-year-old married young woman from Awsi Rasu [Zone 1] added:

I quit my education because of the limitation of finance we have... Students who have financial capability moved to the city to continue their education, but my parents didn't do that for me to continue my education.

Responsibility for herding also limits young people's access to education, especially in Hari Rasu [Zone 5]. A 19-year-

old man from that zone reported that he had never been to school for that reason – and added that he encourages his siblings to avoid his mistake:

I didn't start learning at all – I am a herder. My mother pushed me to start learning, but I refused... and preferred to look after cattle. All my friends and age mates who started learning by then, now completed 12th grade. Some have paid jobs and some others have joined the university. When I see my friends who started learning during that time, I am feeling bad for not getting an education. Nowadays, I am a cattle herder but all my siblings are in school and I advise them to learn and achieve learning.

Children's responsibility for herding is also reflected in the large number of young people who did not start school until early adolescence and are consequently years over age for grade. A mother from Hari Rasu [Zone 5] explained that her son began school at age 12, because he was responsible for the safety of livestock: *'I delayed sending my son to school because I have no one to take care of animals.'* Respondents also added that even for children who enrol on time, herding responsibilities shape attendance and progression. A married 22-year-old young woman from Hari Rasu [Zone 5] stated:

We have high workloads at home, so they [the children] look after the livestock. Our children attend school some days and miss it some other days.

Respondents reported that young people's access to education has been seriously curtailed in recent years by both climate change and conflict. In some cases, this is because floods washed away schools and learning materials. A 22-year-old young man from Awsi Rasu [Zone 1] explained:

Because of the flooding, school buildings were submerged by the flood water and materials, including books, desks, tables and even students' records, were flooded and wrecked by the water.

In other cases, this is because livelihoods have been so decimated that households can no longer afford to invest in education. A mother from Zone 1 added, *'We spend more money than we get, life is expensive.'*

Among households that seasonally migrate, prolonged drought pulled students out of school for an unusually long time. A 19-year-old young man from Hari Rasu [Zone 5] explained:

As you know, migrating with cattle in search of grass and water is common in our locality. We migrate every year, but the migration that is common in our locality was for a short time, maybe for a month or two, and also it was to the nearby areas that we had been migrating. But the migration that happened last year was for a long time – more than six months.

In Hari Rasu [Zone 5] study sites, drought-related impacts have been further exacerbated by conflict, which caused students and teachers to flee and left many schools heavily damaged. A mother from Hari Rasu [Zone 5] recalled:

The security issues impacted education here very much... Teachers do not feel secure to travel here and teach students... The school was damaged during the war.

Participants in qualitative research offered myriad explanations for girls' more limited access to education compared with boys. Some reported that girls are never sent to school, because they are needed at home to work alongside their mothers. A 20-year-old married young woman from Hari Rasu [Zone 5] stated that, 'Girls bring you water and cook for you, but boys don't do that.' Others reported that girls drop out more often than boys because of the distances involved in reaching school, because demands on girls' time grow as girls get older, because of child marriage, and because of the growing trend of international migration. A 23-year-old young man from Awsi Rasu [Zone 1] stated that his wife left school after 8th grade because she was unable to balance being a student and being a mother:

When I got married to my wife, she was attending 8th grade and she dropped out from school after she took the 8th grade regional examination. Even though she passed to 9th grade, she couldn't continue learning because of pregnancy... She didn't restart learning, she became a housewife.

A mother from Hari Rasu [Zone 5] reported that girls, not boys, leave school during middle adolescence to migrate, with the aim of finding paid work and improving their family's living conditions: 'Girls migrate, not boys. Boys cannot get a job easily.' With only a few exceptions, girls who were not enrolled in school or who were regularly absent noted that this was their choice. A 12-year-old girl from Awsi Rasu [Zone 1] explained:

Boys come when they feel okay, otherwise they leave the school... Girls always see when their mother works... In order to not repeat this life, [their perception is that] our only option is learning.

With exceptions, most in Awsi Rasu [Zone 1], students reported that school toilets are unsanitary and largely dis-used, especially since water is completely unavailable due to the drought. An 18-year-old young man from Hari Rasu [Zone 5] explained:

Most of the students do not use the toilet, they use the forest. Because the toilet doesn't have water, it is filled with waste and it has a bad smell.

When girls were asked how they manage menstruation while at school, they mostly reported that they wait until they get home. An 18-year-old young woman explained:

We take care of any menstrual needs at home before going to school, since there are no designated spaces provided at the school for that purpose, and then after the school day is over, we return home and can change our sanitary products again at that time.

Somali

Educational aspirations among enrolled young people in Somali study sites are extremely high. Nearly three-quarters (74%) of ever-enrolled young people reported aspiring to complete university. While location differences were minimal, boys and young men were significantly more likely to aspire to complete university than girls and young women (82% versus 71%). Caregivers' aspirations for their children's education show similar patterning. Although location differences were minimal, caregivers were more likely to report aspiring for their sons (84%) to complete university than their daughters (75%) (see Figure 18). In addition, although female and male caregivers reported similar aspirations for their sons, male caregivers were more likely to aspire for their daughters to complete university than female caregivers (82% versus 74%).

Only 50% of young people in Somali study sites had ever been enrolled in formal education (see Figure 19). Boys and young men (58%) were significantly more likely to have been enrolled than girls and young women (47%). Young people in Fafan (51%), some of whom, according to qualitative research, attend school in neighbouring Somaliland rather than Ethiopia, were significantly more likely to have been enrolled than those in Jarar (46%). Of those who had ever enrolled, a large majority (89%) were

Figure 18: Somali caregivers' educational aspirations for sons versus daughters

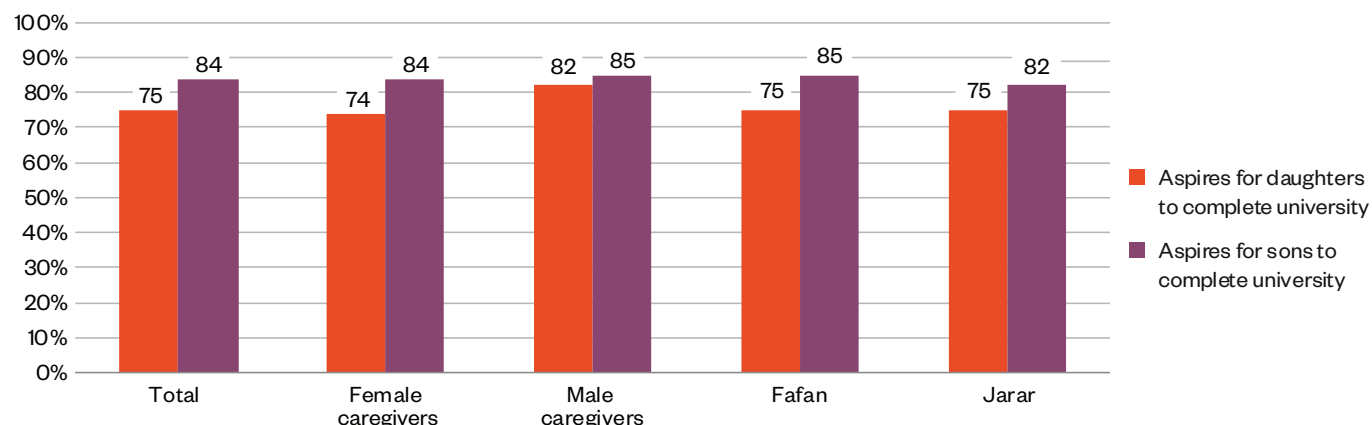
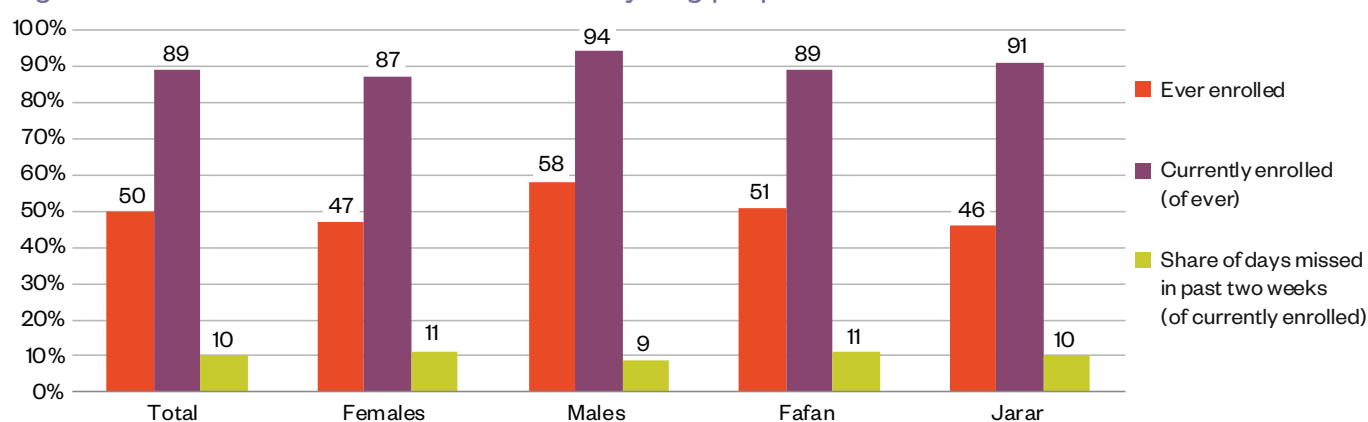


Figure 19: Enrolment and attendance for Somali young people

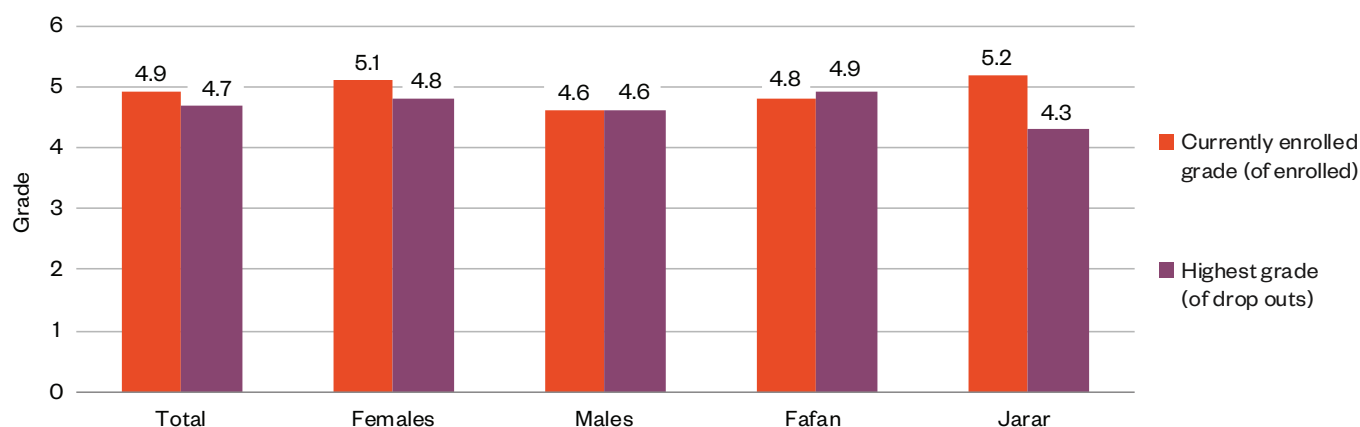


still enrolled at the time of the midline survey. Girls and young women (13%) were significantly more likely to have dropped out than boys and young men (6%). Dropout rates were similar across locations. The average enrolled student, regardless of sex or location, had missed 10% of school days in the two weeks immediately prior to the survey.

In Somali study sites, young people's progress through education is slow. Even though the average adolescent in the sample was 15.7 years old at the time they were surveyed, the average student had not yet completed

4th grade (see Figure 20). Girls and young women were slightly ahead of boys and young men (5.1 grades versus 4.6 grades), because they were slightly older (15.9 years versus 15.3 years); young people in Jarar (5.2 grades) were slightly ahead of those in Fafan (4.9 grades), again because they were slightly older (16.2 years versus 15.5 years). School leavers' grade attainment was slightly lower than that of enrolled students. The average adolescent who had dropped out left school at age 14.9 years after completing only 4.7 years of education, with those in Jarar leaving

Figure 20: Grade attainment for Somali young people



school leaving school the youngest (14.4 years) and with the least education (4.3 grades).

Again like their peers in Afar, Somali young people's slow progress through education is heavily shaped by how late many enrol in school. When asked about the enrolment status of all children in the household aged 18 and under, caregivers reported that only 37% of children aged 7–12 had ever enrolled, compared with 50% of children aged 13–18 (see Figure 21). Relatively on time enrolment was more common in Jarar than Fafan (38% versus 26%), with no gender gap.

Because adolescent girls' uptake of education is shaped by whether schools are equipped to help them manage menstruation while they are in school, the adolescent survey asked students about school WASH facilities. Of enrolled Somali girls and young women, 60% reported that their school had separate toilets for girls and boys (see Figure 22). Evidencing that many girls do not feel school toilets are acceptable for managing menstruation, a smaller proportion (36%) reported that their school had facilities or supplies to help girls manage menstruation while in school. Of the 36% of girls in Somali study sites that reported any school-based MHM support, most reported toilets (73%) and the provision of period products (38%).

Qualitative research in Fafan, in both Harshen and Goljano *woredas*, uncovered multiple reasons for Somali young people's low enrolment and slow progression through school. First, in more rural communities, formal education is still relatively new and provisioning is still quite limited. A 22-year-old young woman from Goljano, when asked why she had never attended school, replied:

There was no school in the past. Recently a school was launched here.' Indeed, educators in study sites noted that most schools, especially in more remote areas, are not actually schools; they are instead Alternative Basic

Education (ABE) centres that provide only 'up to the 3rd grade level'.

An educational key informant from Harshen reported that there are twice as many ABE centres as primary schools in that *woreda* (35 versus 18).

In addition, and in line with survey findings, despite the fact that most communities now have access to some form of education, on-time enrolment in study sites remains rare because most households (especially in remote areas) continue to utilise children's time for herding rather than formal education. Many young people in our qualitative sample reported beginning grade 1 at the comparatively late age of 12, rather than at 7. A 15-year-old boy from Harshen explained, 'Mostly, the younger children are made to tend the cattle.' An 18-year-old young woman from that community concurred: 'The rural community are interested in animal care over education.' Notably, although young people are expected to prioritise herding over formal education, this is not the case for religious education. Respondents reported that most children begin studying the Quran at age 6 or 7 – and often for five or six hours a day. A mother from Fafan stated:

Figure 22: School support for managing menstruation, enrolled Somali females only

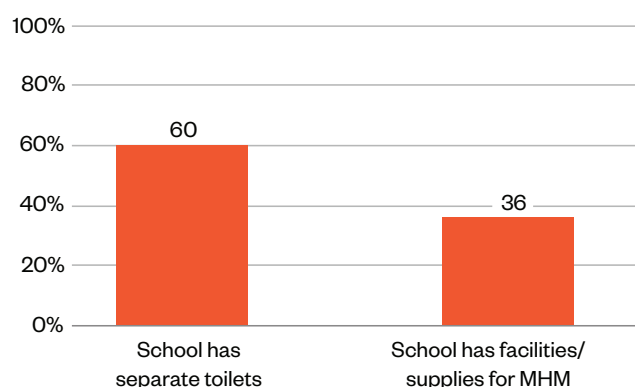
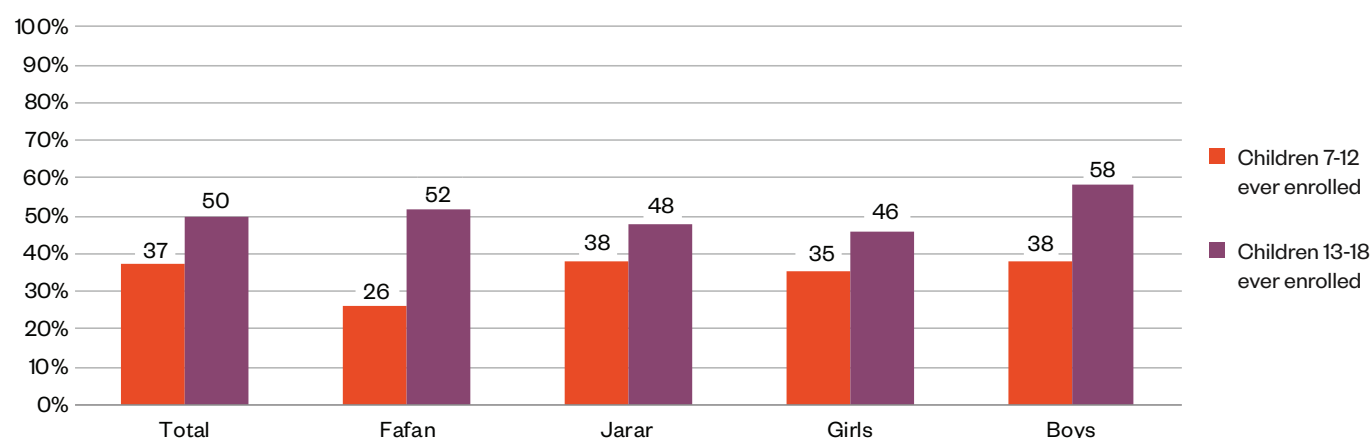


Figure 21: Proportion of Somali children ever enrolled in formal education, as reported by caregivers



My children started attending religious education when they were 7 years old. A child may continue attending religious education for years and may complete the education at age 20.

For the minority of rural young people who complete primary school, often in middle or late adolescence, access to 7th grade remains a significant hurdle, because in study sites middle and secondary schools are located only in more central areas, which require several hours of walking each way. A 12-year-old boy from Goljano, enrolled in 2nd grade, noted that his older sister (like nearly all young people in his *kebele*) dropped out after 6th grade:

My sister has learned until grade 6 but now she isn't in school anymore. She was in grade six last year and there is no above grade 6 here.

Moreover, the quality of education in most rural study sites remains poor. In part, this is because ABE is delivered primarily by teachers who have only studied through 8th grade themselves. An educator explained that:

ABE aren't formal primary schools...The teachers of ABE schools are mostly grade 8 graduates and some receive training...The teachers are beginners and are intended for basic learning of writing and reading for pastoral communities.

Some adults noted that the quality of ABE is so limited that they prefer to send their children to Quran schools instead. A clan leader from Harshen stated:

Our school infrastructure exists, but it lacks quality teachers... Only a few students attend there... Our Quran teacher stands out as the exception.

The preponderance of ABE, however, is not the only reason that educational quality in Fafan is lacking. Outside of the most urban areas, where some children do enrol on time and do complete one grade per year, young people and caregivers in study sites also reported that teacher absenteeism is high, that school facilities are in disrepair (due both to neglect and to deliberate destruction), and that classrooms are under-resourced. A 15-year-old girl from a rural *kebele* in Goljano stated:

The teachers here live in the woreda town, they come in the morning, teach here, and go back home. They do not regularly come to the school to teach. Even on the school days they come here they do not teach well... The teachers may come 2 or 3 days in the week.

A key informant from Harshen said 'The school has been neglected and forgotten by the government, and the teachers are not even present to provide lessons.' Although some educators attributed high teacher absenteeism to low interest in education, they also agreed with community members that classrooms lack the supplies needed to deliver quality education. One educator, from Harshen, explained:

One of the major reasons for teachers to resign from their work is that the students are not properly attending their classes. When the students do not properly engage with the subject matter that the teachers are teaching, it impacts the teachers' morale... We do not have an adequate supply of textbooks... The available textbooks are insufficient to distribute to all students, so we have only provided them to the teachers.

The minority of young people who were attending (or had attended) secondary school added that another critical gap in educational quality is the lack of English language instruction provided at primary level in study locations. Because primary classes are taught in Somali but secondary classes are taught in English, students are often completely unprepared for secondary school, even when they have passed grade 8 exams. A 16-year-old boy from Harshen, enrolled in 9th grade, explained that this makes it difficult for students to pass the school-leaving exam:

In the lower grades we used to learn all our subjects in Somali and we had no English courses, but now, as we move into the higher grades, every subject is being given in English and we do not know English, so it's incredibly difficult and challenging... In the past two years, in all the schools in Lankeyrta [one of the kebeles in Harshen], no one passed to the university level.

Across *woredas*, respondents in study sites agreed that the drought had further exacerbated absenteeism and quality deficits. Many households, especially in Harshen, migrated to find water and food, for themselves and their livestock. Schools were left standing empty. An educator from Harshen recalled:

The drought also affected schooling. When there is water shortage, households start looking for pasture and water and they may move to Degahbur area [approximately 50 kilometers away], which meant they move with their children.



A 17-year-old boy from Goljano added that teachers also fled the area: *'The teacher left the area because of the drought.'*

Although schools in towns remained open throughout the drought, many families were forced to shuffle priorities to meet survival needs. Money that had been spent on education was instead spent on food, and children became more responsible for caring for livestock, as adults' time was redirected to whatever paid work could be found. A key informant from Harshen explained, *'When parents lost their cattle, they stopped sending their children to school... Parents couldn't buy educational materials.'* A 21-year-old young woman from Goljano stated:

After the drought, we did not think of sending children to school... They are spending time at home. They take care of the few goats that survived the drought.

Respondents noted that although the drought has ended, impacts on education continue to reverberate. Many young people who dropped out during the drought have never returned to school, because they got on with their adult lives. Some schools have remained entirely closed, and many teachers never returned to their job. A 15-year-old girl from Goljano stated: *'The drought stopped me from attending school. Now I am spending time at home,*

working at home.' A kebele-level Women's Affairs key informant reported that:

In the past, there were many teachers here in the kebele, sometimes coming from Jigjiga [the capital of Somali region] to teach. At one point, we had 10 teachers, but now there are only 4 left.

According to young people and caregivers alike, girls' disadvantage is primarily born of parents' demands on girls' time for domestic and care work. These demands can prevent girls from enrolling at all, delay their enrolment, increase their absenteeism, and drive their early school leaving. A 22-year-old young woman from Goljano reported, *'Most of the time girls become absent from school since girls engage in household chores.'* An educator from Harshen elaborated:

A mother sends only one of her three daughters to school. The other one is then assigned to work in the house and the third one should work in some business for income, like selling something. Girls have a lot to do in helping the parents, especially their mother. The boys don't have to do anything at home. They just come to school. So, many of the girls stay at home and only one is allowed to come to school. But if there are four boys in the house, they are all allowed to come to school.

A 12-year-old boy, also from that same *woreda*, in 5th grade, stated that all his siblings except his 11-year-old sister were attending the appropriate grade for their age, and that his 13-year-old brother attended formal education in the morning and religious school in the afternoon. When asked why his 11-year-old sister had never been allowed to attend school but his brother got two forms of education, he replied:

Because all my other siblings are in school, so there's no one left to take care of the livestock... He doesn't have time to herd the animals.

Educators added that the gender gap is not shrinking because the programmes that used to attract girls to school, such as school feeding and attendance rewards, have been discontinued. An educational key informant recalled:

In the past, girls received oil and other kits when they continuously attended 18 days in school for encouragement... Now, all these things have stopped.

Girls' educational disadvantage compared with boys is also shaped by child marriage and migration. A teacher in a study site in Fafan reported that it is 'forbidden' for girls to come to school after marriage. A health extension worker from the same zone stated:

Most girls are getting married early. This year, five girls from secondary school dropped out and got married. Most secondary school students fail to pass the national exam; when a friend that completes grade 12 fails and gets married, her friends lose interest in education and choose to marry instead.

Young people identified migration, rather than marriage, as being the key factor shaping girls' school-leaving. A 14-year-old girl from Goljano explained, 'No one thinks about marriage... They think about income.'

Although the small minority of young people attending secondary schools in more urban areas reported that schools were well provisioned with toilets and water (both of which are necessary for girls to manage menstruation while in school), WASH facilities in schools in rural study sites were reported as either absent or unusable. A 13-year-old girl from Harshen, echoing comments from her female and male peers in both *woredas*, reported that, 'There are three toilets, but they lack water, need cleaning, and have no doors. No one is using them.'

Female genital mutilation

Afar

Nearly all (99%) sampled adolescent girls and young women reported that they had undergone FGM (see Figure 23). Most (78%) had undergone Type 3/infibulation, usually with scar tissue (65%), but also with adhesives (13%). With the caveat that respondents may have misunderstood survey questions, there were large zonal differences-- with infibulation reported as far more common in study sites in Awsi Rasu [Zone 1] than Hari Rasu [Zone 5] (91% versus 71%). Type 2/excision was accordingly more common in Hari Rasu [Zone 5] than Awsi Rasu [Zone 1] (23% versus 5%). Type 1/clitorectomy was rare in both zones. All adolescent girls and young women reported that FGM was undertaken by traditional cutters.

Because Afar adolescent girls' knowledge of FGM practices – even those practiced on their own bodies – is less comprehensive than caregivers (given that most underwent FGM when they were very young, and because baseline qualitative research identified that practices may have been shifting over the past few years), the midline caregiver survey asked about the FGM status and type of all female household members. Figure 24 highlights shifting FGM practices by age group, albeit for the Afar sample as a whole (not by zone) to reduce complexity. There are several interesting patterns. First, there is a slow but steady decline in the rate of FGM by age group. For women aged 18 and older (99%) and girls aged 12–17 (97%), the practice is universal. For girls aged 9–11 (91%) or 6–8 (86%), it is still very high but lower. FGM is even less common among younger girls. What this trend means is unclear and will only emerge over time. Either it is the case that practices are shifting, such that currently uncut younger girls will be cut as they get older; or the prevalence rate is declining in study locations. The patterning of infibulation is similar. Of women aged 18 and older, nearly all (91%) have been infibulated. Genital narrowing is less common among all groups of girls (compared to adult women), but is barely less common among the youngest girls (aged 0–5) (73%) than the oldest girls (aged 12–17) (78%). Again, what this means is unclear and will emerge over time, because although differences in type of FGM between adult women and girls are tangible, there are too few younger girls included in caregivers' reporting to draw conclusions about genital narrowing. Calculations are based on household rosters, provided by the sampled caregiver, that include 1,241 adult women aged 18 or over, and 898 girls aged 12–17, but only

Figure 23: FGM status of Afar adolescent girls and young women

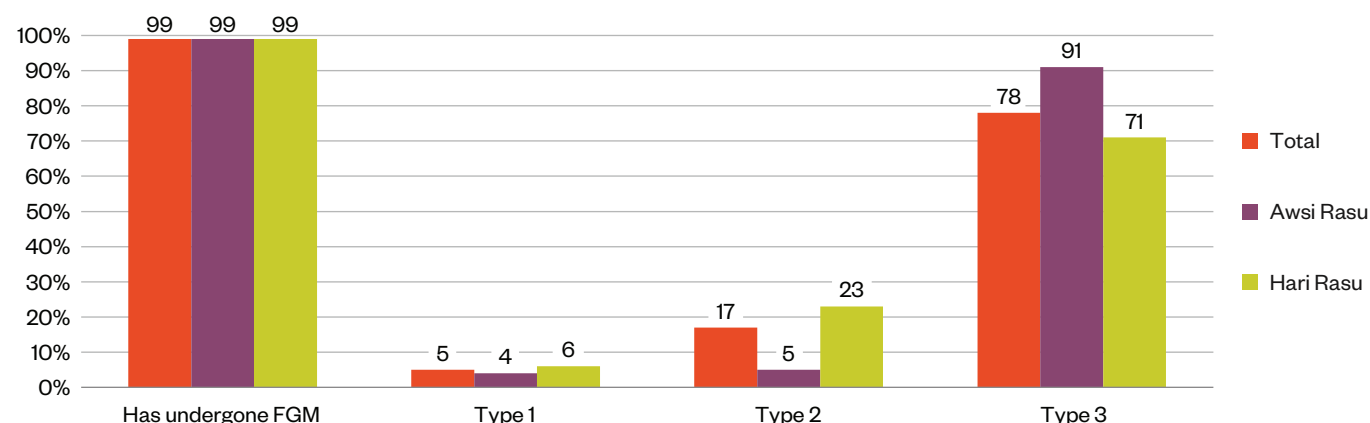
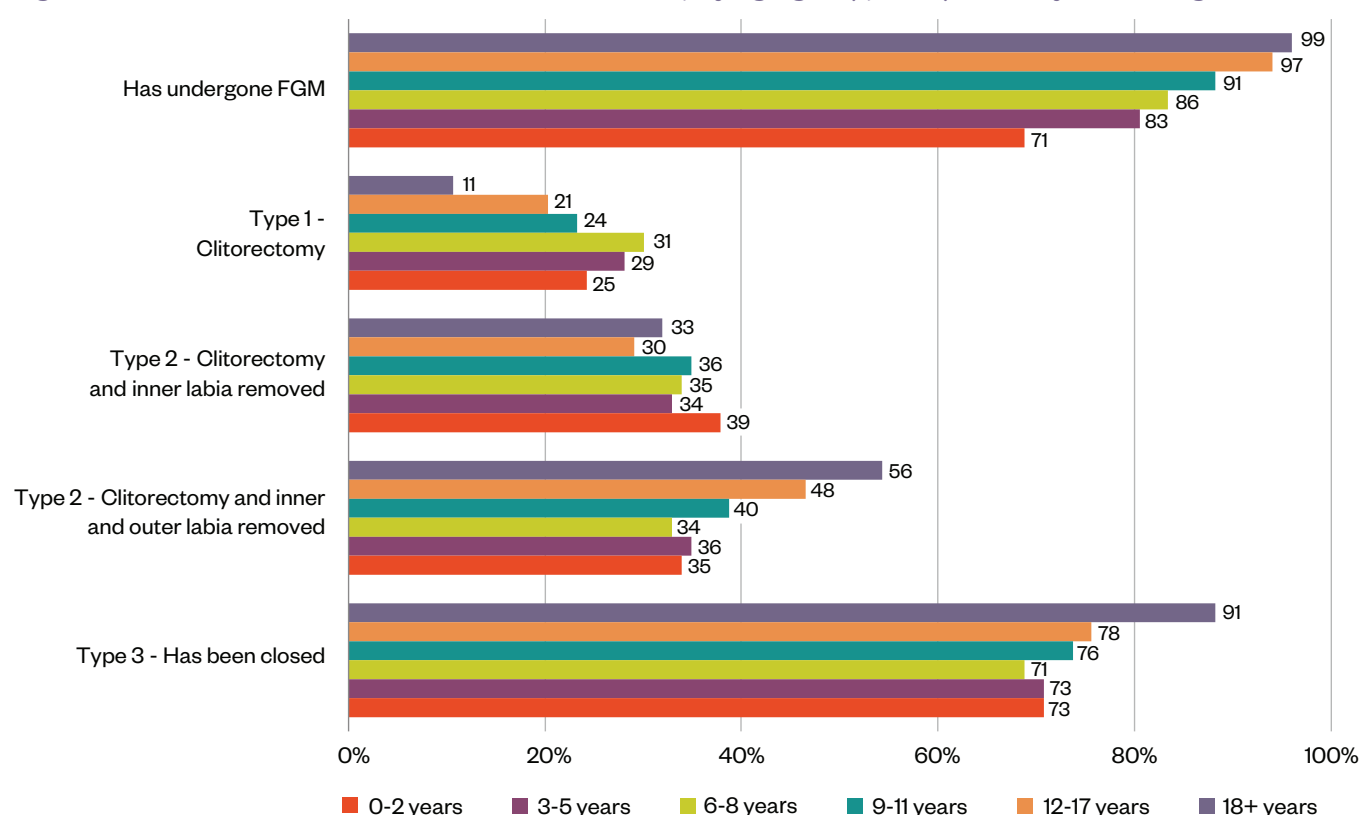


Figure 24: FGM status of female household members, by age group, as reported by Afar caregivers



112 girls aged 0–2, 193 girls aged 3–5, 264 girls aged 6–8, and 211 girls aged 9–11. That said, caregivers' reporting about how much flesh was removed prior to closure suggests that practices in study locations are likely becoming less severe over time, even when they include genital narrowing. Of girls aged 12–17, 48% had all external genitalia removed. Among girls aged 9–11, the rate fell to 40%; among girls aged 6–8 years, it fell to 36%.

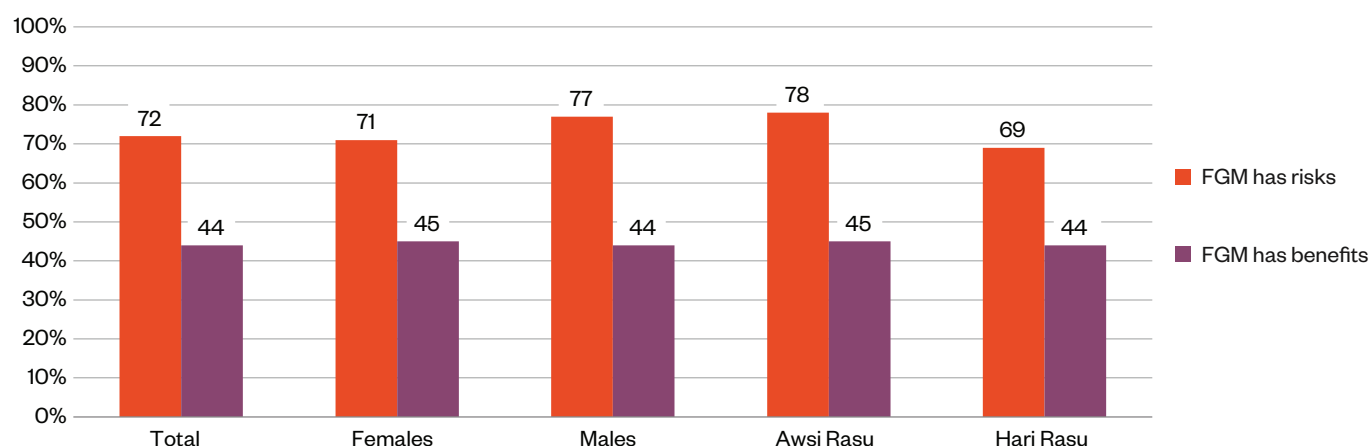
Caregivers reported that the age at which household daughters underwent FGM, as with the age at which core adolescent girls underwent FGM, varied by zone and

woreda. In Aysaita, Awsi Rasu [Zone 1], and Hadelella, Hari Rasu [Zone 5], daughters underwent FGM during infancy, when only a few weeks old. In Semurobi, Hari Rasu [Zone 5], the average age at which a girl underwent FGM was 4.5 years. Of girls who had undergone FGM, caregivers reported that nearly all (95%) were cut by a traditional cutter. Only five girls were reported to have been cut by a health care worker.

Young people in Afar study sites were much more likely to report that FGM has risks than benefits⁵ (72% versus 44% (see Figure 25), with both more commonly reported

⁵ These questions were asked independently – i.e. 'Does FGM have risks?' and then 'Does FGM have benefits?'

Figure 25: Afar young people's beliefs about the risks and benefits of FGM



at midline than at baseline (see Box 2). There were no statistically significant differences between girls and boys or between young people in Awsi Rasu [Zone 1] and Hari Rasu [Zone 5]. Of those that reported risks, nearly all (98%) acknowledged that FGM makes childbirth difficult. Most (56%) also agreed that it makes sexual intercourse painful. Large minorities of young people reported that FGM leads to infection (37%) and bleeding (25%). Of those that reported benefits, 82% reported that it reduces girls' sex drive, 30% that it protects girls from rape, and 29% that it is necessary for girls to attract a husband.

Caregivers in Afar study sites were also more likely to report that FGM has risks (73%) than benefits (52%) (see Figure 26). However, unlike for young people, there were large (39%) and religion (28%), though pressure from family and community (21%) and ensuring girls' good behaviour (11%) were also common responses (see Figure 27). However, unlike for young people, there were large

gender differences, with male caregivers (85%) much more likely than female caregivers (71%) to report risks. Female caregivers were accordingly more likely than male caregivers to report benefits (53% versus 43%). Location differences were minimal. Of those caregivers that reported risks, nearly all (99%) acknowledged that FGM makes childbirth difficult. Most (66%) also agreed that it makes sexual intercourse painful. Large minorities of caregivers reported that FGM leads to infection (39%) and causes pain (31%). Of those that reported benefits, 85% reported that it reduces girls' sex drive, 30% that it improves girls' behaviour (not related to sex), 26% that it protects girls from rape, and 24% that it helps girls attract a husband.

Two-thirds of (66%) young people in Afar study sites – regardless of sex – agreed that FGM is required by religion (see Figure 27). Those living in Hari Rasu [Zone 5] were significantly more likely to agree than those living in Awsi

Box 2: Afar beliefs about FGM are shifting over time

Longitudinal analysis found that attitudes about FGM in study sites are shifting over time. Caregivers were more likely at midline than at baseline to report that FGM has risks (73% versus 43%). They were also less likely to report that FGM should continue (38% versus 63%). Interestingly, caregivers were also more likely at midline to report that FGM has benefits than they were at baseline (52% versus 45%). There were no changes in whether caregivers believe that FGM is required by religion.

Adolescent girls* beliefs also changed between baseline and midline. At midline, girls were much more aware of risks than they were at baseline (71% versus 6%). At midline, girls were also less likely to believe that FGM should continue than they were at baseline (30% versus 59%). Interestingly, girls – like caregivers – were also more likely to report benefits at midline than they were at baseline (45% versus 25%). There were no changes in girls' beliefs about whether FGM is required by religion. A 23-year-old married young woman from Aysaita in Awsi Rasu [Zone 1] reported that efforts to eliminate FGM in her community are not only longstanding, but also internationally recognised:

There is a notable TBA [traditional birth attendant] who facilitates discussions... She was a successful woman in reducing the FGM in this kebele. Later, a book was written for her success and she was given an award... When they come to the community for an interview, they hold a book in their hand where there is a photo of her.

* At baseline, only girls were asked questions about FGM.

Figure 26: Afar caregivers' beliefs about the risks and benefits of FGM

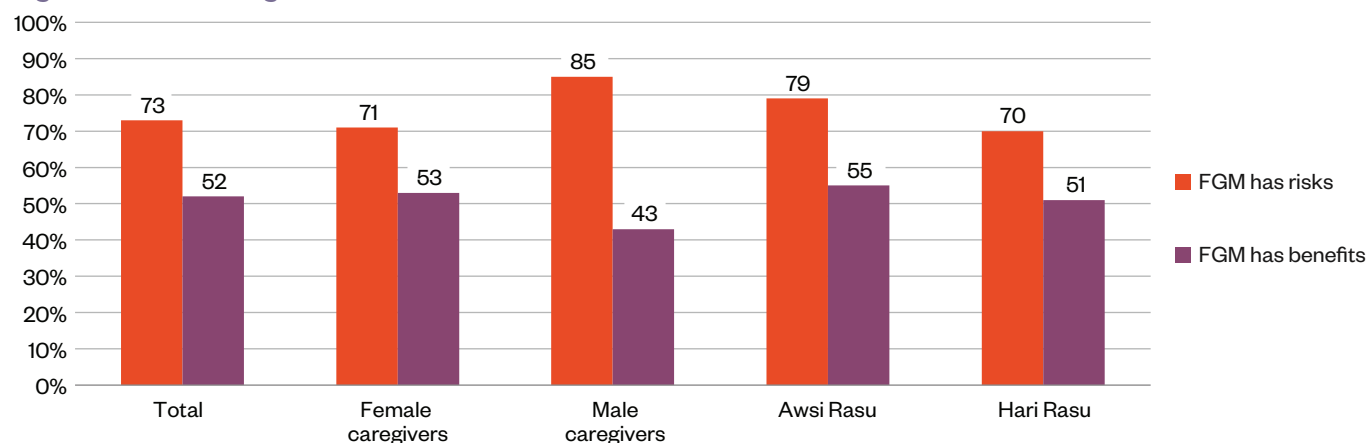
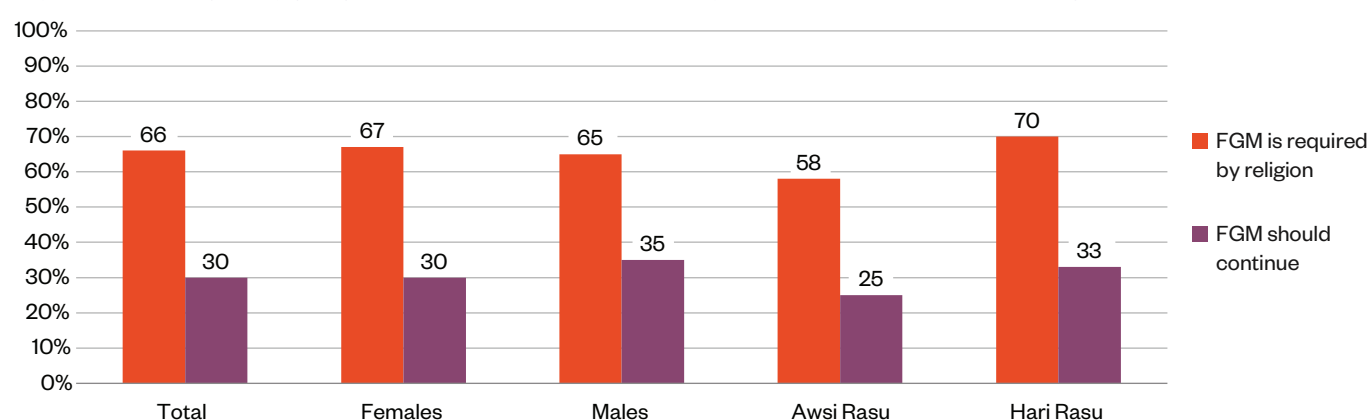


Figure 27: Afar young people's beliefs about FGM's religious mandate and continuity



Rasu [Zone 1] (70% versus 58%). Far fewer, however, reported that FGM should continue; only 30% agreed with that statement. Young people in Hari Rasu (33%) were significantly more likely to agree than those in Awsi Rasu (25%); boys and young men were significantly more likely to agree than girls and young women (35% versus 30%).

Across groups, most caregivers (88%) in Afar study sites reported that girls in their community are expected to undergo FGM prior to marriage (see Figure 28). Almost as many (86%) reported that girls are expected to be infibulated prior to marriage. Although location differences were minimal, mothers were significantly more likely than fathers to report that FGM (89% versus 73%) and infibulation (97% versus 74%) are expected. Caregivers, like their adolescent children, largely agreed that FGM is required by religion (76%). Mothers were significantly more likely to agree than fathers (77% versus 67%). Support for the continuation of FGM was similar across all groups (38% in aggregate).

When asked to identify the main⁶ reason for FGM,⁷ Afar young people primarily identified culture (39%) and religion (28%), though pressure from family and community (21%) and ensuring girls' good behaviour (11%) were also common responses (see Figure 29). Gender and location differences were significant. Boys and young men (63%) and young people in Awsi Rasu [Zone 1] (50%) were more likely to identify culture than girls and young women (35%) and young people in Hari Rasu [Zone 5] (33%). Girls and young women (30%) were more likely to identify religion than boys and young men (12%), despite males' stated reasons for preferring to marry a wife who has undergone FGM (see Box 2). Females (12%) and young people in Hari Rasu [Zone 5] (13%) were more likely than boys (4%) or their peers in Awsi Rasu [Zone 1] (7%) to report that the main reason for FGM is to ensure girls' good behaviour. Family and community pressure was similar across all groups. It is worth noting that even though Sharia courts are stronger in Awsi Rasu [Zone 1] than Hari Rasu [Zone

⁶ Respondents were asked to answer in their own words. The interviewer then chose categories not visible to the respondent. These included: religious prescription, marriageability, reduce sex drive, improve behaviour not related to sexuality, community pressure, family pressure, protection from rape, and other.

⁷ Girls who had undergone FGM were asked about the main reason they had undergone FGM; boys and girls who had not undergone FGM were asked about the main reason for FGM in their community.

Figure 28: Afar caregivers' beliefs about FGM expectations, religious mandate and continuity

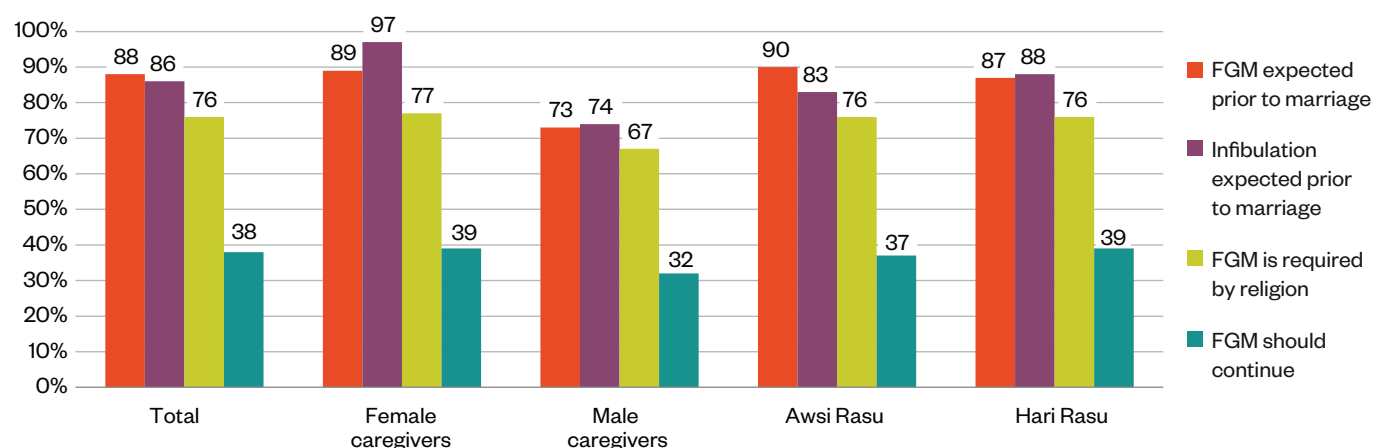
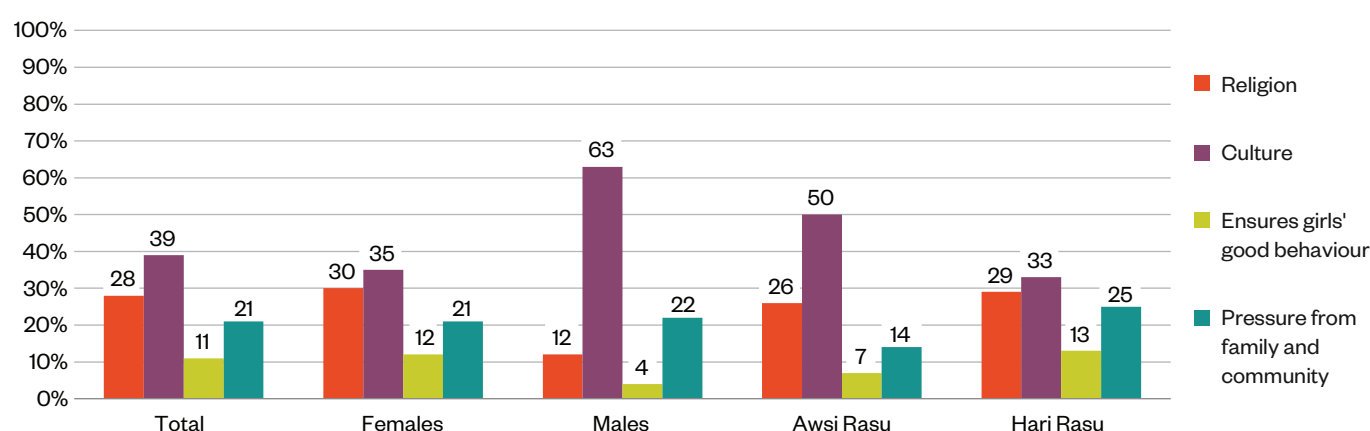


Figure 29: Afar young people's beliefs about the main reason for FGM



5], there are no zonal differences in young people's choice of religion as the main driver of FGM.

Like their adolescent children, when asked to identify the main reason for FGM, caregivers in Afar study sites primarily cited culture (38%) and religion (24%), though some also cited reducing girls' sex drive (12%) and other reasons (26%) (see Figure 31). Male caregivers (43%) and caregivers in Awsi Rasu [Zone 1] (48%) were significantly more likely to cite culture as the main reason than female caregivers (38%) and caregivers in Hari Rasu [Zone 5] (33%). Female caregivers were significantly more likely than male caregivers to cite religion (24% versus 18%); there were no location differences in terms of those who cited religion, despite Sharia courts' stronger presence in Awsi Rasu [Zone 1]. Female caregivers (13%) and caregivers in Hari Rasu [Zone 5] (15%) were twice as likely to cite reducing girls' sex drive as male caregivers (6%) and caregivers in Awsi Rasu [Zone 1] (8%).

In Afar study sites, nearly half (48%) of young people and more than a third (39%) of caregivers reported that they were unaware of any laws about FGM (see Figure 32). Boys and young men were more unaware than girls

and young women; and male caregivers were more unaware than female caregivers. There were no location differences. Young people's and caregivers' understanding of what the law says, however, was extremely limited. Many simultaneously agreed that *'the law bans all forms of FGM'* and *'the law bans all forms except sunna'*.

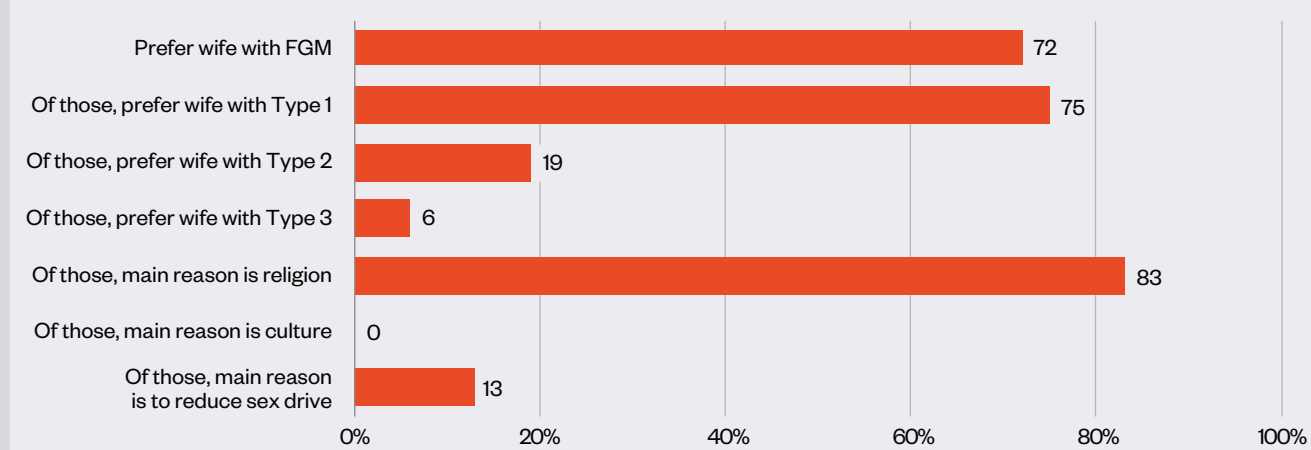
In Afar study sites, two-fifths (40%) of young people – with no differences between females and males – reported that they intend to practice FGM on their future daughters (see Figure 33). Young people in Hari Rasu [Zone 5] (46%) were more likely to affirm this than their peers in Awsi Rasu [Zone 1] (28%). Across all groups, young people reported preferring to practice Type 1, rather than Type 2 or 3. That said, Type 2 was chosen more often in Hari Rasu than in Awsi Rasu (8% versus 3%).

Qualitative research participants confirmed survey findings, in that nearly all agreed that FGM is a universal practice. A father from Awsi Rasu [Zone 1] summarised: *'In our community, you cannot find a single girl who has not undergone FGM.'* An 18-year-old young woman from Hari Rasu [Zone 5] concurred, *'No one is immune from circumcision.'* That said, a minority of respondents, all

Box 3: Afar boys' and young men's preferences regarding their future wife's FGM status

The survey asked adolescent boys and young men about their preferences regarding FGM for their future wife. Although only 30% of boys and young men reported that FGM should continue, and 57% reported that they support the FGM of their sisters, 72% reported that they prefer to marry a wife who has undergone FGM (see Figure 30). Of those, a large majority (75%) would prefer a wife who has undergone Type 1. Preference for Type 3 was rare (6%). Boys and young men who expressed a preference for a wife who has undergone FGM were also asked to identify the main reason for that preference. Religious mandate was the most common answer (83%). Interestingly, while 63% of boys and young men reported that culture was the main reason for FGM, no boys or young men selected culture as the main reason they personally prefer a wife who has undergone FGM.

Figure 30: Afar boys' and young men's preferences for their future wife's FGM status



During in-depth interviews, boys and young men reported diverse preferences for their (future) wife's FGM status. A married 22-year-old young man from Hari Rasu [Zone 5] explained that while Type 3 is no longer preferred, it is unimaginable to marry a girl who has not undergone FGM:

Currently boys/men in our locality are well aware about the effects of practising the previous type of FGM, so that they can marry girls whose clitoris are cut. But no one can marry a girl who is not circumcised at all. Because, cutting the clitoris of the girls benefits girls to reduce their sexual desire.

However, an unmarried 18-year-old young man from Awsi Rasu [Zone 1] disagreed with that view, and noted that there is growing space to consider a wife who has not been cut at all:

In our locality there are many non-Afar girls who are not circumcised but they do not behave badly, they are gentle, so I recognised that uncircumcised girls will not have higher sexual desire and jump on males to look for sexual intercourse.

A 20-year-old unmarried young man from Awsi Rasu [Zone 1] added that he remains undecided – and that he prefers to make up his own mind by marrying two wives so he can compare them. He stated:

In my interest, I want to marry both circumcised and uncircumcised girls because I want to see the difference between the two.

Although survey results indicate that young men's preferences for their future wife's FGM status are primarily shaped by their religious beliefs and not their beliefs about female sexuality, qualitative research found the reverse. This suggests that messages aimed at young males should be framed carefully and not focused on improving girls' sexual desire but rather as a way to improve sexual compatibility. An unmarried 18-year-old young man from Hari Rasu [Zone 5] highlights how such messages might misfire:

People practice FGM so as to make girls behave in a good manner. People perceive that unless girls are circumcised, they will have high sexual desire and will start premarital sex. People also perceive that uncircumcised girls will engage in adultery even after they got married. This is what I experienced in my life. I had sex with a circumcised girl and an uncircumcised girl, and I observed a big difference... The circumcised one had low sexual desire whereas the uncircumcised one was active in bed.

Figure 31: Afar caregivers' beliefs about the main reason for FGM

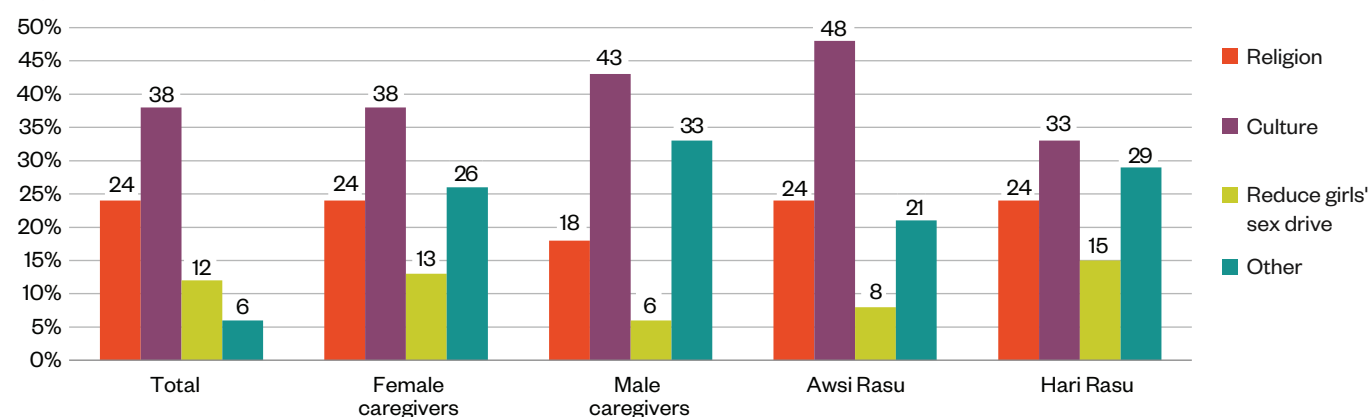


Figure 32: Afar young people and caregivers who are unaware of the national FGM law

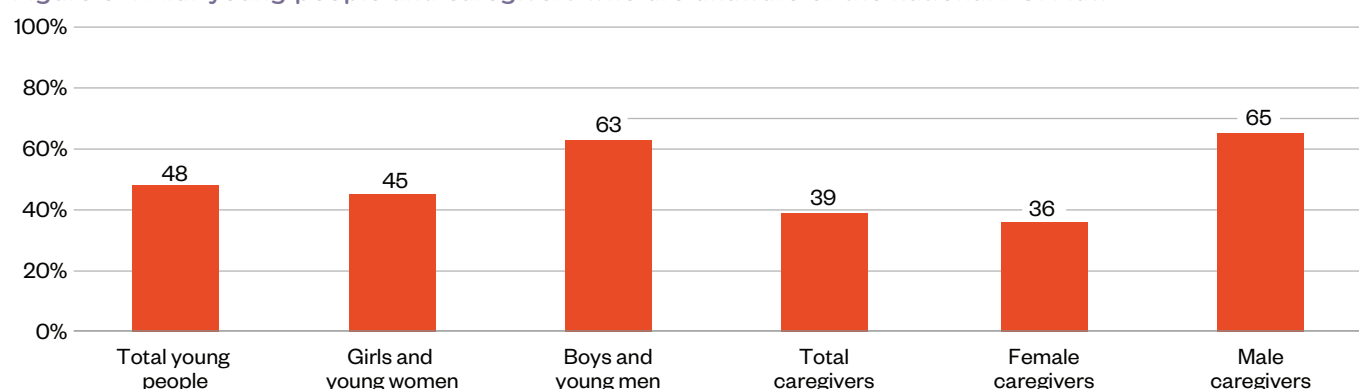
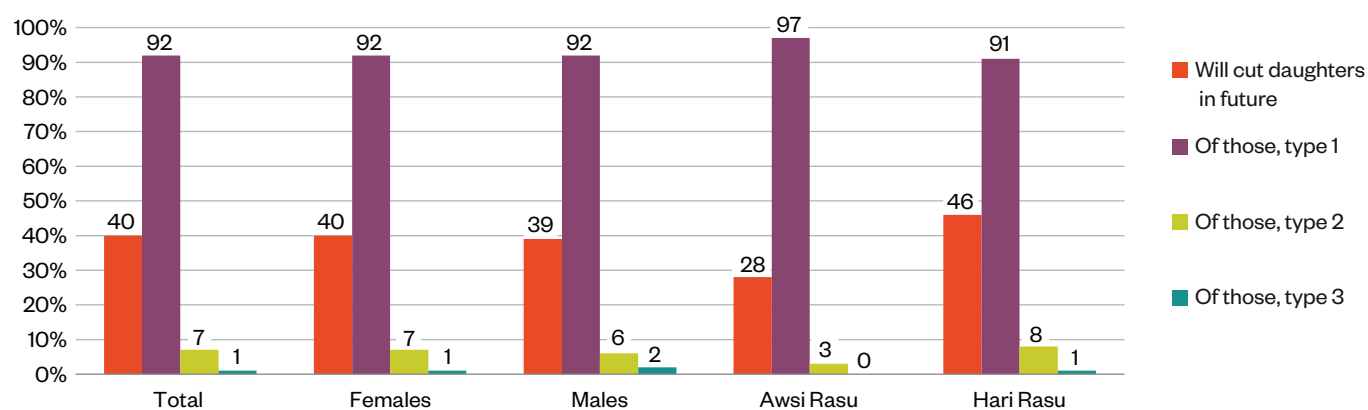


Figure 33: Afar young people's intent to practice FGM on future daughters



from Awsi Rasu [Zone 1], reported that there is a small but growing cohort of very young girls who have not undergone FGM. A 24-year-old father from Awsi Rasu [Zone 1] stated:

There are many girls who were born within the last three and four years, who are not circumcised. My daughter is one of those young girls who are not circumcised at all.

The mother of an adolescent girl, also from Awsi Rasu [Zone 1], added that this change is due to the efforts of religious leaders, who have advocated for the elimination of all forms of FGM as the only way to ensure that no girls are infibulated. She explained:

The religious leaders told us that if we continue to practice the sunna type of FGM, there is a possibility that the traditional Afar FGM type, which involves removing all the flesh from both sides of the organ, could be reintroduced. Due to this, the people have accepted the advice to stop the sunna type of FGM.

Despite reports of progress in eliminating or reducing the practice, broader narratives suggest that it would be premature to assume that any girl is yet safe from FGM. A 17-year-old girl from Awsi Rasu [Zone 1] noted that while FGM has traditionally been carried out during infancy, now

it is carried out 'after the child becomes older, up to nine years'. A 15-year-old boy from that same zone elaborated:

I have a 7-year-old sister who is not circumcised. She also has many uncircumcised friends... The parents who allow the circumcision of their daughter and the cutters will be punished if they practice it... So we have not removed the clitoris of my sister. We will do it in the future.

There was also universal agreement about the severity of traditional FGM practices in Afar. A father from Awsi Rasu [Zone 1] explained:

There are women who help pregnant women during childbirth who also circumcise girls and they first remove the girl's clitoris from its ground and then they will also cut the flesh in the right and left of the girl's clitoris. After they removed the clitoris and the entire flesh, they will tie the girl's thighs using rope so as to make the cut organ stuck with blood and to close or tighten their genital hole.

Adolescent girls and young women in study sites almost all reported having undergone this traditional Type 3 FGM. A 15-year-old girl from Awsi Rasu [Zone 1] stated, 'When we were small, we were circumcised with our legs bound for four days.' An 18-year-old young woman from Hari Rasu [Zone 5] added that she could not provide details about how much of her genitalia had been removed: 'Since I was circumcised in infancy, I do not know about the procedures.'

There was less consensus about if and how FGM practices have shifted in recent years. Some respondents, primarily from Hari Rasu [Zone 5] but also from more remote communities in Awsi Rasu [Zone 1], reported that traditional Type 3 continues to be widely practised. A 14-year-old girl from Hari Rasu recalled:

I saw a girl that was circumcised recently, she is my relative. Her legs were tied after the cut... They cut much flesh.'

A father from Awsi Rasu [Zone 1] added:

There are also some people who practise FGM as it was during the previous time, and they are those who live in remote rural areas.

That said, many young people – more often in Awsi Rasu [Zone 1] – reported that their younger sisters or daughters had been spared infibulation and subjected 'only' to

excision or clitorectomy. An 18-year-old young woman from Awsi Rasu explained:

Mine and my immediate sister's mutilation is the same. It is a total removal and stitched. Whereas the other three sisters had the sunna, where only the upper part was removed.

A 19-year-old young woman from Hari Rasu agreed: 'In the past, they used to bind their feet, but now they are practising sunna.'

Shifts in practices in study sites are obscured by respondents' use of the word *sunna* (permissible). Religious leaders in Afar have worked to encourage the abandonment of infibulation by framing the clitoris as 'haram' (forbidden) and encouraging only clitorectomy. A 21-year-old married young woman from Awsi Rasu [Zone 1] explained, 'Now, they only remove the 'Haram' part, which is the top portion of the sexual organ.' A mother from that same zone stated:

Education provided by religious leaders discourages the practice of the traditional Afar FGM type and forbids the removal of the side flesh of the female genitalia. As a result, the sunna type of FGM is now practised everywhere.

What *sunna* means in practice, however, is highly varied. Some respondents reported that *sunna* calls only for removing the tip of the clitoris, whereas others reported that it calls for removing the entire clitoris. A 17-year-old boy from Awsi Rasu [Zone 1] stated, 'The religious fathers teach us to remove the clitoris.' Still others reported that practices are considered *sunna* even if they involve the removal of all external genitalia, as long as they do not result in the narrowing of the genital opening. A 19-year-old married young woman from Awsi Rasu [Zone 1], when asked what *sunna* means, replied:

In the past, it was like everything is cut, stitched and legs were tied... What we call sunna is only cutting the [labia] majora.

Indeed, a young woman the same age, but from Hari Rasu [Zone 5], described her sister's FGM (which was undertaken in secret by their mother at home overnight) as *sunna*, because the baby's legs were untied after three rather than seven days: 'They had released the tie after three days although her legs remained closed.'

It is not only the word *sunna* that obscures FGM practices in Afar study sites. Many respondents used the



An Afar bride © Nathalie Bertrams/GAGE 2024

words 'circumcision' and 'FGM' only to refer to traditional infibulation. For example, a father from Hari Rasu [Zone 5] stated of his daughters:

My first daughter was circumcised in the old way, and my other daughters are not circumcised.... My first daughter has suffered a lot due to her circumcision. After I had observed her pain, I decided to circumcise my other daughters in a new way.

In line with survey findings, and with the caveat that it was not unusual for the youngest adolescent girls to report that they had never been exposed to messages about FGM, there was widespread understanding in both Awsi Rasu [Zone 1] and Hari Rasu [Zone 5] that infibulation is a very dangerous practice. A mother from Awsi Rasu explained that:

It is bad because they can't urinate when they're small, they don't menstruate when they're big, and when they get married, it's painful during sex, it's a problem, and it causes harm during childbirth

Personal experience has also lent credence to awareness-raising about FGM. A 21-year-old young mother from Hari Rasu [Zone 5] stated:

I was one of the victims of the impact of Type 3 FGM and I suffered a lot when giving birth, I had a very serious UTI [urinary tract infection] and also I suffered a lot during menstruation.

A father from that same zone added:

During sex, it was very challenging for males and very painful for females. Sometimes it takes more than a month to take the virginity of a female.

Understandably, given the nature of traditional practices, no respondent reported that 'milder' forms of FGM entail risks.

However, the qualitative research also revealed widespread beliefs across study sites that FGM has benefits, nearly all centred around controlling girls' behaviour. Although these included ensuring that girls do not break household goods and that they listen to their parents, the vast majority of narratives – in line with survey findings – were focused on the role of FGM in moderating girls' sexual desire and controlling their sexual behaviour.

A father from Hari Rasu [Zone 5] explained:

If girls are not circumcised, they will have high sexual desire and will not stay only with one man/ husband and will engage in adultery or they will start sexual intercourse before marriage.

An 18-year-old young man from Awsi Rasu [Zone 1] agreed, saying:

People practice FGM thinking that unless girls are circumcised, they will have high sexual desire and they will jump over males looking for sexual intercourse and they also perceive that if girls are circumcised, their

sexual desire will be reduced [and they] will behave in a good manner.

Girls and young women were less convinced that FGM is necessary to control girls' behaviour. When asked to identify the benefits of FGM, a 21-year-old young woman from Hari Rasu [Zone 5] replied:

I don't know exactly but it is said that [if she is not cut] she becomes uncontrollable, which is not good behaviour for a girl.

Respondents also spoke at length about the importance of FGM to religion and culture. Nearly all mentioned that 'circumcision' – of girls and boys – is required by Islam. The mother of an adolescent girl from Awsi Rasu [Zone 1] explained that girls who have not undergone FGM are excluded from the afterlife:

I circumcised my daughter since my mother and father were telling me that Allah will not be happy if the female children are not circumcised.

A 22-year-old mother from Hari Rasu [Zone 5], whose own mother had told her to leave her daughter uncut, agreed:

I didn't want that my daughter become uncircumcised... It is very bad. If she dies, she will not get into heaven if she is not circumcised.

Respondents also framed the continuity of FGM as important to the replication of Afar culture. A 20-year-old young man from Awsi Rasu [Zone 1] stated that girls must undergo FGM to conform to local culture: '*Being circumcised is one of our community's cultural traditions for girls in our locality.*' Indeed, a mother from Hari Rasu [Zone 5] expressed pride that FGM – and infibulation – sets Afar culture apart from those around it: '*We are circumcised and that's why we circumcise our children. No one else has this culture except us.*'

When asked to identify the actors, messages and forces behind shifts in FGM practices in study locations, respondents identified local officials, service providers (especially health extension workers, who check in on new mothers and their infant daughters, and teachers), traditional cutters, religious leaders, and NGOs – all of whom have worked to raise awareness that infibulation is dangerous and FGM is illegal. A father from Awsi Rasu [Zone 1] reported:

The teaching is given by the coordination of the governmental bodies, religious fathers, and women

who circumcise females... It was since long ago that the government and others started teaching the people.

An 18-year-old married young woman from Hari Rasu [Zone 5] stated:

I know the information [about the risks of FGM] in school when I was in grade six... I was participating in many activities like discussing about early marriage, FGM.

A 23-year-old married young woman from Awsi Rasu [Zone 1] added:

We were told that those who were caught doing FGM would be imprisoned for life... The [Bureau of] Women Affairs were following up. And people didn't want to go to prison!

Many respondents were forthright that while health and legal messaging have been important in encouraging change on FGM, the linchpin to recent success has been religious leaders' preaching that while infibulation must be abandoned, *sunna* is allowed – and even required – by Islam. A father from Awsi Rasu [Zone 1] explained, '*We accepted that teaching since it was in line with what our religion, Islam, says about the practice of circumcision.*' It was also common for respondents to report that exposure to other cultures has contributed to recent shifts in type. For example, clitorrectomy was identified by multiple adults and young people as '*Amhara circumcision*'.

Interestingly, given the risks of FGM vis-à-vis male circumcision, although respondents reported that FGM is always carried out by traditional cutters (usually women who are also traditional birth attendants), they noted that boys are circumcised at health centres by health care workers. A mother from Hari Rasu [Zone 5] stated, '*We take boys to a health facility for circumcision, [whereas] we circumcise girls traditionally.*'

Somali

Most core adolescent girls and young women (80%) in Somali study sites reported having undergone FGM (see Figure 34). Rates were higher in Fafan (83%) than Jarar (73%), suggesting (given broader reports that FGM is universal) that girls in Fafan undergo FGM at a younger age than their peers in Jarar. Of girls and young women who reported having undergone FGM, 100% reported having been sewn closed with stitching. Adolescent girls and young women reported that they underwent FGM at a mean age of 9.3 years. Across locations, nearly all girls and

young women (99%) reported that they underwent FGM at the hands of a traditional practitioner. In Fafan, where the health sector is well organised and NGOs have been more engaged in harm reduction, 2% of girls and young women reported having undergone FGM at the hands of a medical professional. No girls in Jarar reported this.

Because Somali adolescent girls' knowledge of FGM practices is likely less comprehensive than caregivers knowledge, and because baseline research identified that practices may have been shifting in recent years, the caregiver survey asked about the FGM status and type of all female household members. Disaggregating the FGM status and type of all girls and women in the household by age group identifies several interesting patterns (see Figure 35). First, and in line with existing data, the timing of FGM is highly variable across Somali study sites. While most girls undergo FGM in middle childhood, some

undergo the procedure in early childhood and others in early adolescence. Because of this variability, it is not yet possible to tell whether the prevalence rate of FGM is declining over time, despite the lower rate (88%) reported for girls aged 12–14 compared to girls aged 15–17 (96%). Second, while the rate of genital narrowing changes over time, it does not appear to be becoming less common. Pre-schoolers (aged 0–5) who have undergone FGM are just as likely to be reported as sewn closed as adult women (aged 18+) (97% and 96% respectively). That said, as in Afar, it appears that the amount of flesh that is excised is slowly declining over time, at least in our study areas. Excluding girls aged 0–5 (because the number of girls aged 5 and under who have undergone FGM is very small, just 39, and because it is unusual for Somali girls in study sites to undergo FGM in early childhood, which means that those households may be different from others in their

Figure 34: FGM status of Somali adolescent girls and young women

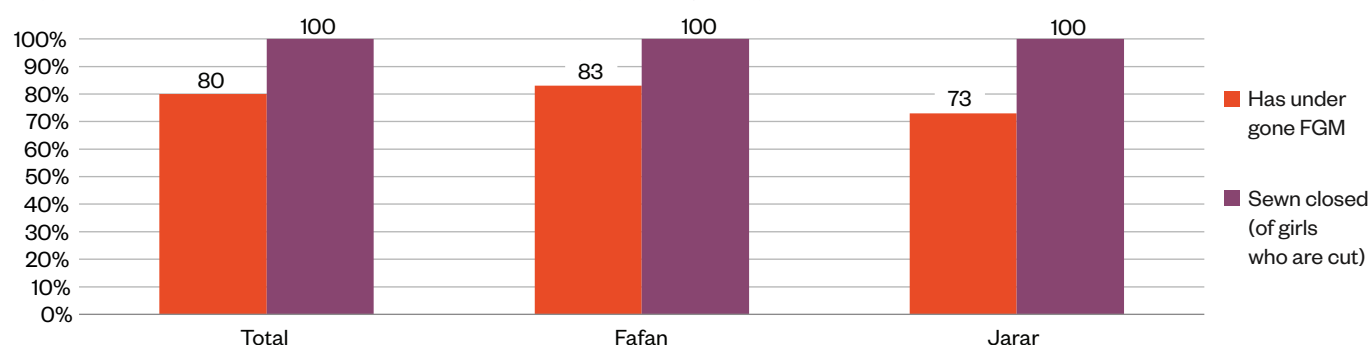
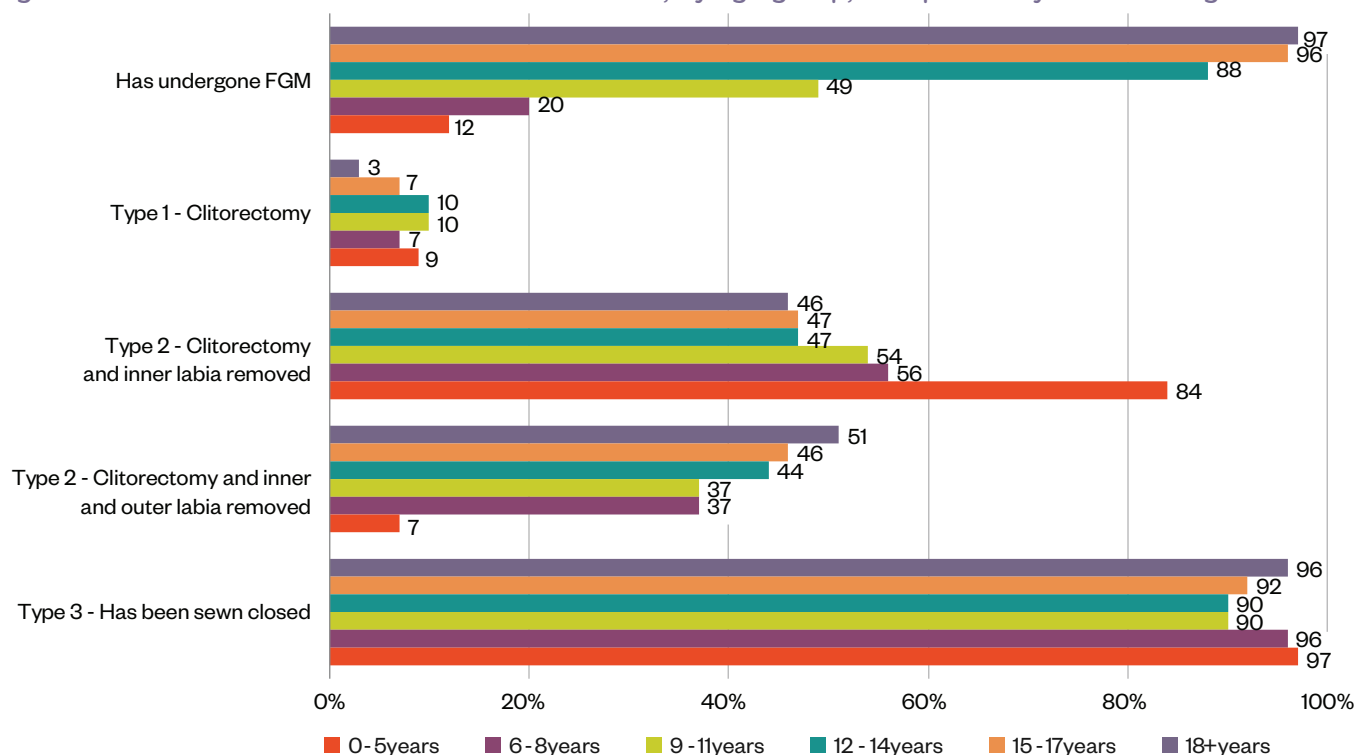


Figure 35: FGM status of female household members, by age group, as reported by Somali caregivers



community), the proportion of girls who have both their inner and outer labia excised drops across age groups (e.g. 46% of girls aged 15–17 versus 37% of girls aged 6–8).

Unlike core adolescent girls and young women, caregivers did not report medicalisation. According to surveyed caregivers, of all females who had undergone FGM, only one 5-year-old girl had undergone FGM at the hands of a medical professional.

In aggregate, young people in Somali study sites were slightly more likely to believe that FGM has benefits (35%) than risks (31%) (see Figure 36). Aggregate figures, however, hide significant differences by gender. Girls and young women were far more likely than boys and young men to report benefits (38% versus 26%), whereas boys and young men were far more likely than girls and young women to report risks (41% versus 28%). Awareness of

risks, but not perception of benefits, also varied by location, with adolescents in Jarar (where girls are often taken to private clinics in Somaliland for FGM) more aware of risks than their peers in Fafan (36% versus 29%). When asked to identify the benefits of FGM, young people primarily reported '*attracting a husband*' (78%). They also reported protecting girls from rape (25%), easing childbirth (17%), improving girls' behaviour not related to sex (17%), and easing sexual activity (13%). When asked to identify risks, young people most often reported infection at the time of FGM (83%), difficult childbirth (66%), painful sexual intercourse (59%), and bleeding (42%).

Compared to their adolescent children, caregivers in Somali study sites were more likely to believe that FGM has both risks (41%) and benefits (43%) (see Figure 37), though both show improvement since baseline (see Box 4). While

Figure 36: Somali young people's' beliefs about the risks and benefits of FGM

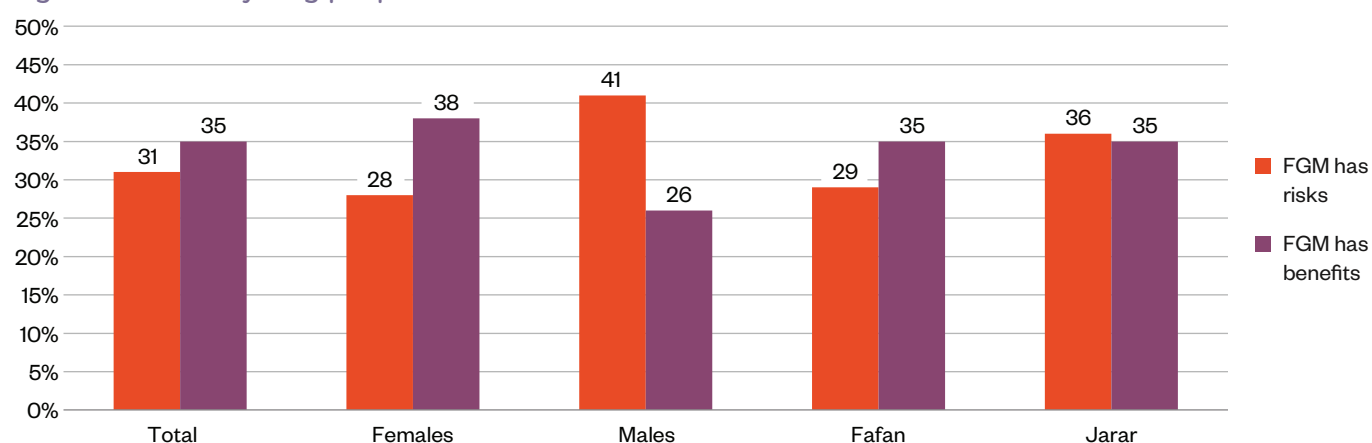
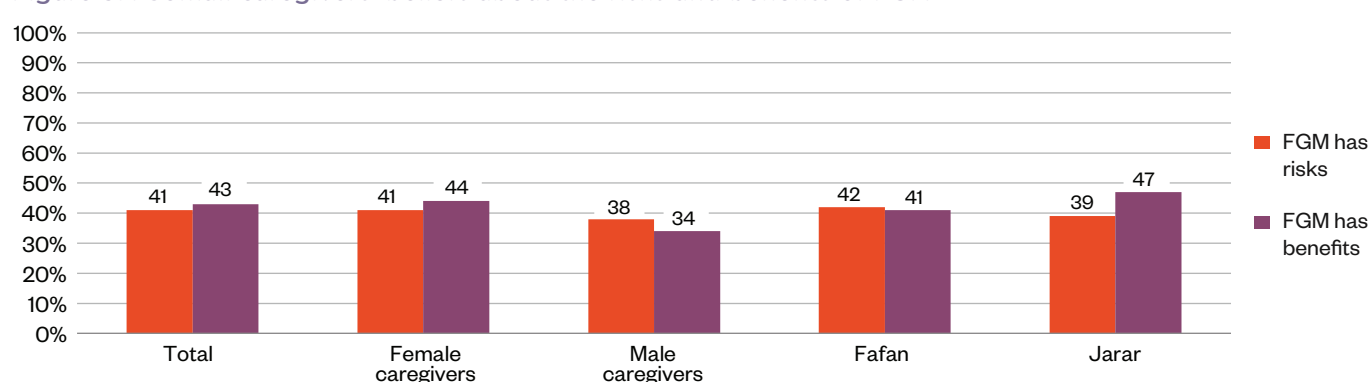


Figure 37: Somali caregivers' beliefs about the risks and benefits of FGM



Box 4: Somali caregivers' beliefs about FGM appear to be shifting over time

Longitudinal analysis found that in Somali study sites, caregivers' beliefs about FGM are shifting over time. Caregivers were slightly more likely at midline than at baseline to report that FGM has risks (41% versus 36%). They were much less likely to report that FGM has benefits (43% versus 68%), is required by religion (36% versus 63%), and should continue (55% versus 69%).

Somali adolescent girls' beliefs about FGM did not change between baseline and midline.

female and male caregivers were similarly likely to believe the practice has risks (41% versus 38%), female caregivers were significantly more likely than male caregivers to believe it has benefits (44% versus 34%). Location differences were not significant. When asked to identify the risks of FGM, caregivers in study sites primarily cited infection (78%), difficult childbirth (66%), and painful sex (55%). When asked to identify the benefits of FGM, caregivers primarily cited attracting a husband (68%), reducing sex drive (39%), and protecting girls from rape (17%).

A large minority of Somali adolescents (41%) reported on the midline survey that FGM is required by religion (see Figure 38). Boys and young men were less likely than girls and young women to believe that FGM is required by religion (31% versus 44%). There were no location differences. Over half (54%) of adolescents – with no differences by location or between males and females – reported that the practice should be continued.

Across groups, nearly all caregivers (88%) in Somali study sites reported that girls in their community are expected to undergo FGM prior to marriage (see Figure 39). Almost as many (81%) reported that girls are expected to be infibulated prior to marriage. Although there were

no differences by location, fathers were more likely than mothers to report that infibulation is expected (90% versus 80%). Caregivers, like their adolescent children, were quite likely to believe that FGM is required by religion (36%). Again, echoing young people's responses, male caregivers were less likely to believe this than female caregivers (28% versus 37%). Support for the continuation of FGM was high across all groups (55% in aggregate).

When asked to identify the main reason for FGM, just over half (51%) of young people in Somali study sites cited religion (see Figure 40 and Box 5), while just over a third (36%) reported culture. A small minority (8%) cited ensuring girls' marriageability. Gender and location differences were not significant.

When asked to identify the main reason for FGM, Somali caregivers' responses were similar to those of young people: just under half (45%) reported that religion is the main reason for FGM (see Figure 42), and just over a third (34%) reported culture. A fifth (21%) identified other reasons, including to ensure girls' good behaviour. As was the case with young people, gender and location differences were not significant.

Figure 38: Somali young people's beliefs about FGM's religious mandate and continuity

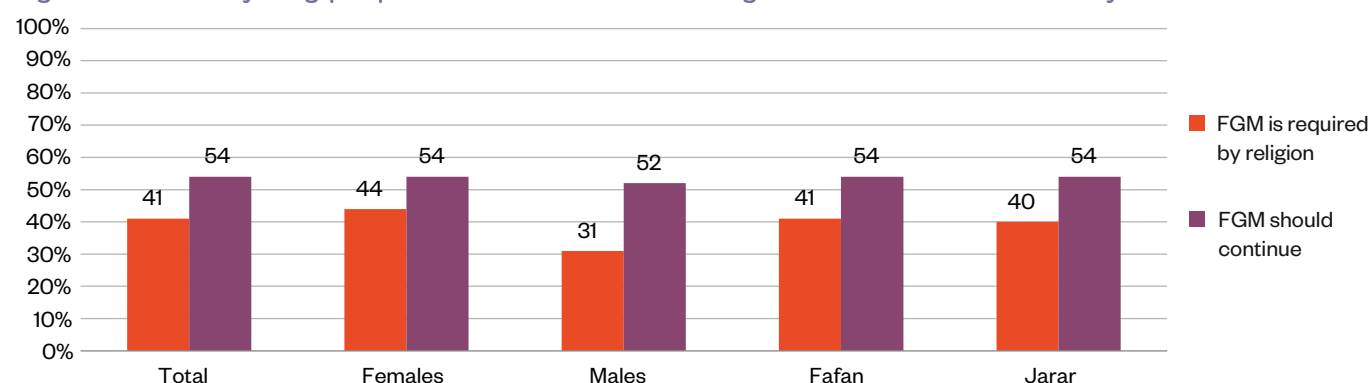


Figure 39: Somali caregivers' beliefs about FGM expectations, religious mandate and continuity

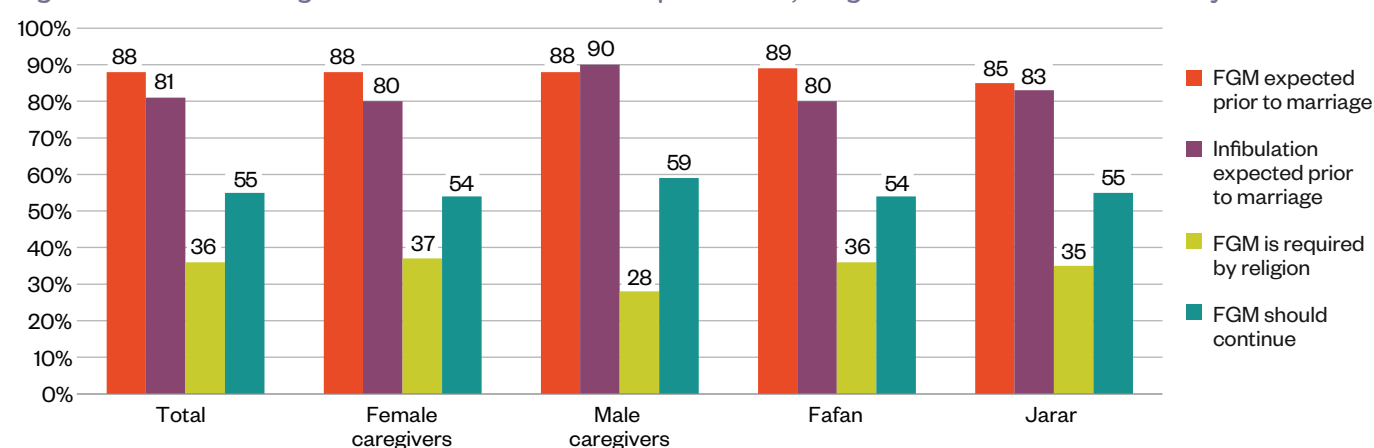
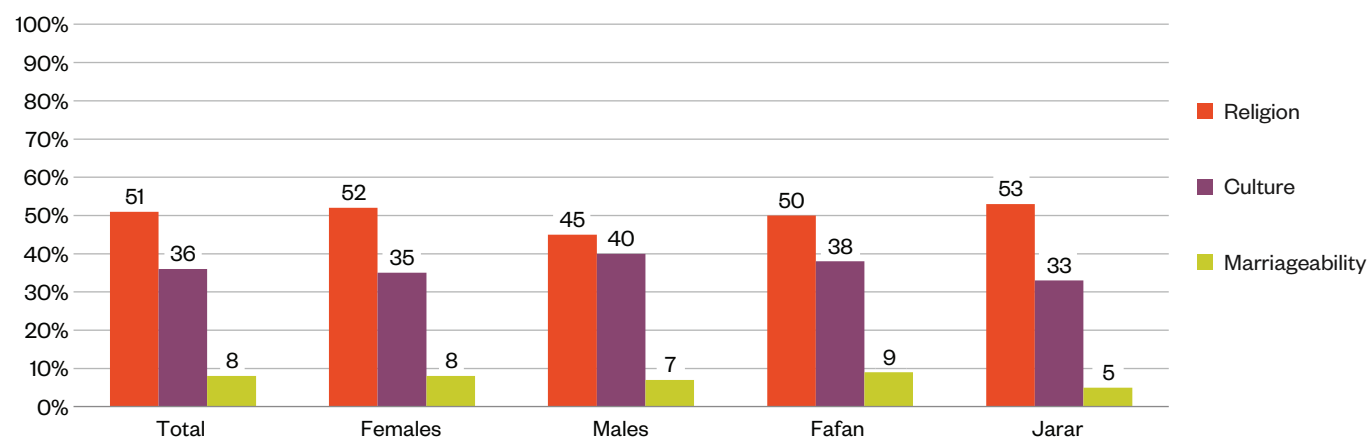


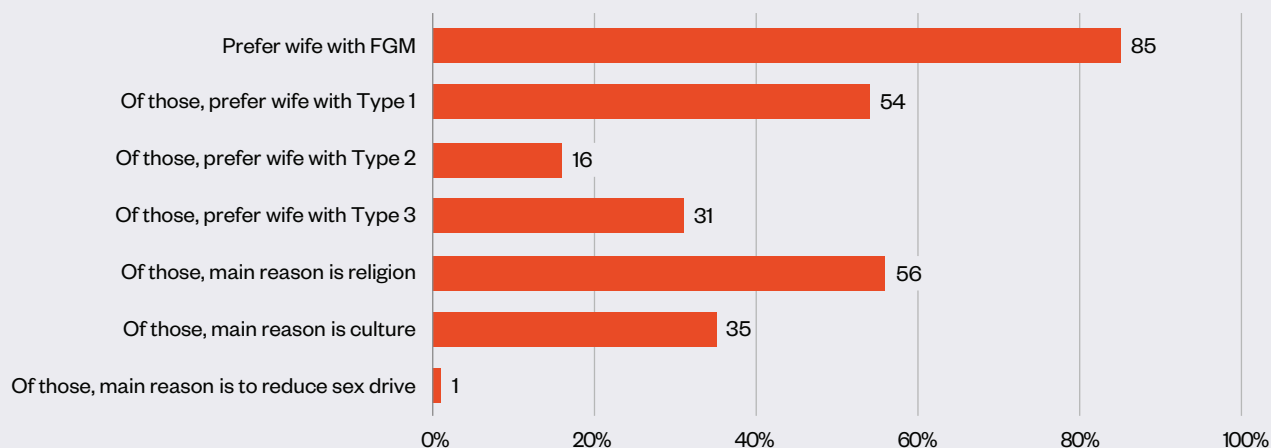
Figure 40: Somali young people's beliefs about the main reason for FGM



Box 5: Somali boys' and young men's preferences regarding their future wife's FGM status

The survey asked Somali adolescent boys and young men about their preferences regarding FGM for their future wife. While 'only' 43% of boys and young men reported that they support the FGM of their sisters, and 'only' 52% reported that FGM should continue, 85% reported that they prefer to marry a wife who has undergone FGM (see Figure 41). Of those, just over half (54%) prefer a wife who has undergone Type 1. Nearly one-third (31%), however, prefer a wife who has been infibulated. Boys and young men who expressed a preference for a wife who has undergone FGM were also asked to identify the main reason for that preference. Religious mandate was the most common answer (56%).

Figure 41: Somali boys' and young men's preferences for their future wife's FGM status



During in-depth interviews, none of the Somali boys or young men reported that they would be willing to marry a girl who had not undergone FGM; indeed, they were adamant that FGM is required by religion and that girls who have not undergone FGM are not marriageable. A 24-year-old young man from Harshen stated, 'Our religion demands it and it is also part of our culture. It is a must.' When a 19-year-old young man asked the interviewer which type of FGM he thought was best, Type 1 or Type 3, and was told that all types are dangerous and should be avoided, the young man then stated, 'Yes, it is hard, but them not being circumcised is worse.'

Although some boys and young men, mostly in the more central *kebeles* of Harshen, reported that they preferred a wife who had undergone *sunna*, because it is less dangerous and because it is religiously permitted, most admitted that they had a strong preference for a wife who had been sewn closed. This, they acknowledged, was solely driven by their need to ensure that they were marrying a virgin. A 19-year-old young man from Harshen explained, 'I prefer the stitched one since she is pure. If she has not been stitched, she might lose her purity.' A young man the same age but from Goljano agreed: 'She'll be called "armali" [if she is not sewn]... She'll be considered as a divorcee... Men want a virgin woman.'

The survey found that most young people in Somali study sites are unaware of both religious (66%) and secular (82%) law regarding FGM (see Figure 43). A majority of all groups reported that they had heard of neither. The survey also found that most Somali caregivers are unaware of both religious (62%) and secular (73%) law regarding FGM (see Figure 44). Again, as with Somali young people, a majority of all groups of caregivers reported that they had heard of neither.

In line with their beliefs about the continuity of FGM, nearly half of young people (46%) in Somali study sites, across all groups, reported on the survey that they plan to practice FGM on their future daughters (see Figure 45).

However, there are marked differences by gender in the type of FGM young people intend to practice. Girls and young women – most of whom have experienced FGM and attendant pain – are more likely than boys and young men to intend Type 1 (43% versus 33%) and Type 2 (43% versus 21%). Boys and young men are accordingly more likely than girls and young women to intend Type 3 (45% versus 15%). Location differences are also marked, with young people in Jarar intending less extreme forms than their peers in Fafan.

Qualitative research suggests that FGM is not declining over time in Somali study sites, despite rates being lower for girls aged 12–14 than for girls aged 15–17. All respondents

Figure 42: Somali caregivers' beliefs about the main reason for FGM

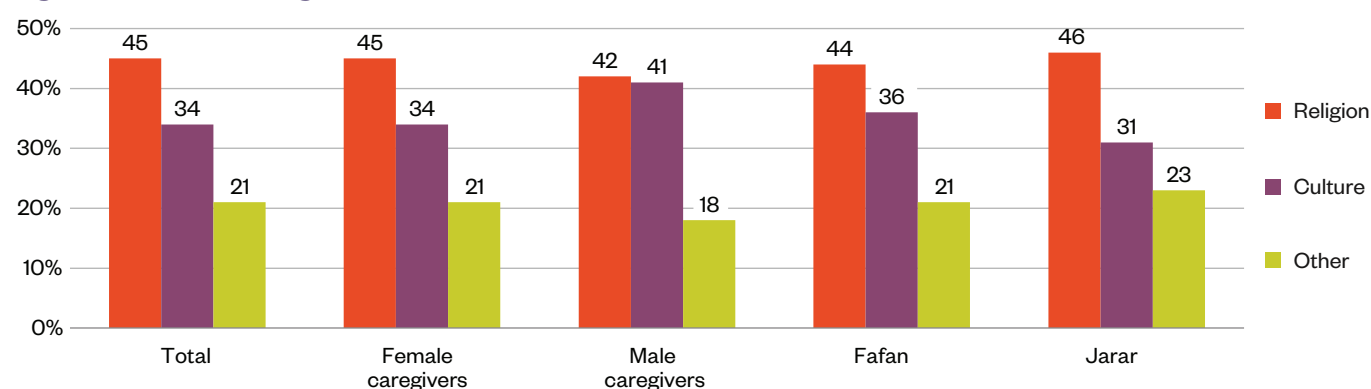


Figure 43: Somali young people's knowledge of religious and secular law

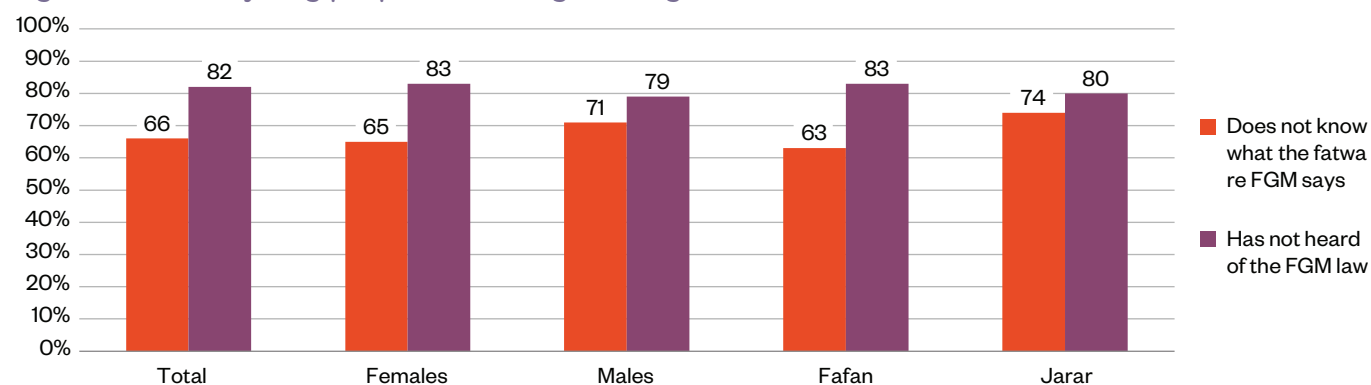


Figure 44: Somali caregivers' knowledge of religious and secular law

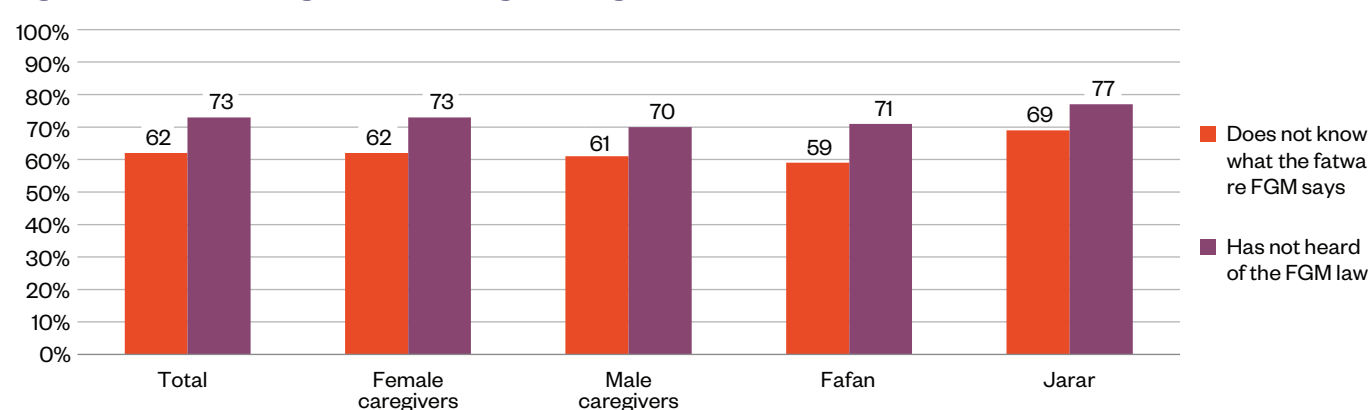
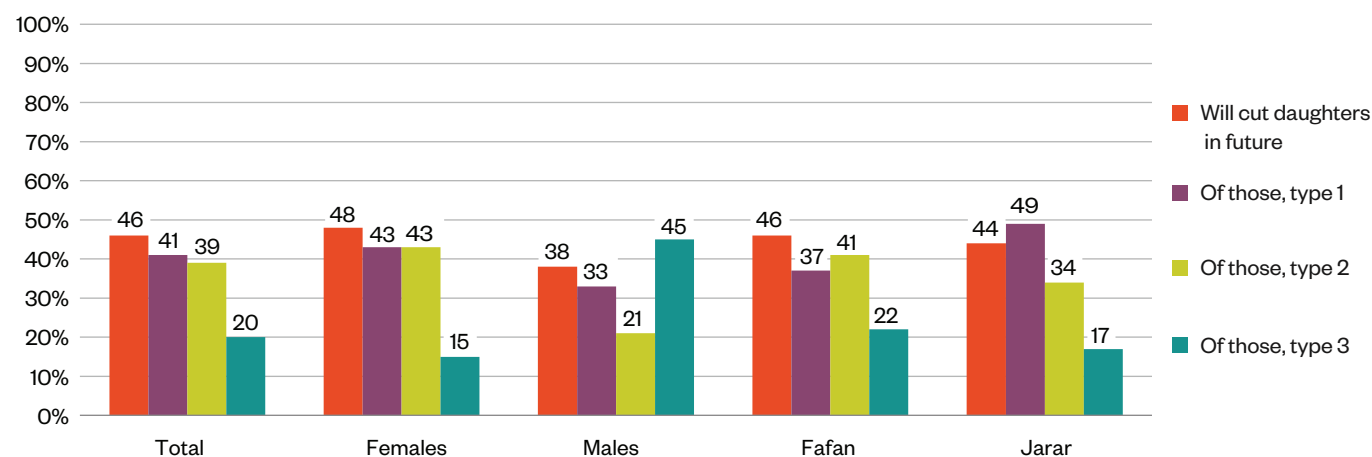


Figure 45: Somali young people's intent to practice FGM on future daughters



agreed that all girls must eventually undergo FGM. When asked if his sisters had undergone FGM, a 19-year-old young man from Goljano replied, *'Of course they are... all the girls in here are sewn.'* A kebele-level Women's Affairs key informant agreed, saying, *'According to our religion and local customs, it is unthinkable that a girl would not undergo circumcision.'*

In line with survey findings, the timing of when girls undergo FGM was reported as highly variable. Most mothers and girls reported that most FGM takes places when girls are aged between 8 and 10 years. This is old enough for girls to withstand the pain and also, according to an educator from Harshen, young enough to ensure that girls' prayers are heard:

With regard to the religion, it is a direction given that a person should start prayers from the age of 10. As per the religion, girls should get cut at that age. Otherwise, the prayers of the girls may not be accepted by God. That is the belief among the community.

Respondents agreed that it is critical that girls in Somali study sites undergo FGM prior to marriage. Because of this, and with the caveat that the drought forced many families to delay FGM because survival needs were prioritised, girls in some communities are now undergoing FGM at a younger age than previously, as adolescent-driven child marriages become more common and push down the age of marriage. A key informant from Harshen explained that mothers increasingly arrange for their daughters to undergo FGM in earlier childhood, to make sure that they are not shamed:

Girls are now circumcised at a younger age... They are circumcised at the age of 6 or 7 years old... It's because of early marriage, and families want to avoid the stigma that their daughters are not circumcised.

On the whole, respondents in Goljano were more likely than those in Harshen to report that girls are still traditionally infibulated. This includes removing all external genitalia and then using stiches (or thorns) to narrow the genital opening – with the girl tied to a bed, for up to a month, to keep her from moving and dislodging the stiches or thorns. A 19-year-old young woman from Goljano reported of her experience, *'They sew the body part with thorns after cutting... Healing took for more than a month.'* That said, respondents in both *woredas* report that practices are shifting and that FGM is becoming less extreme. A *woreda*-level official from Harshen reported, *'Now it is only sunna, which is only cutting a small part of the clitoris.'* A 22-year-old young woman from Goljano agreed: *'Today, girls experience a sunna type.'*

As was the case in Afar, however, *sunna* FGM practice remains varied, and is often extreme, especially in remote communities. Indeed, in Somali study sites, none of the adolescent girls or mothers who responded reported undergoing, arranging or witnessing 'only' clitorrectomy. Most girls who reported that they had undergone *sunna* had at least two stiches (which they acknowledged was a significant improvement over the six or seven of the past) and even girls who reported having no stiches reported that all their external genitalia had been removed. A 17-year-old girl from Harshen stated:

They tie the legs for 7 days after the sunna type. Girls stay at home for a week after undergoing the sunna type. She does not get out to the latrine. It takes her 1 week or 2 weeks to heal.

A 22-year-old young woman from Goljano added, *'Sunna varies only with the sewing. Removing the genital organ is the same.'* It is not only the word *sunna* that obscures Somali FGM practices. Some respondents also used the

word 'clitoris' to include the inner (and, sometimes, outer) labia, and most – like their peers in Afar – used the phrase 'FGM' only to describe traditional practices. A clan leader from Harshen stated, *'Here, FGM circumcision has ended, we have only sunna circumcision.'*

By contrast with the survey findings, the qualitative research revealed some variation in who carries out FGM on girls. On the one hand, most respondents agreed that traditional cutters are still responsible for the practice on most girls living in Somali study sites. A 21-year-old young woman from Goljano reported, *'There is a known circumciser who comes from the district. She is the one who circumcises girls.'* On the other hand, especially in Harshen, it was common for respondents to report that medical professionals undertake FGM. A religious leader from Harshen stated that, *'In some situations, the nurses themselves circumcise the girls.'* A key informant agreed, saying that: *'Female genital mutilation is usually performed at health centres.'* A health extension worker, who vehemently denied that infibulation is practised in town (based on the fact that girls are no longer needing care for serious complications), noted that while girls are now being provided with painkillers and antibiotics, it is often traditional cutters who are providing these things, not health care workers. She added that defibulation, on the wedding night, is also increasingly undertaken with medication.

When asked to identify the drivers of FGM, participants in qualitative research were often unable to disentangle religion and culture. When probed sensitively, however, they usually cited religion as the driver of FGM and Somali culture as the driver of infibulation. A key informant from Harshen stated:

We are a highly religious community and obliged to practice the religious dogma, and we have to practice sunna based on our religious teaching.

An 18-year-old young woman from that *woreda* similarly stated, *'The religion permits applying 1 or 2 stiches for the sunna type...Applying a few stiches is a religious order.'* A 20-year-old young man from that same *woreda* clarified, *'The religion tells us only about circumcision but not about stitching the girl... It is because of the culture.'* A mother from Goljano agreed that not practising FGM is unthinkable for a Somali woman because it would expose her, and her daughter, to ridicule:

It is shame for us not to be circumcised. Since I am Somali, she should be circumcised. If I do not circumcise my girl, others insult me, labelling me as a woman who does not circumcise her daughter. Moreover, the girl will be harassed and labelled as the one who is not circumcised.



Students in a primary school, Somali, Ethiopia © Nathalie Bertrams/GAGE 2024

Awareness of the risks of FGM and, indeed, even infibulation, was relatively low among young people and caregivers in Somali study sites. Although a few adolescent girls and young women reported difficulty urinating and painful menstruation, and most respondents agreed that FGM hurts and that sex is painful for girls who have been infibulated, it was only health extension workers who were able to give detailed responses about the health risks of FGM. Indeed, it was common for adolescent girls and young women, when asked what harmful consequences of FGM they had experienced, to report none. A 21-year-old young woman from Goljano, when asked that question, responded, *'There are none... It was good for us.'* Young men were especially oblivious. A 26-year-old from Harshen, when queried about the practice of defibulating girls immediately prior to sexual intercourse on the wedding night, stated that the practice was good – despite the excruciating pain that girls experience – because immediate sex prevents the tissue from re-adhering and causing future problems:

I would suggest that having sexual intercourse immediately after the sex organ is opened may decrease the illness in the girls.

A 21-year-old young man from that same *woreda* reported anxiety over the caesarean birth of his child, but when

asked whether it was related to his wife's infibulation, replied:

My child was born via surgery. I was in a very serious worry at that moment... My sister has given birth to seven children. In all cases, she went for surgery. It is normal to go for surgery.

Beliefs about the benefits of FGM, however, were widespread, in study sites in both Harshen and Goljano. Outside of adherence to religious mandate, and replication of Somali culture (which both females and males agreed were important), a gender gap emerged. As was the case at baseline, women and girls tended to focus on FGM as necessary to their having a place in the community – and avoiding censure and shame. A *woreda* level key informant explained that, *'Not being circumcised is often seen as shameful.'* An 18-year-old young woman from that same *woreda* reported that she had undergone traditional infibulation, because her mother (who was open to practising a milder form) had been heavily pressured by other women in the community: *'My mother was considering sunna type of circumcision for me. But others opposed her.'* Although a few male key informants acknowledged that girls and women who do not *'strictly adhere to culture will be commented on by many'* (educator, Harshen), most boys and men tended to focus on marriageability as the main benefit of FGM,



A 21-year-old mother of 4, Afar, Ethiopia © Nathalie Bertrams/GAGE 2024

and indeed infibulation. A 15-year-old boy from Harshen stated that, 'Female children will not marry if they didn't perform mutilation.' A boy the same age from Goljano agreed, saying, 'They'll be considered naughty and no one will marry them.' A pregnant 21-year-old young woman from Harshen stated that while her future daughter's marriageability was not her main concern, she was invested in making sure that her daughter's genitals were attractive to a potential husband:

I am pregnant. If I give birth to a girl I want her to experience the Pharaonic type [traditional Type 3]... I like it... It is attractive to her husband. Her genital is not visible when her clothes are removed.

With the exception of one girl from Goljano, who reported that she had no input into timing, but was allowed an opinion on the type of FGM she was to undergo, respondents in Somali study sites were agreed about who makes decisions on FGM: it is mothers, and mothers alone. A mother from Harshen stated that her husband was angry because she had disregarded his input regarding FGM:

In Somali culture, women are the decision-makers regarding female circumcision and it is of no use to tell the husbands... Even if the husbands do not allow the girls to get circumcised, the mothers will force them to

be circumcised... I circumcised two of my girls when my husband went to another place. Had he been here, he would not allow me to perform the procedure... He was really angry with me!

Another mother, from the same *woreda*, added that grandmothers have only limited input:

I want my grandchildren to experience the Pharaonic type, but their mothers do not want it, they do not permit us to circumcise them. We could not discuss with our daughters about FGM of grandchildren. They circumcise them with the type they choose.

Respondents commonly added that the slow pace of change in Fafan study sites is due to many mothers' commitment to not only FGM, but infibulation. A 17-year-old girl from Goljano reported:

Mothers believe a girl that is not stitched is exposed, the one that is stitched is protected. They believe it is good for girls. They say a girl that is stitched is covered well, like a girl that covers her hair with a scarf.

A 19-year-old young man from that same *woreda* added that while he and his peers prefer infibulated wives,



A 17-year-old girl in Somali, Ethiopia © Nathalie Bertrams/GAGE 2024



A 16-year old girl fetching water, Somali, Ethiopia © Nathalie Bertrams/GAGE 2024

their commitment to infibulation pales beside mothers' commitment to the practice:

Men don't want the girl to be open, but it's the mothers who are the number one supporters... because they want the culture to continue... A daughter is the responsibility of the mother.

When participants in the qualitative research were asked about what actors and messages have driven recent changes in the type of FGM practised, they primarily cited secular and religious law, although a few mentioned the efforts of health extension workers to raise awareness that infibulation is dangerous. A 17-year-old girl from Goljano reported that traditional cutters are no longer stitching because they are afraid of going to jail:

No circumciser wants to stitch girls. If they are found doing that, they will be taken to the woreda town and imprisoned there. Circumcisers are afraid of the punishment and they avoid stitching.

A key informant from Harshen added that in that *woreda*, the threat of prison is real: 'They imprisoned a cutter for 6 years and then ran her out of town.' A mother from that *woreda* stated that verifying that girls are not sewn shut is one reason why health care workers are now involved in FGM. She stated:

The health worker closely follows up when girls are circumcised... since they check it, there is no Pharaonic type of circumcision.

Religious leaders have also played an important role in changing beliefs and practices, albeit especially for men, because 'most women do not usually go to mosque' (18-year-old young woman, Harshen). With the caveat that religious leaders are not advocating for the end of FGM, only for the end of infibulation, a clan leader from Harshen explained:

Many religious clerics from the Islamic court institutions of the region came here and told us that our religion does not permit cutting girls' bodies.

A father from that same *woreda* said:

Religious clerics also warned us that FGM is a grave mistake and advised that those who have performed FGM on their daughters should seek forgiveness from them. If they don't, they will be questioned on Judgment Day about why they caused harm to their daughters.

Child marriage

Afar

Because the average adolescent in the Afar sample was only 16 years old when surveyed at midline, it was rare – albeit more common than at baseline (see Box 6) – for young people in study sites to have been married. Of girls, just 5% had been married; of boys and young men, none reported having been married. Of the 39 ever-married girls, half were married before age 18. The adolescent survey found that girls married at a mean age of 17.3 years, to young men an average of 4.6 years older. It also found that

nearly all of these marriages (95%) were decided by girls' parents, not the girls themselves. The caregiver survey found that of the 1,703 marriages among all household members, only two were legally registered with the *woreda*. Importantly, for preventing the child marriage of girls in the future, it also found that fewer than that of all girls under the age of 18, only two had their births officially registered.

The survey found that most young respondents (88%) in Afar study sites prefer adult marriage, despite believing that most girls in the community marry prior to age 18 (60%) and having only limited awareness that child marriage is illegal (44%) (see Figure 46). Boys and young men were more likely to prefer adult marriage than girls and young women (99% versus 87%). There were also gender differences in why young people prefer to marry as adults. Girls and young women most often reported that preferences were due to physical maturation (37%) and completing school (28%). Boys and young men most often reported completing school (49%) and emotional maturation (23%). There were also zonal differences in preferences for adult marriage, with those in Awsi Rasu [Zone 1] significantly more likely to report this than those in Hari Rasu [Zone 5] (92% versus 86%). Gender and location differences in beliefs about the commonality of child marriage were stark. Girls and young women were significantly more likely to believe that most girls marry

prior to age 18 than boys and young men (64% versus 37%); those in Hari Rasu [Zone 5], where child marriage is more common, were more likely to believe than those in Awsi Rasu [Zone 1] (65% versus 52%). Although awareness of child marriage laws was similar across locations, girls and young women were more aware than boys and young men (46% versus 33%).

In Afar study sites, caregivers' beliefs and knowledge about child marriage were similar to those of young people. Nearly all (84%) believe that most girls in the community marry prior to age 18, with female caregivers (86%) and caregivers in Hari Rasu [Zone 5] (90%) more likely to agree than male caregivers (66%) and caregivers in Awsi Rasu [Zone 1] (74%) (see Figure 47). Approximately half of caregivers – with no differences by gender or location – were aware that there are laws about child marriage.

Many qualitative research participants reported that child marriage is becoming less common, especially in Awsi Rasu [Zone 1], where more girls are enrolled in school for more years, and where birth registration records are more common. An 18-year-old young woman from Awsi Rasu stated, *'There is no child marriage now.'* A 12-year-old girl from Hari Rasu [Zone 5] said that even in more remote communities, it has become common to delay marriages until girls are legally adults: *'Early marriage is forbidden legally... They delay the marriage until the girl reaches the*

Box 6: Child marriage over time in Afar

At baseline, fewer than 1% of Afar girls had been married (this very low percentage was expected, given that the average adolescent was only 13 years old at the time). By midline, this had risen to 4%. Young people's beliefs about and preferences for child marriage also shifted in the two years between baseline and midline. At midline, young people were less likely to believe that most girls in the community marry prior to age 18 than they were at baseline (60% versus 82%). They were more likely to personally prefer to marry as adults (88% versus 65%).

Caregivers' beliefs about the prevalence of child marriage were unchanged over time.

Figure 46: Afar young people's preferences, beliefs and knowledge about child marriage

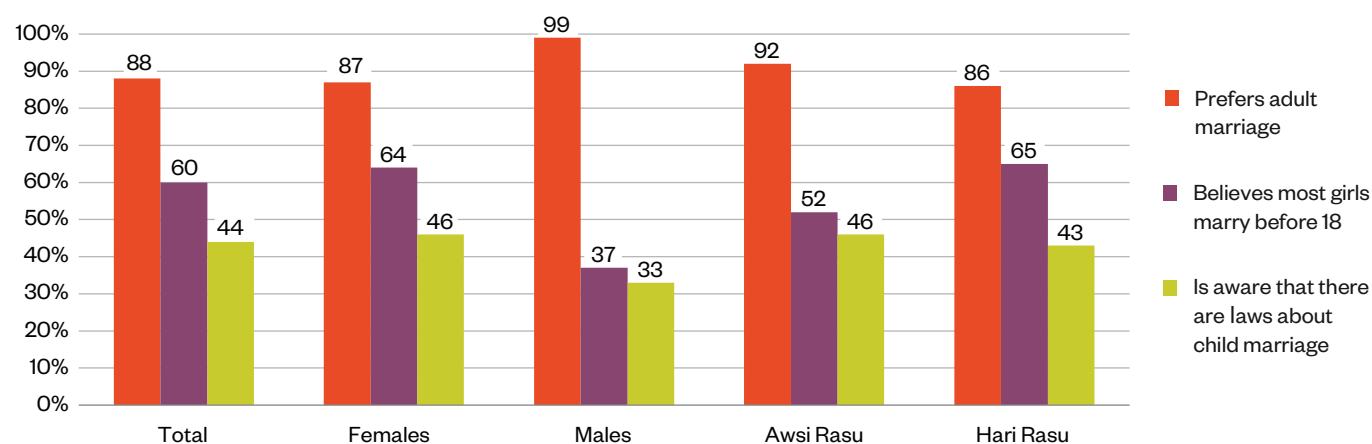
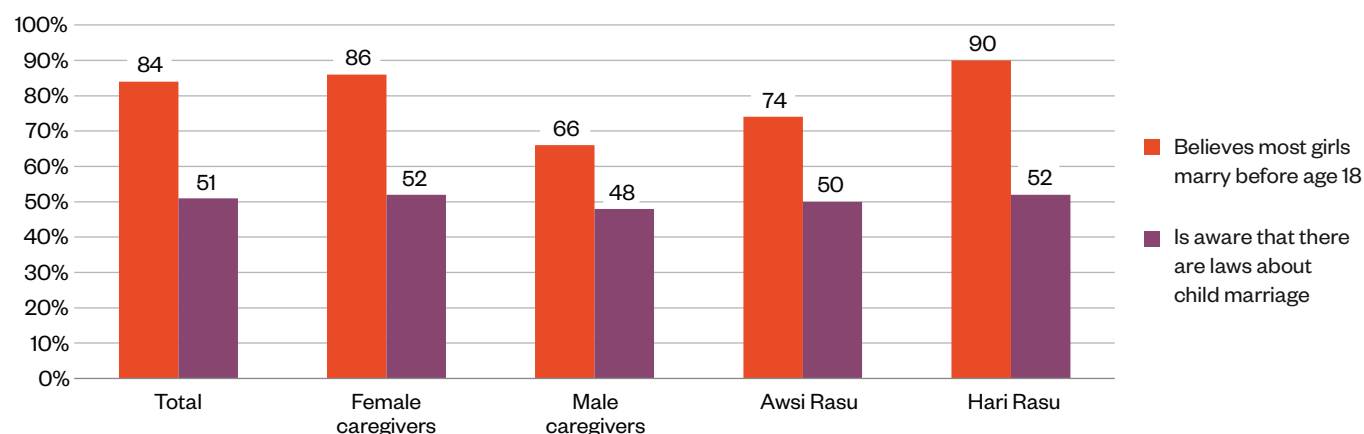


Figure 47: Afar caregivers' beliefs and knowledge about child marriage



age of 18.' An 18-year-old young man from Awsi Rasu [Zone 1] clarified that even when girls marry as children, the age at which they marry is slowly climbing:

During the previous time, girls in our locality got married at a young age, like 13, 14 or 15... But now, because of the effort that has been done by NGOs, religious leaders and the Sharia men, the age of marriage for girls has been raised a bit, and now, girls here get married after they turned age 17.

Other respondents, particularly in study sites in Hari Rasu [Zone 5], reported no change at all. A 14-year-old girl from Hari Rasu, when asked if there had been recent changes in the age at which most girls marry, replied, 'No change... Some girls got married when 13 or 14 when requested early.' A 17-year-old boy from that same zone agreed, and added that parents prefer to see their daughters married early rather than pregnant before marriage:

They get married after they are 15... Before they enter into bad stuff, their fathers and mothers get them married... They may get pregnant.

Indeed, a father from Awsi Rasu [Zone 1], who first admitted that girls are married based on their physical development rather than on their age, then stated that the age of marriage has recently dropped, as girls' behaviour has deteriorated and parents' concerns about their daughters' virginity have grown:

The age of marriage for girls depends on the girl's physical growth, starting menstruating and parents' interest... Nowadays, girls rush toward relationships and premarital sex, which directly causes the occurrence of premarital pregnancy. Therefore, nowadays parents of girls are afraid to leave their girls unmarried after girls

become 13 and 14 years old. Parents do not want their names to be defamed.

As with FGM practices, there was universal agreement among respondents in study sites about what traditional Afar marriage practices have entailed: girls are married to a maternal cousin (*absuma*), at a time decided by the groom and the girl's father, with the girl often not informed of her impending marriage until the week or even day of the wedding. A 15-year-old girl from Hari Rasu [Zone 5] explained, 'When the *absuma* asks to marry the girl, parents arrange her marriage.' A 21-year-old married young woman from Awsi Rasu [Zone 1] recalled:

I only heard about marrying him on the day of the marriage ceremony. They caught me and informed me about it on that very day... It was my father who decided that I should marry.

A young woman the same age, but from Hari Rasu [Zone 5], confirmed that, 'In Afar culture, there is no practice of asking for girls' consent.'

Most respondents reported that most marriages, especially in Hari Rasu [Zone 5], are still traditionally arranged. A mother from Hari Rasu stated that, 'If the *absuma* asks, we can't refuse.' A 20-year-old young man from Awsi Rasu [Zone 1], when asked if the 15-year-old girl who is his older brother's *absuma* could refuse the marriage, replied, 'She has no right to refuse the marriage.' That said, broader narratives suggest that change is underway, even in Hari Rasu [Zone 5], with young people given ever-growing space to choose their own partners. A mother from Hari Rasu stated:

This time, girls have better choices that they can choose their husband. As parents, we can't force our children to marry whom we like.

A 22-year-old married young woman from that same zone agreed:

No girl gets married with the interest of parents, they get married with their interest when they want. I got married by my interest, no force from parents.

A father from that same zone added that girls are especially likely to refuse an *absuma* who is much older than they are:

Currently, girls and women are aware about their rights so that if an old man who is the girl's absuma wants to marry a girl, she will refuse him... Girls now want to marry young boys who are their age mates.

When asked to identify the actors, messages and forces behind recent changes in child marriage and marriage practices, many respondents, especially in study sites in Awsi Rasu [Zone 1], cited formal education. In part, this is related to what young people are learning at school. An 18-year-old young woman from Awsi Rasu [Zone 1] reported that she had learned in science class that child marriage is physically dangerous: *'Their wombs are narrow and it will be difficult for them to give birth.'* A young man the same age and from the same zone similarly stated, *'I learned in school that the legal age of marriage for both boys and girls is 18.'* In part, however, formal education is shifting marriage practices because girls' student status protects them from being seen as ready for marriage by young men and their parents. An 18-year-old unmarried young woman from Awsi Rasu [Zone 1] explained:

They asked me to marry starting from when I was in 9th grade. They had been asking me to marry for three years but my father is not willing to marry me off. He said that since I am a student, he wants me to marry after completing my education.

In Hari Rasu [Zone 5], where it is rare for girls to still be enrolled in late adolescence, a 14-year-old girl reported that work-related migration, often Saudi Arabia in order to undertake domestic work, is playing the same protective role:

There was a marriage request, last year two individuals requested at different times to marry me. My mother was not interested in the marriage. She told them that

as she plans to send me to Saudi Arabia, she is not interested in a marriage. It is better to migrate than getting married to a pastoralist man living here.

Respondents also spoke at length about the importance of dedicated child marriage awareness-raising efforts, which have been undertaken at different times, in different communities, and with different levels of intensity by officials from the Bureau of Women and Social Affairs (BoWSA), religious leaders and NGOs. A father from Hari Rasu [Zone 5] stated:

These teachings by the government and others like religious leaders has changed the people's mind and caused the age of marriage for girls to increase to 18 and older.

The impacts of an intervention called Act With Her (which has now ended), implemented by the NGO Pathfinder, were especially singled out. An 18-year-old young man from Hari Rasu [Zone 5] recalled:

It was three years ago, that I saw a woman named Lula who worked here and taught the community about the effects of practising child marriage, and to end child marriage.

With the caveats that girls themselves often admit that they are afraid to report their parents, and that government officials often refrain from intervening for fear of jeopardising their own status in the community, there is widespread awareness among parents and young men in study locations that girls can report child marriages to BoWSA officials and that parents can be fined and imprisoned for violating the law. During in-depth interviews, we heard about two girls who had reported their parents to the authorities. A 15-year-old girl in Awsi Rasu [Zone 1], who was to be married against her will to a wealthy man who had paid her father a large sum of money, reported her father and had her marriage cancelled. A girl the same age, but from Hari Rasu [Zone 5], who was abducted and raped with parental permission, not only had her marriage cancelled, but saw her parents and local officials jailed over their roles her experiences. A religious leader explained:

In religion, proposing and arranging marriage for children without their consent is forbidden... Those who forcefully arranged marriage will be accused and imprisoned. We will bring such individuals before the court from any area. Recently, families (a mother and father) forced a 15-year-old girl to get married... Now,

Box 7: Child marriage over time in Somali

At baseline, fewer than 1% of Somali girls had ever been married (this very low percentage was to be expected given that the average adolescent was only 13 years old at that time). By midline, that figure was 4%. Young people's beliefs about how common child marriage is in their community also increased between baseline and midline, presumably because some of their peers had begun to marry. At baseline, 56% of young people believed that most girls marry as children; by midline this had climbed to 76%. Caregivers' beliefs about the prevalence of child marriage also increased between baseline (79%) and midline (83%). Despite their growing belief that child marriage is the norm, young people's personal preferences for adult marriage also increased between baseline (53%) and midline (84%).

five individuals, including her mother and father, are in prison. The kebele administrators were also imprisoned for not doing their job.

Somali

Because the average adolescent in the Somali sample was only 15.7 years old when surveyed, it was rare for young people to have been married at midline—albeit more common that it was at baseline (see Box 7). Of girls and young women, 5% had been married; of boys and young men, just 1% had been married. Of the 34 ever-married girls and young women, three-quarters were married prior to the age of 18. Girls married at a mean age of 16 years, to young men an average of 2.2 years older. Nearly all of these marriages (94%), according to the adolescent survey, were decided by the young partners themselves, rather than their parents. The caregiver survey found that of the 1,682 marriages among all household members, only five were registered with the *woreda*. Importantly, for preventing the child marriage of girls in the future, it also found that fewer than that of all girls under the age of 18, only eight had their births officially registered.

The survey found that most young people (84%) in Somali study sites prefer adult marriage, despite believing that most girls in the community marry prior to age 18

(76%) (see Figure 48). Young people's preferences for adult marriage were similar across all groups, though primary reasons varied between females and males. Girls and young women wanted to marry as adults because they will be mentally mature (22%), financially independent (22%), physically mature (13%), and have completed education (9%). Boys and young men wanted to marry as adults because they will be financially independent (45%), mentally mature (15%), and physically mature (11%). Beliefs about the prevalence of child marriage varied by sex. Boys and young men were more likely than girls and young women to believe that most girls in the community marry before age 18 (83% versus 74%). Young people's awareness that there are laws about child marriage was low, though boys and young men (20%) were more aware than girls and young women (10%).

In Somali study sites, caregivers' beliefs about the prevalence of child marriage in the community mirror those of young people: 83%, with no differences by location or between females and males, reported that most girls marry before age 18 (see Figure 49). Caregivers were more aware than young people that there are laws about child marriage; a quarter of caregivers reported being aware of the law.

With only a few exceptions, all from more central *kebeles*, qualitative research participants in Fafan agreed

Figure 48: Somali young people's preferences, beliefs and knowledge about child marriage

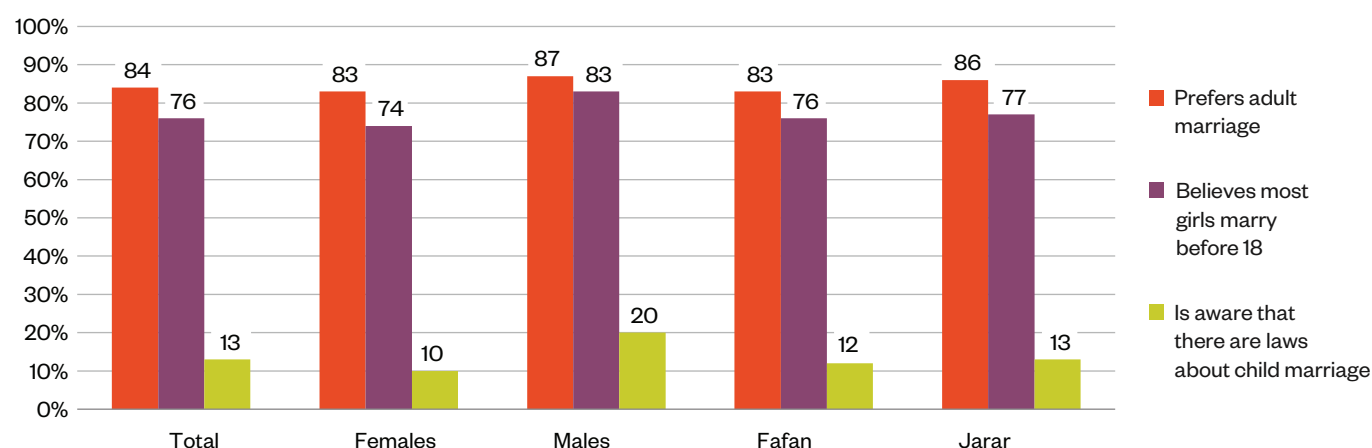
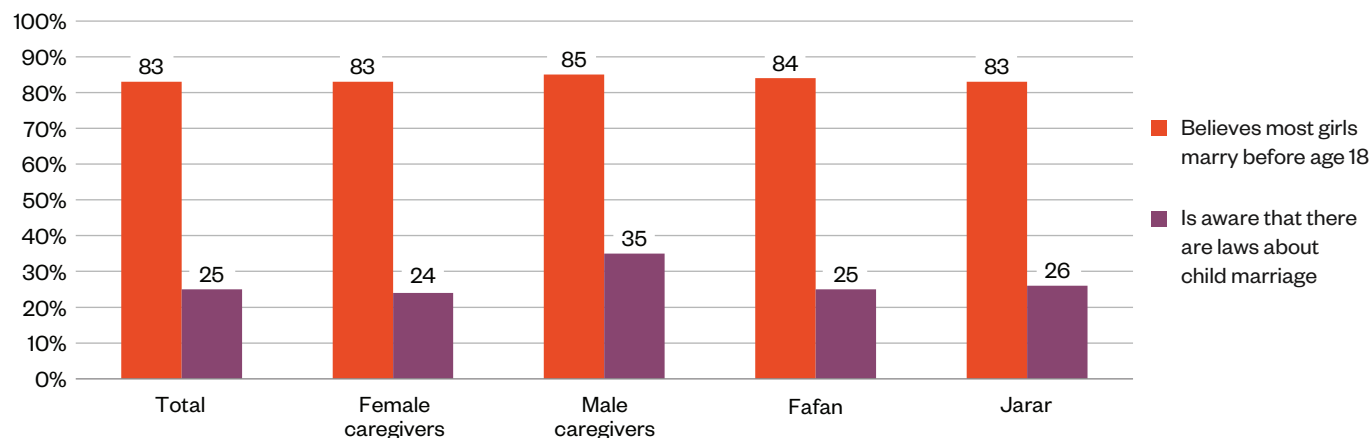


Figure 49: Somali caregivers' beliefs and knowledge about child marriage



that child marriage is common and getting more so. A clan leader from Harshen reported:

Most girls are usually married before they turn 18. Someone who reaches 18 is considered very old and patient. I would estimate that 70% of marriages involve individuals under 18 years old.

Even more importantly, although most young people and adults agreed that 15 is the age at which most girls marry, they reported that the age of marriage has been dropping in recent years, especially in study sites in Harshen. A 21-year-old young woman from Goljano, who married at age 15, stated, 'Females get married at the age of 14 or 15 years old.' A kebele chairperson from Harshen commented, 'I have seen girls as young as 10, 12 and 13 getting married.'

Although girls in Fafan are at much higher risk of (and in) child marriage than boys, because young couples in Somali are usually age-mates, it was also common for boys and young men to report that they had married in childhood. A 16-year-old boy from Harshen, the father of 2-year-old twins, reported that he had married at age 13, to a girl who was 12. When asked if, in retrospect, he wished he had waited, he replied, 'Yes, I was small at the time.' When asked if his wife had been too young, however, he replied, 'No, she was ready.' A 20-year-old young man from that same woreda, who married at age 11, when asked how he had even known that marriage was an option, replied:

We know that marriage is a good thing. Everyone knows that. We see people getting married and we attended weddings before.

Notably, although child marriage is most common among adolescents who are not enrolled in school, in Fafan it appears quite common for students to marry. Most

young people, especially girls, do not return to school after marriage.

Almost without exception, respondents in study sites in both Harshen and Goljano agreed that the climbing incidence of child marriage – and the declining age at which young people marry – is the result of adolescent-driven child marriage. Some blamed school and adolescents' increased interaction with one another. Some blamed access to mobile phones, which allow young people to communicate with one another without parental knowledge. Some blamed exam failure, because young people who cannot continue in education have only one way to access adult status – through marriage. A few blamed shifts in the type of FGM that is practised, because girls who are not infibulated are more interested in sexual activity. All, however, agreed that in study sites the choice of when and who to marry is made by young people themselves. A religious leader from Harshen explained:

They choose each other. Previously, parents had more influence and made the decision about whom the girl would marry. Nowadays, with technology like mobile phones and easier travel, it's rare for parents to choose for the girl.

An 18-year-old young woman from Goljano, who married at age 15, when asked if she and her married friends had been pressured into marriage, replied, 'My family didn't know anything about it. I decided on my own.'

Although several respondents noted that some religious leaders are often in favour of child marriage, because it prevents premarital sexual activity, most agreed that parents (of girls and boys alike) are generally not in favour of the practice. For boys, this is because parents are expected to provide bride price, even if they were only informed of their son's marriage after the fact; and because boys'

parents often end up supporting young couples, and their children, for years. A 20-year-old young man from Harshen, who married at age 15 to a girl the same age, recalled:

I did not consult with anyone about getting married. If I did that, my family would have refused. The tradition is that we go at night to her house and take her, without anyone knowing. You bring her home without your family knowing... When he heard about this, my father sent elders to her family and asked her hand for marriage.

A health extension worker commented:

After marriage nothing is expected of him [the groom] till his wife gives birth to 3, 4 or 5 children, he is not expected to build a house or to provide for their basic need. His parents are responsible to take care of the married man. You may advise girls to stop girls from child marriage, but it is difficult to stop young men, he marries early since he is not expected to provide for his family.

For girls, on the other hand, parental disapproval of child marriage is usually related to parents' greater understanding of the risks of child marriage and adolescent pregnancy, as well as parents' reluctance to give potential in-laws access to girls' labour. A *woreda* level key informant explained that:

Parents know that if their daughter gets pregnant at an early age, she can't give birth, since she is not matured enough.

A 20-year-old young woman, also from Harshen, who married at age 15, recalled that her mother had tried using these arguments, but failed to change her mind:

My parents told me I should not have married early as I can marry when I grow well... I told my parents marriage happens with the will of God. Marriage is decided by God. I told them this.

Some research participants also stated that climate change has shaped the patterning of child marriage in recent years. During the drought, nearly all marriages – whether child or adult – were postponed, because families could not afford the festivities. A clan leader from Harshen reported that:

In the past two years, whenever there is a drought, the marriage rate declines because people lack resources.

Now that the drought has ended, however, there has been a spike in child marriages. This is due not only to pent-

up demand, but also to the fact that adolescents whose academic success was compromised by the drought are now marrying at elevated rates. A 17-year-old married girl from Harshen reported, 'I got married last year when the drought ended and the rainy season started.' An unmarried girl the same age and from the same *woreda*, when asked why all of her friends have married in the past year, replied:

In the past three years, we all failed in class. For the fear they may keep repeating grades, they prefer to get married. They do not have other options.

Economic and social empowerment of girls and women

Afar

Young people in Afar study sites were extremely unlikely (1%) to have had money under their control in the past year. They were more likely to have some savings. More girls and young women (14%) than boys and young men (4%) reported having savings. There were no location differences.

The midline survey included a variety of questions designed to capture Afar girls' and boys' social empowerment. Across indicators, girls and young women were disadvantaged compared to boys and young men. They were, for example, less likely to regularly visit a friend or neighbour (53% versus 70%) and less likely to regularly attend mosque (39% versus 88%) (see Figure 50). They were also less able to express an opinion to a peer (69% versus 76%) or an adult (26% versus 37%) and to have a role model (49% versus 57%).

Although young people in Afar study sites reported equitable beliefs about females' economic empowerment, the same cannot be said for their beliefs about females' social empowerment. When asked if they agree that women should have the same chance to work as men (99%) and if females should have savings for the future (98%), nearly all young people – with no differences by sex or location – agreed (see Figure 51). However, evidencing more conservative views, 99% agreed that families should control daughters more than sons, and 89% agreed that a wife should obey her husband in all things. Most (72%) also agreed that 'Women who participate in politics or leadership positions cannot also be good wives or mothers'.

Caregivers in Afar study sites were more likely than their adolescent children to have controlled money in the past year and to have savings, but this was still relatively unusual. Men were more likely to have controlled money

Figure 50: Indicators of social empowerment, Afar young people

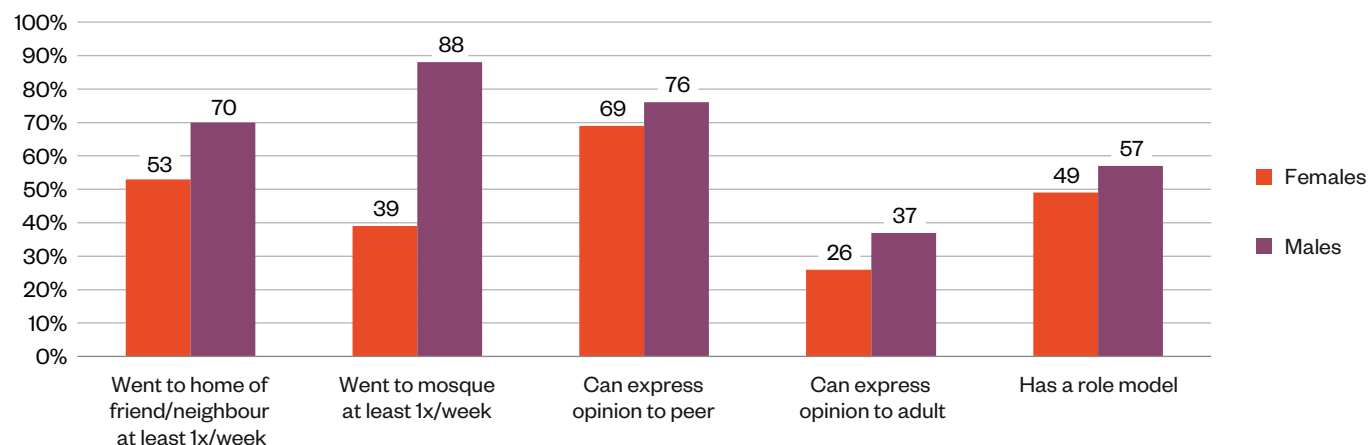
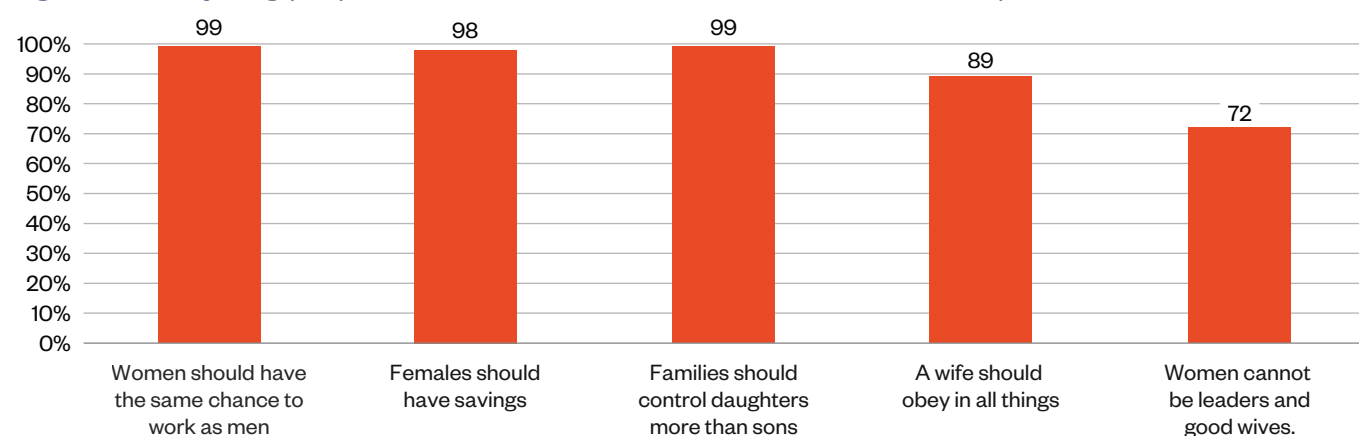


Figure 51: Afar young people's beliefs about females' economic and social empowerment



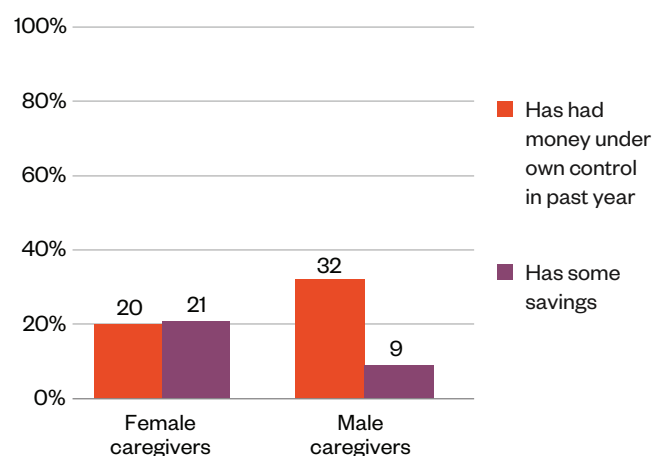
than women (32% versus 20%) (see Figure 52). Most men and women reported that money under their control was earned by selling livestock or crops. Women were more likely than men to have savings (21% versus 9%). Nearly two-thirds (63%) of women with savings reported that they saved at a bank. Although nearly all caregivers in study sites, female and male, reported having at least some say over their own earnings, their spouse's earnings, and the sale of household assets, Afar men were advantaged over women on all three indicators. For example, 93% of women reported having at least some say over their own earnings, versus 99% of men (see Figure 53). Similarly, while 93% of female caregivers reported input into the sale of household assets, the same was true of 98% of male caregivers.

Among Afar households reporting ownership of livestock, approximately one-third of female caregivers reported that they have some control over cows (33%), camels (31%) and goats (36%). Over half (57%) reported that they have some control over chickens. Men's reports

of women's control over livestock were sharply lower. On average, men were half as likely as women to report that women had any control over cows, camels and goats.⁸

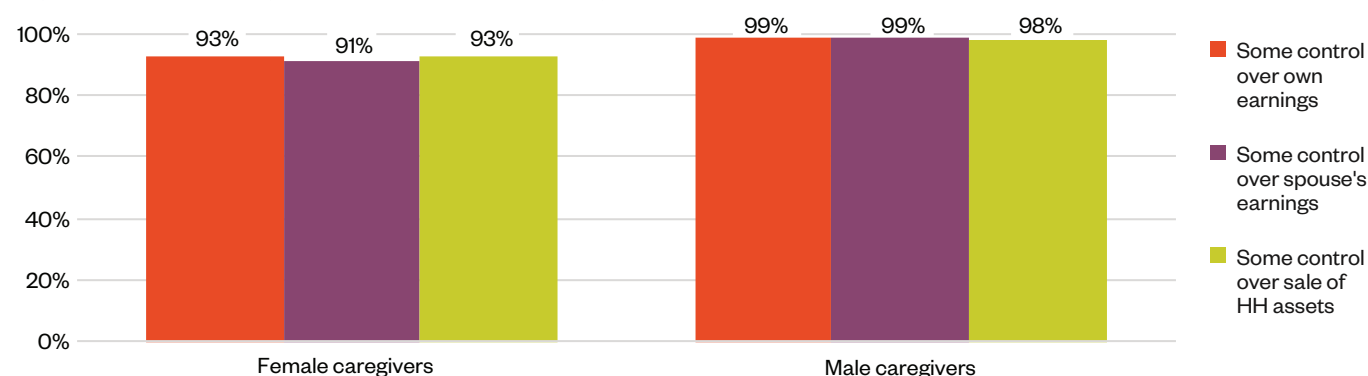
Afar caregivers, like their adolescent children, expressed far more equitable beliefs about women's economic empowerment than their social empowerment.

Figure 52: Afar caregivers' spending and saving



⁸ Too few men answered the question about chickens to report.

Figure 53: Afar caregivers' control over earnings and assets



Nearly all female (98%) and male (90%) caregivers reported that women should have the same chance as men to work, and that women should have savings (99% and 96% respectively) (see Figure 54). However, nearly all female (92%) and male (96%) caregivers also agreed that men should have the final say and that wives should obey at all times (97% versus 91%). Most female (87%) and male (68%) caregivers in study sites also agreed that families should control daughters' behaviour more than sons'; here, gender differences were significant. Reported support for intimate partner violence (IPV) was lower, with approximately half of caregivers agreeing that it is acceptable, and is a private matter. With the caveat that differences may be due to reporting, rather than actual beliefs, women professed significantly more support than men for IPV on both questions. For example, 49% of men and 63% of women agreed that IPV is a private matter.

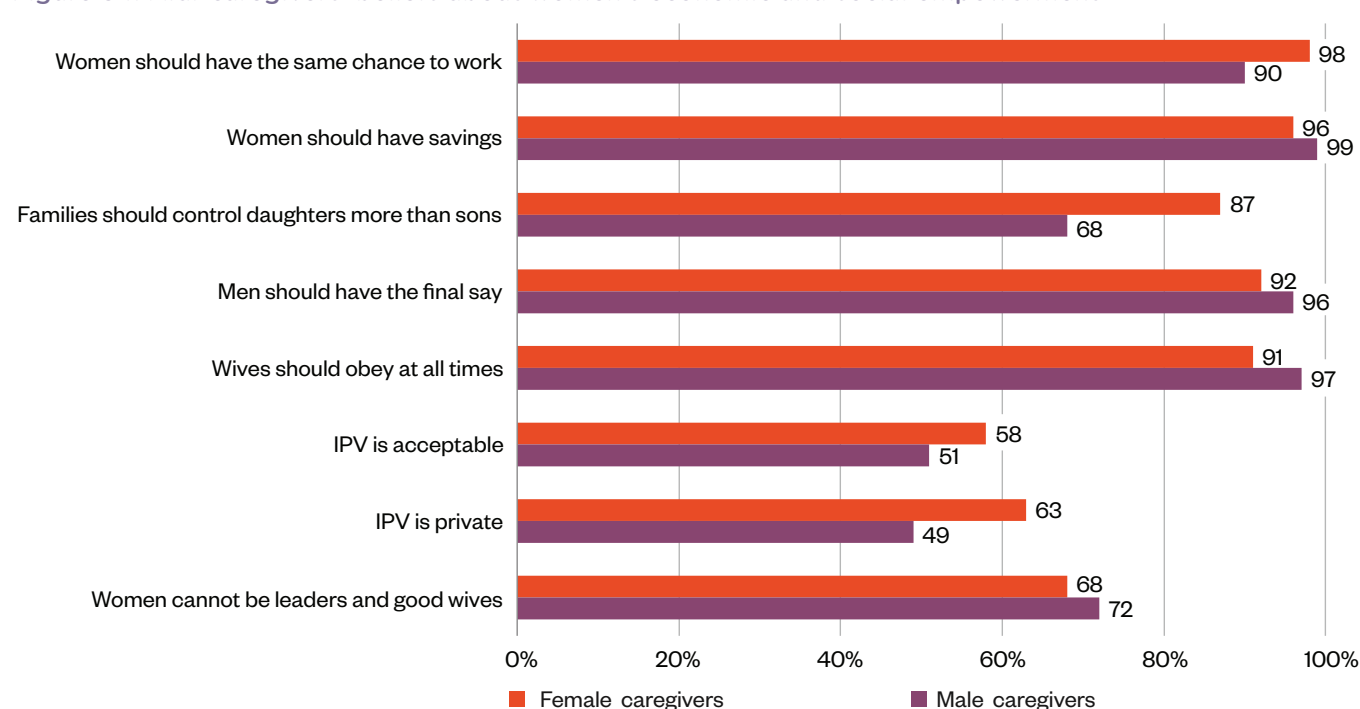
Most caregivers, regardless of sex, agreed that 'Women who participate in politics or leadership positions cannot also be good wives or mothers'.

Qualitative research suggests that young people's and caregivers' relatively equitable attitudes about women's economic empowerment are primarily shaped by two facts. First, although paid work is rare, especially in Hari Rasu [Zone 5], women's work raising livestock is integral to household livelihoods. A mother from Awsi Rasu [Zone 1], when asked how many people in the community worked for wages, replied:

Paid work is not common for all. Only few men do work. If there could be job opportunities in this kebele, all women and men would work.

A young woman from that same zone, said, 'I buy and sell goats. I purchase stuff for my family with the profits

Figure 54: Afar caregivers' beliefs about women's economic and social empowerment



and I purchased another goat.' Second, the work-related migration opportunities that have opened up in recent years are primarily for girls and women, who tend to use their earnings to improve their family's living conditions. A 15-year-old boy from Hari Rasu [Zone 5] reported that, 'The majority of the migrants are female... Females drop out of school and migrate to Saudi Arabia.' A mother from that same zone explained that she is waiting for her daughter to get old enough to send her abroad for work:

I want my girl to migrate, work there and get money. We are not leading a happy life. We have no money. We want our children to work and change our financial life. We do not know about the future, Allah knows that. I plan to send my daughter to [an] Arab [country] when she turns 15 or 16.

With the caveat that previous GAGE research in Afar has found that intimate partner violence is extremely common, respondents in this research reported that girls and women are increasingly aware of their rights, and that there are increased opportunities for reporting IPV. A married 21-year-old young woman from Awsi Rasu [Zone 1] stated that wives take their complaints to the local religious court: 'Now the females report the case to Sharia if she faces any kind of physical violence.' A 20-year-old young man from Hari Rasu [Zone 5] agree that this is increasingly common:

Nowadays, women and girls are well aware about their rights and also where to go and report violence cases, if they faced violence by their husbands or others... Husbands do not punish wives. If the wife does something wrong, the husband will advise and correct her without flogging her. But if husbands tried to punish or flog wives, wives will go to the kebele of the woreda BoWSA [Bureau of Women and Social Affairs], and will accuse their husband for violating their rights.

Somali

It was rare (6%) for young people in Somali study sites to report having had any money under their control in the past year. It was almost as rare (9%) for young people to report having any savings. There were no gender differences for either indicator, but young people in Jarar were much more likely to have savings than their peers in Fafan (18% versus 5%). Of the small minority of young people with savings, most saved informally at home.

The midline survey included a variety of questions designed to capture Somali girls' and boys' social empowerment. Across most indicators, girls and young women in study sites were disadvantaged compared to boys and young men. They were, for example, less likely to regularly visit a friend or neighbour (40% versus 52%), less likely to regularly attend mosque (26% versus 52%), and less likely to have a role model (42% versus 47%) (see Figure 55). In terms of being able to express an opinion to a peer or adult, young females and males were similarly unable to; less than half said they were comfortable doing this.

Although Somali young people reported equitable beliefs about females' economic empowerment, the same cannot be said for their beliefs about females' social empowerment. When asked if they agree that women should have the same chance to work as men, and whether females should have savings for the future, nearly all young people (93%) – with no differences by sex or location – agreed (see Figure 56). However, 95% also agreed that families should control daughters more than sons and 82% agreed that a wife should obey her husband in all things. Nearly three-quarters (71%) agreed that 'Women who participate in politics or leadership positions cannot also be good wives or mothers'.

Unsurprisingly, caregivers in study sites were more likely to have controlled money and have savings than

Figure 55: Indicators of social empowerment, Somali young people

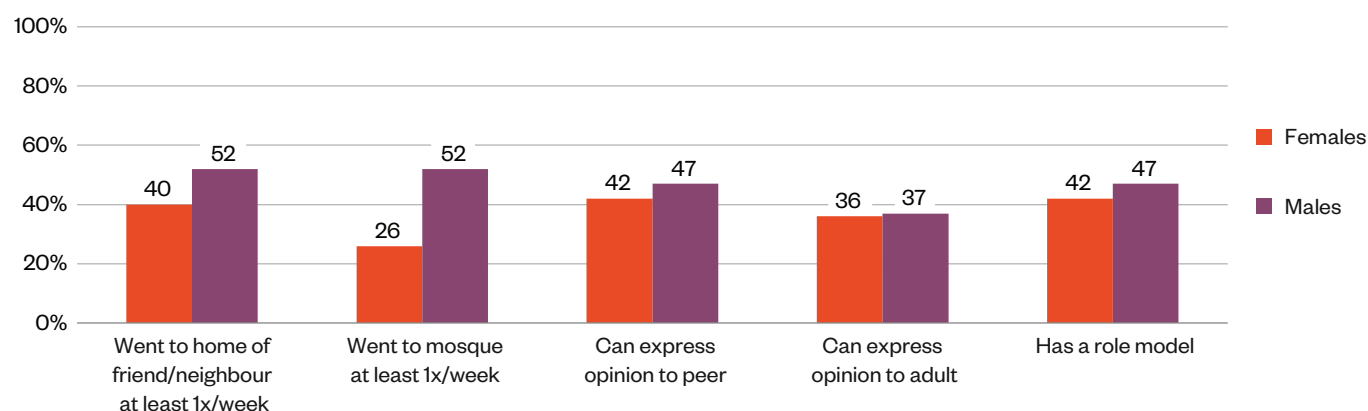


Figure 56: Somali young people's beliefs about females' economic and social empowerment

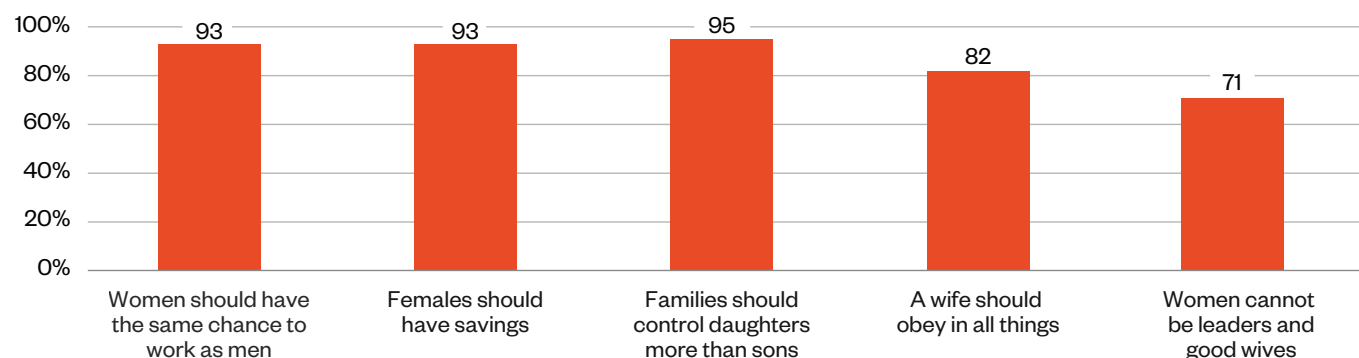
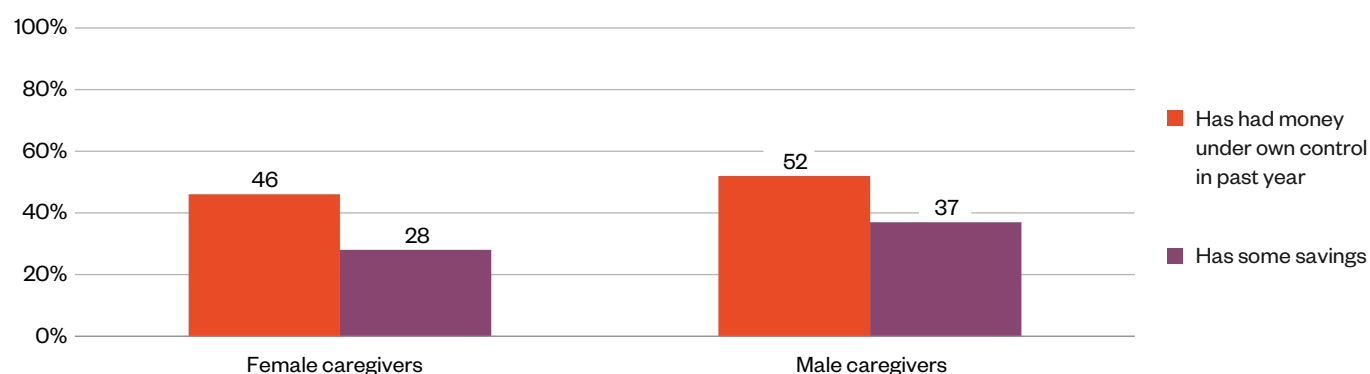


Figure 57: Somali caregivers' spending and saving



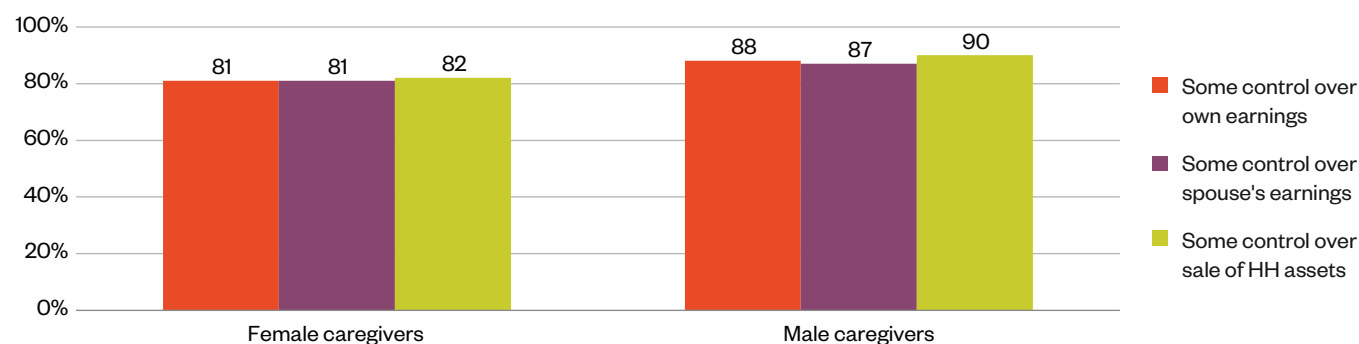
their adolescent children. Of female caregivers, 46% had controlled money in the past year and 28% had savings (see Figure 57). Of male caregivers, 52% had controlled money and 37% had savings. Most men and women reported that money under their control was earned by selling livestock or crops. Most caregivers with savings kept those savings at home.

Although a large majority of both female and male caregivers reported having at least some say over their own earnings, their spouse's earnings, and the sale of household assets, men were advantaged over women on all three indicators. For example, while 82% of female caregivers

reported input into the sale of household assets, the same was true of 90% of male caregivers (see Figure 58).

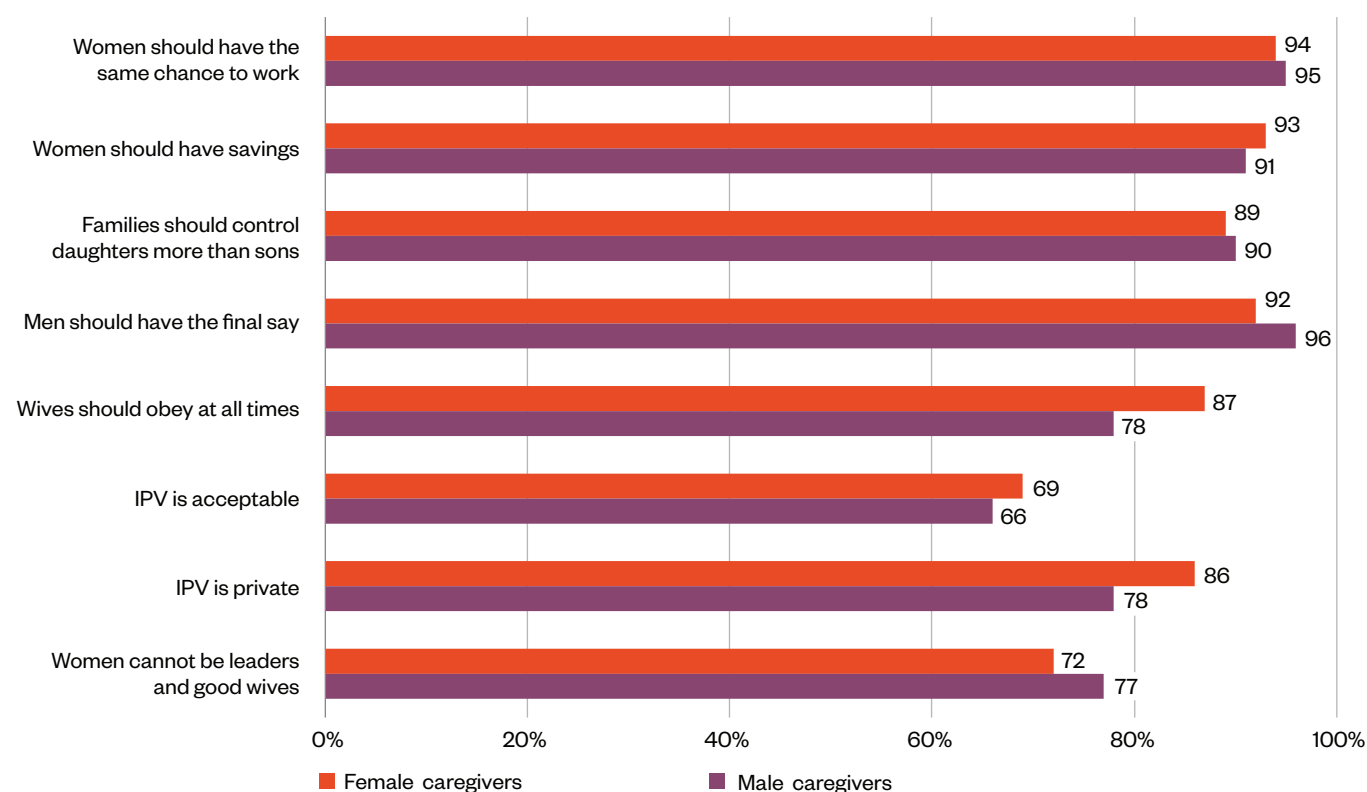
Of caregivers reporting ownership of livestock, a majority of female caregivers in Somali reported that they have some control over cows (71%), camels (76%) and goats (76%). Nearly two-thirds (63%) reported that they have some control over chickens. With the caveat that the sample size of male caregivers is small, male caregivers were in agreement with female caregivers about women's control over cows (74%). Men, however, were less likely to agree that women have any control over camels (50%) and goats (54%).⁹

Figure 58: Somali caregivers' control over earnings and assets



⁹ Too few men answered the question about chickens to report.

Figure 59: Somali caregivers' beliefs about women's economic and social empowerment



Caregivers in Somali study sites, like their adolescent children, expressed far more equitable beliefs about women's economic empowerment than their social empowerment. Nearly all female and male caregivers, for example, believed that women should have the same chance to work as men (~95%) and that women should have savings (~93%) (see Figure 59). However, a similarly large proportion (~89%) agreed that families should control their daughters more than sons, and most (~69%) agreed that intimate partner violence is acceptable. With the caveat that differences are more likely due to reporting than actual beliefs, there were differences by sex in some indicators of women's social empowerment. For example, female caregivers were more likely than male caregivers to believe that women should always obey their husband (87% versus 78%), and that IPV is a private matter (86% versus 78%). Male caregivers, on the other hand, were more likely than female caregivers to agree that *'Women who participate in politics or leadership positions cannot also be good wives and mothers'*.

Participants in the qualitative research reported that girls and women are solely responsible for care and domestic work. Although a 14-year-old boy from Harshen said that boys do help with chores occasionally, but only

when their sisters have been assigned more important tasks (such as when *'The girls are away by managing the shop'*), adolescent girls and young women uniformly reported that their husband and brothers do no domestic chores. A 22-year-old mother from Goljano stated, *'I do all household chores by myself.'* Men rarely gainsaid females' reports. Indeed, a 20-year-old father, also from Goljano, when asked what he would do if his wife, his mother and his sister were unavailable to care for his child, replied, *'I would call another lady... It is women's work.'*

That said, while respondents agreed that there are limited opportunities for girls and women in study sites Fafan to engage in wage work (especially in Goljano, where wage work is also rare for boys and men), women's work helping to raise livestock and through self-employment has long contributed to household livelihoods and community economies. This helps to explain caregivers' and young people's relatively equitable beliefs about women's economic empowerment. A religious leader from Harshen, when asked what work local women do, replied that they not only fatten goats but, *'As you can see, most of the shops here are owned by women... They engage in hotel and shop businesses.'* It was, in fact, fairly common for girls and women, especially in Harshen, to report running their



own small business, such as selling tea or *khat*¹⁰. A 20-year-old young woman from Harshen observed that this phenomenon is hardly new. Her mother's *khat* business, now two decades old, had afforded the family both a house and a car: *'We bought the car five years ago and the house was built 10 years ago.'*

Respondents, especially from Harshen, reported that migration to more urban areas, in both Somali and Somaliland, has expanded opportunities for young people to earn an income. They also said, however, that girls and women have fewer opportunities than boys and men. An 18-year-old young man from Harshen explained:

Both female and male are moving to the Hargeisa area, but the majority are males... This is because the job opportunities tend to be more available for males than females. For instance, males can work in supermarkets, but females are often not hired for those roles... Males can find work in the construction industry also.

A health extension worker added that some girls also migrate to other countries, especially Somaliland, and clarified that almost all girl migrants hold the same job: *'Girls... become a house worker.'*

Only a few respondents in Fafan study sites spoke of girls' and women's broader social empowerment or risk of violence. A 17-year-old girl from Harshen reported that girls are more vulnerable to violence than boys, because they are beaten by their father and their brothers. A religious leader from the same *woreda* added that women are oppressed by husbands, who leave women to secure household livelihoods while the men waste their time chewing *khat*:

The women are mostly submissive and oppressed. Their husbands oppress them most. The women are responsible for looking after the cattle and preparing food for the family. The children and the wives are the most responsible bodies for these types of activities while husbands wander around the town in search of charity organisations and chew their khat.

¹⁰ Khat is a plant grown throughout the Horn of Africa. Its leaves are chewed for a stimulant effect.

Conclusions and implications for programming and policy

Overall, our midline findings underscore that there have been considerable changes in the lives of the adolescents and caregivers in our sample in the two years since baseline. Some of these changes (e.g. exposure to drought) have been similar across the two regions, others have been confined to a single region (e.g. the declining age of marriage in Somali) or even a single zone within a region (e.g. conflict in Hari Rasu [Zone 5]). Some of these changes have been positive (e.g. better awareness of FGM's risks in Afar) and others have been negative e.g. (increased child marriage and declining age of marriage in Somali). We conclude by summarising these changes, and then reflecting on the implications of our findings for policy and programming.

Midline research found that although livestock are still important to the livelihoods of Afar and Somali households, seasonal migration is becoming less common, and income strategies are diversifying. This is especially the case in Somali study sites, where many households not only engage in agriculture, but also trade. This is reflected in rates of food insecurity, which are nearly twice as high in Afar as in Somali. In both regions, food insecurity has been

exacerbated by climate change, with drought, flooding, disease, and invasive species devastating livestock holdings and crop yields. Although emergency food aid was provided during the worst of the drought, respondents – especially those in Hari Rasu [Zone 5], Afar – agreed that current levels of social protection are not commensurate with need.

Regarding education, midline research found that while aspirations for education are high, there is a large gender gap in study sites both regions. Girls' and young women's aspirations are lower than boys' and young men's, and caregivers' aspirations for daughters are lower than those for sons. There is also a gender gap in enrolment. Girls in both regions are less likely to have ever enrolled in school, and twice as likely to have dropped out. Respondents agree that this is largely due to parental demands on girls' time for domestic and care work, though child marriage and girls' greater risk of under-age and illegal migration are also important factors. In addition, because formal education is relatively new in study sites in Afar and Somali, with access to middle and secondary school still largely



A 22-year-old nurse in a health centre, Afar, Ethiopia © Nathalie Bertrams/GAGÉ 2024

confined to urban areas (especially in Hari Rasu [Zone 5], Afar), and because herding responsibilities mean that many children do not enrol until early adolescence, most students are years over age for grade. This means that few, especially girls, have the opportunity to study beyond primary school. Drought, and in Hari Rasu [Zone 5] Afar, conflict have further limited young people's access to education, as community members and teachers have been forced to prioritise survival over education.

In line with existing research, we found that FGM remains effectively universal for girls in Afar and Somali study sites, although because of variation in when girls undergo FGM, not all adolescent girls in our Somali sample had yet undergone the procedure. The type of FGM girls undergo is a matter of some debate in both regions, because current practices are understood by respondents only in relation to traditional practices, which are extreme, and because respondents (especially those in more urban areas) are anxious to frame current practices as *sunna* (permissible). Although a large majority of girls in study sites in both regions have been subjected to genital narrowing, the amount of flesh removed prior to narrowing, and the degree of narrowing itself, appears to be very slowly 'improving' over time, due to the collaborative efforts of government officials, NGOs and religious leaders—who advocate against infibulation. Although there are differences between regions – with respondents in Afar study sites generally more aware of risks, less likely to support continuation of the practice, and more open to 'milder' types of FGM than their peers in Somali – in both regions support for the practice remains strong. This is due to beliefs that FGM is required by religion (especially in Somali), is necessary for the replication of culture, and controls girls' sexuality and makes them fit for marriage. Indeed, in Somali study sites, we found that adult women and future grooms often expressed not only support for FGM, but specifically for infibulation, which they identified as the only way to ensure that a bride was sexually pure. In Somali, we also found some evidence of medicalisation (of both FGM and defibulation), that adults and young people agree that FGM is entirely the purview of women, and that government officials and NGO workers do not universally support elimination. In Afar study sites, we found that fathers had more of an input into what type of FGM their daughters undergo, and some willingness (albeit only in urban areas of Awsi Rasu [Zone 1]) to abandon the practice entirely.

As the average young person in our sample had not yet turned 16 years old when surveyed at midline, few had

been married. We expect this to change by endline, given widespread agreement in both regions, and especially in more remote *kebeles*, that girls' risk of child marriage climbs sharply during middle adolescence, once they begin menstruating or turn 15. Critically, while girls in both Afar and Somali study sites are at high risk of child marriage, the reasons why they are at risk are very different. In Afar, respondents reported that child marriage remains common due to parents, who still primarily follow *absuma* marriage customs that dictate that marriage partners are maternal cousins. There is, however, growing space, due to girls' improved access to formal education, for girls (and their teachers) to advocate for delayed marriage and for girls to choose a preferred partner. In Somali study sites, where religious leaders stated that they have the right to approve marriage even if girls are still legally children, respondents agreed that child marriage is becoming more common for girls and boys, and that the age of marriage is declining, entirely due to the growing phenomenon of adolescent-driven child marriages. This they often attribute to girls' and boys' increased interactions with one another, due to mobile phones and higher levels of school enrolment. In both regions, adults and young people had only limited awareness of the marriage law.

In both Afar and Somali, and especially in more rural study sites, girls' and women's broader empowerment remains limited, due to pervasive, deeply patriarchal gender norms. Girls and young women have less mobility and more limited voice than boys and young men. Similarly, women have less control over assets and financial decision-making than men, especially in Afar (where women are not commonly involved in trading). Although there is growing space for girls and women to earn, and contribute to household livelihoods, there is widespread agreement among young people and caregivers alike that daughters' behaviour must be controlled more than sons', and that a husband has the authority to control his wife, even using violence.

Drawing on our broader research findings, we suggest the following priority actions for the Ethiopian government and its partners if the goals of the National Costed Roadmap to End Child Marriage and FGM are to be achieved. We highlight the range of actors needed to fast-track change for adolescent girls and young women, and the specific actions within their mandate, while recognising that efforts need to be well coordinated and are interdependent:

Because knowledge of the law banning FGM and child marriage remains limited, as does enforcement, the justice sector needs to scale up efforts to promote and enforce national laws on harmful practices. This should include:

- working with rights-based organisations (including the Ethiopian Human Rights Commission and the Ethiopian Women Lawyers Association) to advocate with regional governments for regional laws to be harmonised with national laws banning both FGM and child marriage, and to ratify the Family Law so that these practices are criminalised;
- working with Sharia courts to improve girls' and women's rights to education, inheritance, and freedom from violence – including FGM, child and forced marriage, and intimate partner violence – and enhancing cooperation between Sharia courts and the formal courts and justice system;
- working with other government sectors, the National Alliance to End Child Marriage and FGM, and the Ethiopian Religious Council to extend the 2023 fatwa against infibulation to include language that specifies that no part of the female body is *haram*;
- working with traditional and community leaders to make sure that communities know that all forms of FGM are illegal, emphasising that in the short term the focus needs to be on harm reduction, and in the longer term to move towards eradication of the practice, recognising that this is likely to be a lengthy and non-linear process;
- working with traditional and community leaders to make sure that communities know that all forms of child marriage – even those initiated by adolescents – are illegal and pose health risks for adolescents and their off-spring, heighten the risk of early divorce and associated stigma, and preclude better educational and – in turn – economic futures;
- establishing anonymous reporting mechanisms, at schools and other community venues, that can be used to prevent planned FGM and child marriages taking place and to cancel recently transacted child marriages;
- working with communities to set enforceable penalties – for parents, traditional cutters, adult husbands, and marriage officiators – for violations, even those that take place in other locations, and strengthening mechanisms and oversight at the *kebele* level;

- working with girls and women, to make them more aware of their rights and those of their (future) daughters and how to claim them, and specifically with mothers, to make them aware of the penalties for FGM;
- working with men and boys, to make them more aware of the law and penalties for violation for FGM (fathers) and child marriage (adult husbands and fathers).

Because restrictive gender norms limit girls' and women's access to education, employment and decision-making, and ultimately drive both FGM and child marriage, all levels of the Women and Social Affairs sector must prioritise efforts to directly tackle these beliefs and practices. This should include:

- creating and strengthening (depending on context) venues through which girls and women can confidentially report rights violations;
- prioritising efforts to raise girls' and women's awareness of their own and their (future) daughters' rights and how to (confidentially) report violations (e.g. to educators, Women's Affairs, police and justice officials);
- creating avenues through which girls and women can develop their own skillsets, including (for those denied access to formal education) literacy and numeracy;
- working with mothers, including through parenting education courses, to empower their daughters and to encourage their sons to adopt alternative masculinities, including eschewing norms that render uncut girls as 'unmarriageable';
- working with communities to raise awareness about the importance of girls' education and how to practically support their learning, including managing demands on their time and cooperating with other families to arrange safe passage to school (e.g. walking in groups or with an adult);
- working to decouple women's status in the community from daughters' sexual purity and 'successful' marriage;
- addressing FGM and child marriage in a regionally tailored way to account for decision-making (e.g. girls have more input in Somali because FGM is carried out later and marriages in that region are often adolescent-led, while grandmothers have more sway over FGM in Afar) by educating girls, their families and communities about the risks of both harmful practices, challenging their perceived advantages, and raising awareness about the real advantages of eschewing norms;
- developing a cadre of role models – both educated girls and women, and progressive boys and men – who can

work as champions of change in the community and through social media;

- expanding the 'one-stop' centres that offer support for violence and raising awareness of their existence among communities so that they can better support survivors of sexual and gender-based violence, prioritising conflict-affected areas, and also working with service providers at the one-stop centres so that they can widen their remit to also support those at risk of impending child marriage and FGM.

Because fathers, brothers, male peers, boyfriends and husbands are complicit in perpetuating the broader gender norms that disadvantage girls and women, including the FGM which is framed as the purview of women, government and non-government actors need to collaborate and use school- and community-based engagement sessions and media campaigns to shift attitudes and practices. This should include:

- helping fathers and brothers to see how they could better support wives and sisters to free up girls' time to study;
- educating boys and men on why it should not be important to marry a girl who has undergone FGM, and on how boys and men can protect their sisters and daughters and prevent further FGM-related injury to their wives;
- working to decouple men's status in the community from daughters' sexual purity and 'successful' marriage;
- educating boys and men about the practical advantages of an adult wife (e.g. better helpmeet, fewer risks during childbirth), and the disadvantages of marrying a child (e.g. higher likelihood of sexual incompatability and divorce);
- encouraging more equitable household decision-making and workloads and rejecting violent masculinities.



Because the gender norms that limit girls' and women's lives also limit communities' and leaders' capacity to recognise and address these norms, it is vital that child- and gender-focused NGOs work with adolescents and adults to shift beliefs and practices, and to develop local capacity to promote more equitable gender norms.

Interventions should be scaled for impact, so that tipping points are timely, and should include:

- supporting girls to access and succeed in education;
- engaging with adolescents on FGM and child marriage to shift current practices or encourage intergenerational change (depending on context);
- supporting women to learn about their (and their daughters') rights and how to access them;
- providing parent education courses for mothers and fathers that directly address gender norms and how these harm girls and women;
- strengthening school-based girls' and gender clubs;
- developing a cadre of role models – both educated girls and women, and progressive boys and men – who can work as champions of change in the community and through social media;
- working alongside local leaders and service providers to raise awareness about the harmful effects of discriminatory gender norms and the benefits of educated and economically empowered girls and women.

Because girls are far more likely to be excluded from education than boys, and because girls' education is central to empowering girls and ending FGM and child marriage, the education sector must redouble efforts to ensure that all girls have access to education, at least through to the end of middle school, and ideally through to completion of secondary school. This should include:

- making sure that all communities (including nomadic pastoralists) have schools that offer quality education through to at least 6th grade. Coursework should teach the English language, to make transition to secondary school more successful, and opportunities should be expanded for the older girls and women previously denied an education to achieve literacy and numeracy;
- door-to-door outreach to enrol those children who are out of school, or who are regularly absent, combined with fines for parents of truant children, as appropriate;
- expanded curricular and extra-curricular (e.g. through girls' and gender clubs) education on gender norms, including direct attention to the stigma that surrounds

menstruation and toileting, FGM, child marriage, and sexual and gender-based violence;

- hiring more female teachers so that girls have access to positive role models;
- ensuring greater provisioning of school supplies for students from poorer households;
- prioritising stepped-up investments, across all grade levels, in school feeding programmes, WASH (water, sanitation and hygiene) and period products, participatory girls'/gender clubs, textbooks and libraries, and tutorial support;
- constructing more middle and secondary schools in rural areas and investing in safe and affordable boarding options for students (especially girls) in the interim;
- ensuring more supervision by *woreda*-level education offices, using incentives for teachers as necessary to reduce turnover and absenteeism.

Because global evidence suggests that the best way to prevent child marriage is to keep girls in school for as long as possible, social protection should be used to incentivise families to educate girls and delay marriage.

This should include:

- starting/resuming/continuing school feeding programmes, with supplementary take-home rations for girls;
- investing in cash and asset transfers to support girls' education, ideally conditional both on girls' attendance and continued unmarried status, and parents' and adolescents' participation in gender-focused programming; and, where practicable, leveraging the existing PSNP platform to facilitate targeting and implementation.

Because girls and women in pastoralist communities have extremely limited opportunities to earn their own incomes, the agriculture and labour sectors should scale up efforts to expand and diversify unmarried and married females' livelihood options. These should be paired with awareness raising, to ensure that girls' and women's improved access to finance does not further entrench FGM. This should include:

- community-based female-only literacy and numeracy courses, to offset girls' and women's much more limited access to formal education;
- the development of skills and training courses (designed to take account of climate change and invasive species) for older girls and women, including animal husbandry, crop farming, trading and other

culturally acceptable occupational skills, alongside life skills and financial/business skills;

- more opportunities for older girls and women to access formal savings and credit institutions;
- showcasing women who are successful agricultural entrepreneurs (e.g. in dairy, beekeeping, or poultry) through radio programs and local fairs to inspire young girls and challenge traditional gender roles.

Because girls and women who have undergone FGM often face a lifetime of pain and infection, because of the growing trend of medicalisation of FGM, and because it is possible to decouple child marriage and adolescent pregnancy, the Bureaus of Health at the regional and district levels must redouble efforts to ensure that health care workers are part of the solution. This should include:

- training health extension workers and other health care providers about the physical, psychological, and sexual risks of FGM;
- educating community members, including during antenatal and child vaccine visits and contextualising for local beliefs and practices, about the different types of FGM (including what practices do and do not fall under the rubric of *sunna*) and the lifecourse consequences of FGM;
- enlisting health extension workers to monitor shifting practices and regularly communicating these to both the Bureaus of Health and BoWSA officials in order to better tailor messaging and programming;
- ensuring that girls and women who have been cut have access to appropriate health care at different stages of their life;
- training health professionals to make sure they know about the Family Law's ban on FGM, and enforcing penalties for any health professional found to practice it (including after childbirth), in line with the 2017 Ministry of Health guidance. This should include clear guidance from regional Bureaus of Health down to *woreda* and *kebele* levels about the prohibition on health professionals carrying out the practice, and related sanctions should there be evidence of such involvement;
- supporting health extension workers to advocate – even in areas where demand is low – for married girls to use contraception until their bodies are mature;
- engaging with the East Africa platform that the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) have established,

and of which the Ministry of Women and Social Affairs is a part, to cooperate across borders in order to tackle the practice of FGM, including sharing evidence at the annual meetings that have been established to inform strategic actions.

Because Afar and Somali are not yet evidencing the progress shown by other regions of Ethiopia in reducing FGM and child marriage, regional government leaders should invest in promoting the social change that will improve girls' and women's lives, as well as broader development outcomes. This should include:

- ratify the national level Family Law that prohibits FGM and child marriage;
- efforts to identify champions (particularly among clan and religious leaders, traditional cutters, and women whose own lives or whose daughters' lives were adversely impacted by FGM or child marriage) willing to encourage change;
- allocating sufficient human and financial resources to tackle the gender norms and practices that prevent girls and women from accessing their rights;
- monitoring sector-level actors to ensure that they are fulfilling their mandates vis-à-vis FGM and child marriage;
- investing in evidence-based monitoring and evaluation of programming designed to tackle FGM and child marriage, focusing on the remote communities where prevalence is highest.

Because FGM is perceived to be a religious mandate by many people, and child marriage is seen as religiously acceptable – and even preferable due to gender and cultural norms – it is vital that government and non-government actors work closely with religious leaders to promote harm reduction in the short term and, eventually, the abandonment of these harmful practices. This should include:

- raising religious leaders' awareness of the fact that it is illegal for them to advocate for FGM and child marriage, and that they can be prosecuted for child marriage/approving the *nikah* [Sharia marriage certificate] of girls under the age of 18;
- providing education about the risks of FGM (especially infibulation) and of child marriage, and the advantages of delaying marriage until adulthood;
- educating communities about what FGM practices do and do not fall under the rubric of *sunna*;

- encouraging religious leaders to seek females' active consent to marriage, rather than taking their silence as consent;
- addressing misconceptions that FGM and child marriage are required/permitted by Islam (including by arranging tours to Muslim-majority countries where FGM is not prevalent), and developing persuasive religious-based arguments in favour of ending the practices (including addressing beliefs that girls must be cut in order to enter mosques and/or pray);
- building support for girls' education, for the sake of girls themselves and for future generations;
- addressing broader gender norms, including recognising the value that girls and women add to families and communities, and the importance of teaching boys and men to eschew violence and treat female family members with kindness and respect.

Because clan and culture are central to Afar and Somali identities – and to the perpetuation of FGM and child marriage – government and non-government actors need to work closely with clan leaders to shift the beliefs and practices that continue to disadvantage girls and women. This should include:

- promoting girls' education;
- raising awareness about the risks of FGM, especially infibulation, in an integrated manner, including through radio, social media, TV, community conversations, in school-based gender clubs, and through door-to-door visits by health extension workers;
- raising awareness of the risks of child marriage and the advantages of delaying marriage until adulthood;
- making sure that communities – especially traditional cutters and mothers – know that all forms of FGM are illegal and subject to fines and imprisonment.

Because the National Alliance to End FGM and Child Marriage is uniquely positioned to continue and accelerate efforts towards eradication, it is vital that Alliance members collectively continue to open new change pathways and identify new champions to support eradication efforts at all levels. The Alliance should:

- work with regional officials, to advocate for harmonising national and regional laws; with sub-regional officials, to raise awareness and improve enforcement; with local officials, to strengthen commitment to eliminating the practices and to oversight at the *kebele* level to support that; and with religious and clan leaders, to develop tailored and actionable plans;
- work with line ministries (especially health, education and justice) to mainstream child marriage and FGM prevention in government sectoral plans, including stepping up efforts to keep girls in school, supporting the expansion of girls' clubs and gender clubs, and tackling the medicalisation of FGM;
- support capacity-building for journalists and media producers to report on girls' and women's empowerment in order to inform and inspire adolescent girls and their caregivers about their potential to eschew discriminatory gender norms and to lead empowered and independent lives;
- continue to invest in evidence generation and evidence-informed advocacy and lesson learning.

Because eliminating FGM and child marriage will be resource-intensive and require consistent long-term interventions, development partners must scale up investment in programming. This should include:

- investing in education for all children, including those in remote pastoralist communities, not only by building schools, but by supporting the teacher training and school feeding that results sustainable impacts;
- scaling up social protection for the most vulnerable households, leveraging this where possible to improve girls' education (and reduce child marriage);
- strengthening sub-national capacity to improve local services;
- investing in programming to shift restrictive gender norms;
- improving and fine-tuning programmes to maximise context specificity;
- investing in robust longitudinal monitoring, evaluation and research to track progress, inform how best to deploy scarce resources given context specificity, and how to promote effective programming at scale.

References

- Abathun, A.D., Sundby, J. and Gele, A.A. (2016) 'Attitude toward female genital mutilation among Somali and Harari people, Eastern Ethiopia' *International Journal of Women's Health* 8: 557–569 (<https://doi.org/10.2147/IJWH.S112226>)
- Abathun, A.D., Sundby, J. and Gele, A.A. (2018) 'Pupil's perspectives on female genital cutting abandonment in Harari and Somali regions of Ethiopia' *BMC Women's Health* 18: 167 (<https://doi.org/10.1186/s12905-018-0653-6>)
- Abdisa, B., Desalegn, M. and Tesew, A. (2017) 'Assessment of the prevalence of FGM and associated factors among women's of reproductive age group in Kebirbeyah town, Somali region eastern Ethiopia, 2017' *Health Science Journal* 11(4): 517
- Abebe, A. (2014) 'Pastoralists' response to sedentarization and its effect on resource use pattern and poverty alleviation (the case of Awra and Uwwa *woredas*, Afar regional state, Ethiopia)' SSRN (<https://dx.doi.org/10.2139/ssrn.2618751>)
- Abebe, S., Dessalegn, M., Hailu, Y. and Makonnen, M. (2020) 'Prevalence and barriers to ending female genital cutting: the case of Afar and Amhara regions of Ethiopia' *International Journal of Environmental Research and Public Health* 17(21): 7960 (<https://doi.org/10.3390/ijerph17217960>)
- Adinew, Y. and Mekete, B. (2017) 'I knew how it feels but couldn't save my daughter; testimony of an Ethiopian mother on female genital mutilation/cutting' *Reproductive Health* 14: 162 (<https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-017-0434-y>)
- Alemu, Y. and Solomon, S. (2019) 'Implementation of alternative basic education program in SITI pastoral zone of Somali regional State, Ethiopia' *International Journal of Multidisciplinary Research and Development* 6(3): 236–242 (<http://www.allsubjectjournal.com/archives/2019/vol6/issue3/5-11-55>)
- Andarge, M.Y. (2014) 'The difficulties of ending female genital mutilation (FGM): case of Afar pastoralist communities in Ethiopia'. MA thesis, Institute of Social Studies, The Hague (www.ohchr.org/Documents/Issues/Women/WRGS/FGM/NGOs/ActionForIntegratedSustainableDevelopmentAssociation.pdf)
- Asmani, I. and Abdi, M. (2008) *De-linking female genital mutilation/cutting from Islam*. New York: United Nations Population Fund (UNFPA) (www.unfpa.org/publications/delinking-female-genital-mutilationcutting-islam)
- Balehey, S., Tesfay, G. and Balehegn, M. (2018) 'Traditional gender inequalities limit pastoral women's opportunities for adaptation to climate change: evidence from the Afar pastoralists of Ethiopia' *Pastoralism* 8: 23 (<https://doi.org/10.1186/s13570-018-0129-1>)
- Central Statistical Agency of Ethiopia (CSA) and ICF (2017) *Ethiopia Demographic and Health Survey 2016*. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF (<https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf>)
- Dessalegn, M., Ayele, M., Hailu, Y., Addisu, G., Abebe, S., Solomon, H. and Stulz, V. (2020) 'Gender inequality and the sexual and reproductive health status of young and older women in the Afar region of Ethiopia' *International Journal of Environmental Research and Public Health* 17(12): 4592 (<https://doi.org/10.3390/ijerph17124592>)
- Elezaj, E., Ramful, N., Cebotari, V. and De Neubourg, C. (2019) *Gender equality, women's empowerment and child wellbeing in Ethiopia*. UNICEF Ethiopia and Ministry of Women, Children and Youth (www.unicef.org/ethiopia/media/2811/file/Gender%20Equality,%20Women's%20empowerment%20and%20child%20wellbeing%20in%20Ethiopia.pdf)
- Endale, K., Jones, N., Presler-Marshall, E., Woldehanna, T., Yadete, W., Abdisalam, A., Alemu, A., Gebeyehu, Y., Gezahegne, K., Murha, R., Neumeister, E., Tesfaye, A., Tilahun, K. and Workneh, F. (2022) *Exploring the patterning and drivers of FGM/C and child marriage in pastoralist Ethiopia. Baseline report from Afar and Somali regions*. London: Gender and Adolescence: Global Evidence
- Endale, K., Yadete, W., Woldehanna, T., Presler-Marshall, E., Jones, N., Gebeyehu, Y., Abdisalam, A. and Tesfaye, A. (2024a) *Adolescent girls' and women's economic and social empowerment in pastoralist Ethiopia: midline survey. Caregiver module. Round 2 (2023/2024)*. London: Gender and Adolescence: Global Evidence
- Endale, K., Yadete, W., Woldehanna, T., Presler-Marshall, E., Jones, N., Gebeyehu, Y., Abdisalam, A. and Tesfaye, A. (2024b) *Adolescent girls' and women's economic and social empowerment in pastoralist Ethiopia: midline survey. Core respondent module. Round 2 (2023/2024)*. London: Gender and Adolescence: Global Evidence
- Ethiopia Peace Observatory (n.d.) *Afar-Somali border conflict* (<https://epo.acladata.com/afar-somali-border-conflict/>)
- Flintan, F. (2008) *Women's empowerment in pastoral societies*. World Initiative for Sustainable Pastoralism, Global Environment Facility, United Nations Development Programme and International Union for Conservation of Nature (www.iucn.org/sites/default/files/import/downloads/gender_format.pdf)
- GAGE consortium (2019) *Gender and adolescence: why understanding adolescent capabilities, change strategies and contexts matters*. Second edition. London: Gender and Adolescence: Global Evidence (www.gageodi.org/wp-content/uploads/2020/01/Conceptual-Framework-2nd-Edition_WEB.pdf)
- Gebremariam, K., Assefa, D. and Weldegebreal, F. (2016) 'Prevalence and associated factors of female genital cutting among

- young adult females in Jigjiga district, eastern Ethiopia: a cross-sectional mixed study' *International Journal of Women's Health* 8: 357–365 (<https://doi.org/10.2147/IJWH.S111091>)
- Getanehe, T.M. (2017) 'Knowledge, attitude and practice of female genital mutilation among the community of Gursum woreda, Somali regional state of eastern Ethiopia'. MA thesis, Addis Ababa University
- Goshu, D., Ketema, M., Bessie, S., Tazeze, A. and Teshale, D. (2021) Socioeconomic development in Afar region: achievements, gaps, and priorities. Addis Ababa: Ethiopian Economics Association (<https://eea-et.org/wp-content/uploads/2021/09/Afar-Research-Report-setup.pdf>)
- Gurmu, B.W. (2018) 'The role of women in livelihood security at household level among pastoral and agro-pastoral societies of Ethiopian Somali region: the case of two selected districts from Fafen zone of Ethiopian Somali region' *International Journal of Sociology and Anthropology* 10(4): 27–42 (<https://academicjournals.org/journal/IJSA/article-full-text-pdf/4A0B5C357410>)
- Haji, J. and Legesse, B. (2017) 'Impact of sedentarization program on the livelihood and food security of Ethiopian pastoralists' *Journal of Arid Environments* 136: 45–53 (<https://doi.org/10.1016/j.jaridenv.2016.10.007>)
- Inkermann, H. (2015) Diversification of livelihood strategies and the transformation of pastoralist life among Afar women in Baadu Ethiopia. Occasional Papers of the Centre for Development Geography, No. 04, Bonn (<https://bonndoc.ulb.uni-bonn.de/xmlui/handle/20.500.11811/8580>)
- Jackson, E. (2011) The role of education in livelihoods in the Somali region of Ethiopia. Boston, MA: Feinstein International Center, Tufts University (<https://resourcecentre.savethechildren.net/pdf/5812.pdf>)
- Jones, N., Tefera, B., Emirie, G., Gebre, B., Berhanu, K., Presler-Marshall, E., Walker, D., Gupta, T. and Plank, G. (2016) One size does not fit all: the patterning and drivers of child marriage in Ethiopia's hotspot districts. London: Overseas Development Institute and UNICEF Ethiopia (www.unicef.org/ethiopia/media/1536/file/One%20size%20does%20not%20fit%20all.pdf)
- Kabeer, N. (2003) Making rights work for the poor: Nijera Kori and the construction of 'collective capabilities' in rural Bangladesh. Working Paper 200. Brighton: Institute of Development Studies (www.ids.ac.uk/publications/making-rights-work-for-the-poor-nijera-kori-and-the-construction-of-collective-capabilities-in-rural-bangladesh-2)
- Lelieveld, M. (2011) Child protection in the Somali region of Ethiopia. BRIDGES Project, Save the Children UK (<https://resourcecentre.savethechildren.net/sites/default/files/documents/5115.pdf>)
- Mahamoud, A.A. and Ahmed, M.E. (2019) 'The social consequences of pastoralist sedenterisation schemes in Somali regional state, Ethiopia' *Interdisciplinary Description of Complex Systems* 17(4): 738–752
- Management Entity (2021) Ethiopia's livestock systems: overview and areas of inquiry. Gainesville, FL, USA: Feed the Future Innovation Lab for Livestock Systems (https://livestocklab.ifas.ufl.edu/media/livestocklabifasufledu/pdf/-LSIL_Livestock_Systems_Overview_Ethiopia_2021_08.pdf)
- Ministry of Education 2023 <https://moe.gov.et/storage/Books/ESAA%202022-23%20Final.pdf>
- McGavock, T. (2021) 'Here waits the bride? The effect of Ethiopia's child marriage law' *Journal of Development Economics* 149 (https://econpapers.repec.org/article/eedeveco/v_3a149_3ay_3a2021_3ai_3ac_3as0304387820301553.htm)
- Ministry of Education (2023) Education statistics annual abstract 2022/2023 (2015.E.C). Addis Ababa: Federal Ministry of Education (<https://moe.gov.et/storage/Books/ESAA%202022-23%20Final.pdf>)
- Mohamud, M., Kaba, M. and Tamire, M. (2016) 'Assessment of barriers of behavioral change to stop FGM practice among women of Kebri Beyah district, Somali regional state, eastern Ethiopia' *Global Journal of Medical Research* 16(6): 39–61 (<https://medicalresearchjournal.org/index.php/GJMR/article/view/1248>)
- Muhumed, M. (2017) 'Factors that affect the effectiveness of alternative basic education performance in Awbare district of Ethiopian Somali regional state: the case of Lafaisa Cluster Resource Center'. MA thesis, Jigjiga University
- National Planning Commission (2017) Ethiopia's progress towards eradicating poverty: an interim report on 2015/16 poverty analysis study. Addis Ababa, Ethiopia
- Nussbaum, M. (2011) Creating capabilities: the human development approach. Cambridge, MA: The Belknap Press of Harvard University Press
- Østebø, T. (2023) 'Religious minorities in Ethiopia' in E. Baffelli, A. van der Haven and M. Stausberg (eds) *Religious minorities online*. Berlin, Boston: De Gruyter (<https://doi.org/10.1515/rmo.20651707>)
- Oxfam (2016) Consolidated gender analysis for the Ethiopian drought response. CARE, Consortium of Christian Relief and Development Associations (CCRDA), ChildFund, Concern Worldwide, GOAL Ethiopia, Oxfam, Rift Valley Children and Women Development Organisation (RCWDO), Sustainable Environment and Development Action (SEDA) (<https://policy-practice.oxfam.org/resources/consolidated-gender-analysis-for-the-ethiopian-drought-response-620088>)
- Presler-Marshall, E., Jones, N., Oakley, E., Dutton, R., Baird, S., Yadete, W. and Gebeyehu, Y. (2022a) Exploring the diversity of FGM/C practices in Ethiopia: drivers, experiences and opportunities for social norm change. London: Gender and Adolescence: Global Evidence

- Presler-Marshall, E., Endale, K., Yadete, W., Jones, N., Gebreyehu, Y., Murha, R., Workneh, F., Woldehanna, T. and Tilahun, K. (2024a) 'The impacts of the northern Ethiopia conflict on adolescents in Afar'. Policy brief. London: Gender and Adolescence: Global Evidence (www.gage.odi.org/publication/the-impacts-of-the-northern-ethiopia-conflict-on-adolescents-in-afar)
- Presler-Marshall, E., Endale, K., Jones, N., Woldehanna, T., Yadete, W., Murha, R. and Gebreyehu, Y. (2024b) 'Female genital mutilation in Ethiopia's Afar region: Patterning, drivers, and decision-making' *Journal of Adolescent Health* 75(3): 496-501 ([https://www.jahonline.org/article/S1054-139X\(24\)00248-9/pdf](https://www.jahonline.org/article/S1054-139X(24)00248-9/pdf))
- Presler-Marshall, E., Jones, N., Endale, K., Woldehanna, T., Yadete, W. and Abdiselam, A. (2024c) "People will talk about her if she is not circumcised": exploring the patterning, drivers and gender norms around female genital mutilation in Ethiopia's Somali region' *Social Science & Medicine*: 116664
- Presler-Marshall, E., Jones, N., Yadete, W., Abdisalem, A., Gebreyehu, Y., Murha, R., Tilahun, K. and Workneh, F. (2024d) Adolescent girls' and women's economic and social empowerment in pastoralist Ethiopia: midline qualitative research instruments. London: Gender and Adolescence: Global Evidence (<https://www.gage.odi.org/publication/adolescent-girls-and-womens-economic-and-social-empowerment-in-pastoralist-ethiopia-midline-qualitative-research-instruments/>)
- Ridgewell, A. and Flintan, F. (2007) *Gender & pastoralism vol 2: livelihoods & income development in Ethiopia*. Addis Ababa: SOS Sahel Ethiopia (<https://sahel.org.uk/wp-content/uploads/Gender-Pastoralism-Vol-2-ebook.pdf>)
- Sen, A.K. (1984) *Commodities and capabilities*. Oxford, UK: Oxford University Press
- Sen, A.K. (2004) 'Capabilities, lists, and public reason: continuing the conversation' *Feminist Economics* 10(3): 77-80
- Tadesse, B., Beyene, F., Kassa, W. and Wentzell, R. (2015) 'The dynamics of (agro) pastoral conflicts in eastern Ethiopia' *Ethiopian Journal of the Social Sciences and Humanities* 11(1)
- Teka, A.M., Woldu, G.T. and Fre, Z. (2019) 'Status and determinants of poverty and income inequality in pastoral and agro-pastoral communities: household-based evidence from Afar regional state, Ethiopia' *World Development Perspectives* 15: 100123 (<https://doi.org/10.1016/j.wdp.2019.100123>)
- UNICEF (n.d.a) Situation analysis of children and women: Afar region (www.unicef.org/ethiopia/media/2521/file/Afar%20region%20.pdf)
- UNICEF (n.d.b) Situation analysis of children and women: Somali region (www.unicef.org/ethiopia/media/2401/file/Somali%20region%20.pdf)
- UNOCHA – United Nations Office for the Coordination of Humanitarian Affairs (2022) 'Humanitarian bulletin Ethiopia' (www.unocha.org/publications/report/ethiopia/ethiopia-humanitarian-bulletin-17-january-2022)
- USAID – United States Agency for International Development (2021) *Women's empowerment: gender, governance, and land in Afar, Ethiopia*. Washington DC: USAID (https://pdf.usaid.gov/pdf_docs/PA00T6CD.pdf)
- Wodajo, Y.W. (2014) 'Education For All: reaching pastoralist communities in Somali region of Ethiopia: challenges and opportunities'. MA thesis, Haramaya University
- Woldesenbet, P. (2015) 'Provision of and participation in primary education in the pastoralist regions of Afar and Somali of Ethiopia'. Thesis, University of Tampere
- World Bank (2020) *Ethiopia regional poverty report: promoting equitable growth for all regions*. Washington DC: World Bank (<https://openknowledge.worldbank.org/handle/10986/34805>)
- World Health Organization (WHO) (2024) *Female genital mutilation fact sheet*, 5 February (www.who.int/news-room/fact-sheets/detail/female-genital-mutilation)



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Front cover: A woman who got married at 16 with four children, and sells coffee in Afar, Ethiopia © Nathalie Bertrams/GAGE 2024

