



Ambasáid na hÉireann  
Embassy of Ireland



# Agents of change, gatekeepers and messaging

Progress and stasis in efforts to  
eliminate harmful practices in  
Ethiopia's Afar and Somali regions

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December 2025

## Acknowledgements

The authors wish to sincerely thank all adolescent girls and boys and their families for sharing their experiences. They are also grateful to the assistant researchers, especially Aden Ali Ahmed, Aysa Hamad, Fatuma Nur Abdulkadir, Hassen Abshir, Ihsan Hamad, Mohammed Abdu, Mohammed Yasin, Seada Mohammed and Zemzem Abdurahman, and the research transcribers. We would also like to thank Jojoh Faal for layout, Kathryn O'Neill for editorial support and Christine Khuri for publication coordination.

Finally, the authors express appreciation to Irish Aid for funding the project.

## Suggested citation:

Jones, N., Yadete, W., Vintes, J., Gebreyehu, Y., Abdisalam, A., Nautiyal, G., ... and Workneh, F. (2025) *Agents of change, gatekeepers and messaging: progress and stasis in efforts to eliminate harmful practices in Ethiopia's Afar and Somali regions*. Report. London: Gender and Adolescence: Global Evidence

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# Introduction

There is increasing international recognition that both child marriage and female genital mutilation (FGM) not only constitute key human rights violations but also come at significant costs to economic and social development. The World Bank and the International Center for Research on Women (ICRW) (2017) estimated that the welfare benefits accruing from lower population growth when ending child marriage would be as high as US\$566 billion by 2030, with additional benefits in terms of spillover effects on under-five mortality, malnutrition and education. In the case of FGM, the World Health Organization (WHO) has estimated that treatment of related health complications costs health systems an estimated US\$1.4 billion annually (WHO, 2025).

Sustainable Development Goal (SDG) target 5.3 aims to eradicate both of these harmful practices by 2030 but recent progress reports indicate that the target is significantly off-track (UN Women and UN Department of Economic and Social Affairs (DESA), 2025). Although child marriage prevalence has fallen globally over the past decade by three percentage points (from 22% to 19%), 650 million women and girls were married as children, and rates of change are too slow to meet SDG target 5.3 by 2030 (United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), 2025). Despite some progress, the prevalence of child marriage in sub-Saharan Africa is now the highest globally (31%, down from 38% in 2015). Moreover, the region's share of child brides – currently at 127 million – is expected to grow due to a combination of slow progress and rapid population growth, especially among the poorest population quintiles (ibid.; UNICEF, 2023b). Within Africa, Ethiopia has been one of the countries that has contributed to progress in tackling child marriage, but 40% of Ethiopian young women aged 20–24 years married before age 18, representing 19.9 million girls and women across the country, with significantly higher rates in the regions of Afar (67%) and Somali (50%) (Central Statistical Agency (CSA) Ethiopia and ICF, 2017).

Progress in eradicating FGM has been highly uneven. More than 230 million girls and women alive today have undergone FGM in 30 countries in Africa, Asia and the Middle East, representing an increase of 15% since the launch of the SDGs, on account of rapid population growth

in countries where FGM is practised (UNICEF, 2024a). Recent trend analysis highlights that some countries, including Ethiopia (where the rate is down from 79% to 47%), have seen strong progress over the past 30 years. Yet the rate of decline would still need to be 27 times faster overall globally and five times faster in the case of countries like Ethiopia to meet the target of eliminating FGM by 2030 (ibid.). The same report also highlighted intra-country diversity in rates of progress and stagnation as a major concern, noting that in the case of Kenya (for example), while the country overall has seen remarkable change, the practice among its Somali community remains nearly universal. The Ethiopia Demographic and Health Survey (EDHS) in 2016 found similar patterns in Ethiopia, with 98.5% of Somalis and 98% of Afar girls and women aged 15–49 years having undergone the practice. Equally concerning, UNFPA and UNICEF (2024a) underscored that conflict and institutional and social fragility represent a significant challenge to progress, identifying Ethiopia, alongside Nigeria and Sudan, as the countries accounting for the largest numbers of girls and women that have undergone FGM in conflict-affected settings.

The Gender and Adolescence: Global Evidence (GAGE) longitudinal survey in Afar and Somali regions, which is following 2,000 households and represents the largest sample of adolescent girls and their caregivers from these geographies, found limited evidence of progress in terms of norms and attitudes that underpin child marriage and FGM, based on data collection in 2023 (Endale et al., 2025). Accordingly, follow-up qualitative research in 2025 sought to understand the key actors involved in promoting or hindering change, and the messages that gain most traction among adolescents, their families and communities. This brief begins by reviewing the evidence base on actors who serve as agents of change or who act as gatekeepers in preserving the status quo vis-à-vis harmful practices. It then provides an overview of the research methods used, and presents the key findings. It concludes with a discussion of the implications of those findings for policy and programming so as to inform efforts to accelerate progress in the last half decade of the Sustainable Development Agenda.

## Background: actors and messaging in efforts to end FGM and child marriage

Sub-Saharan Africa has the highest prevalence of child marriage (31%) and (FGM) globally (UNICEF, 2024a). In 10 countries of the region, the pooled prevalence of FGM was just over 50% (Luoga et al., 2025). Despite progress and efforts to combat these harmful practices, stagnation is expected due to slow progress and population growth (UNICEF, 2024a). Both FGM and child marriage are shaped by the interaction of multiple actors – religious leaders, non-governmental organisations (NGOs), community members, teachers, and health workers – all of whom could help get elimination efforts back on track given their role as gatekeepers or champions for gender norms and awareness around these harmful practices (Congdon Fors et al., 2022; UNICEF, 2024b).

### Child marriage

Girls who marry before their 18th birthday have increased risk of early childbearing (and associated health risks), lower educational attainment, greater risk of poverty, and greater likelihood of being underweight (Efevbera et al., 2019). Evidence shows that secondary schools, scholarships, life skills, cash transfers, community dialogues, and targeting community leaders can all be effective in reducing child marriage in sub-Saharan Africa (Feyissa et al., 2023; UNICEF, 2024a; Leite et al., 2025). Still, Feyissa et al. (2023) show that only a limited set of interventions were consistently effective across different settings. Programmes with fewer domains appear to be more successful, such as education subsidies, cash transfers for out-of-school girls, youth-friendly services, and community dialogues, rather than large multi-component packages, which often showed little added effect. A systematic review (including countries outside Africa) shows that despite having an effect on child marriage outcomes, programmes typically have very little impact on underlying social norms related to child marriage (Greene et al., 2024). Programmes were often not effective because they lacked clarity about which norms to target, focused mainly on adolescent girls rather than the wider reference groups that enforce norms, and measured changes in individual attitudes rather than actual social norms. In many cases, programmes did not measure the

shift of the broader normative environment that shapes child marriage behaviour (ibid.).

Studies on child marriage interventions in Africa have mainly focused on strengthening adolescent sexual and reproductive health awareness and services, adolescent empowerment, and legal reform. NGOs and state actors alike have played an important role in these types of interventions, pushing for norm changes through awareness-raising and legislation (Greene et al., 2023) (see Table 1). Still, without norm changes at the individual as well as the community level, legal bans and sanctions show limited effectiveness to date (Congdon Fors et al., 2022; Matanda et al., 2023; Pourtaheri et al., 2024). Studies highlight the importance of including health workers and religious and community leaders in raising awareness on the harmful effects of child marriage (Feyissa et al., 2023). Most convincingly, though, evidence shows how the drivers for child marriage can be neutralised through educational support (Feyissa et al., 2023; UNICEF, 2024a).

Legal messaging underscores that legislation alone is not enough; without meaningful enforcement, reforms have limited impact, and existing evidence for legal effects remains weak (Congdon Fors et al., 2022; Matanda et al., 2023; Pourtaheri et al., 2024). Health-focused messaging can help draw attention to the negative consequences for girls' well-being, while religious and cultural messaging can challenge restrictive gender expectations and supports girls' rights (Feyissa et al., 2023). Community-level messaging has limited evidence of impact, whereas individual-level approaches can expand girls' opportunities through education and work, especially cash transfers, life-skills programmes, and scholarships show some of the strongest evidence for reducing the practice (Feyissa et al., 2023).

### Female genital mutilation

Evidence from 155 studies on FGM in Africa shows that it is the norm among many communities, with the pooled prevalence of FGM at 56.4% (Ayenew et al., 2024). Some groups of females are more likely to have been cut – including those with no formal education, those who live in rural areas, those who are unemployed, and those from poor households (Luoga et al., 2025). The practice

Table 1: Actors involved in FGM and child marriage

Actor + lever of influence in norm change	Role in FGM norms (promoting change ↑ / stasis ↓)	Role in child marriage (CM) norms (promoting change ↑ / stasis ↓)	Intervention successes?	Sources
Religious leaders: critical role	<ul style="list-style-type: none"> <li>↑ Can provide re-interpretations based on religious justification</li> <li>↓ Can legitimise the practice as a religious/traditional requirement</li> </ul>	<ul style="list-style-type: none"> <li>↑ Can counter the perception that CM is religiously mandated</li> <li>↓ Can perpetuate the norm where religious/customary law is followed over civil law</li> </ul>	UNICEF intervention: Showed significant improvement in awareness among religious leaders of dangers of FGM and OM	(le Roux and Palm, 2018; UNICEF, 2024b; Walker, 2015)
NGOs: critical role but generally not at scale	<ul style="list-style-type: none"> <li>↑ Designing and implementing community and individual empowerment programmes</li> <li>↓ NGO efforts can be deemed 'foreign' or state-linked when they are not rooted in local communities and culture</li> </ul>	<ul style="list-style-type: none"> <li>↑ Designing and implementing empowerment, awareness and community mobilisation</li> <li>↓ NGO efforts can be deemed 'foreign' or state-linked when they are not rooted in local communities and culture</li> </ul>	Have provided the structure, tools and resources for community- and individual-targeted interventions. Still, not always effective in providing norm change due to lack of clarity in targeting and focus on individuals	(Dellenborg and Malmström, 2025; Greene et al., 2024)
Community leaders: critical role	<ul style="list-style-type: none"> <li>↑ Norm changes are driven by community expectations</li> <li>↓ Fear of social exclusion, losing marriage chances, and maintaining family honour maintains the practice. Mainly impacts mothers and grandmothers</li> </ul>	<ul style="list-style-type: none"> <li>↑ Norm changes are driven by community expectations</li> <li>↓ Community enforces gender expectations and fear of losing marriage opportunity or family honour. Impacts girls and parents</li> </ul>	Limited evidence on effects on FGM. Community dialogues, combined with other interventions, were the most effective type of norms intervention in OM	(Feyissa et al., 2023; Greene et al., 2024; Leite et al., 2025; Congdon Fors et al., 2022)
Schools: medium role in FGM critical role in CM	<ul style="list-style-type: none"> <li>↑ Formal education for girls can provide awareness on the risks of FGM</li> <li>↓ Education can also provide 'incorrect' information on FGM</li> </ul>	<ul style="list-style-type: none"> <li>↑ Secondary education is one of the strongest protective factors against early marriage and pregnancy</li> </ul>	Interventions in education have proven to be among the most effective methods in combating OM Evidence on FGM is limited	(Feyissa et al., 2023; UNICEF and UNFPA, 2024a)
Radio / media: low/medium role	<ul style="list-style-type: none"> <li>↑ Effective in increasing awareness and promoting new social norms over a wide geographic area, especially in communities with lower literacy rates</li> <li>↓ Not available everywhere</li> </ul>	<ul style="list-style-type: none"> <li>↑ Effective in increasing awareness and promoting new social norms over a wide geographic area, especially in communities with lower literacy rates</li> <li>↓ Not available everywhere</li> </ul>	Evidence on impact of radio programme on OM norms Also evidence on FGM	(Green et al., 2023; Wildeman, 2025; UNFPA, 2024)
Healthcare actors: medium role	<ul style="list-style-type: none"> <li>↑ Provide health education on severe consequences of harmful practices. Can detect early risks of FGM</li> <li>↓ Risk of medicalisation (being performed by health professionals), undermining elimination efforts</li> <li>↓ Health workers show limited knowledge of FGM harms</li> </ul>	<ul style="list-style-type: none"> <li>↑ Provide crucial sexual and reproductive health and rights (SRHR) services and address health consequences of early pregnancy. Can detect early risks of CM</li> </ul>	Evidence focuses mainly on FGM and not OM	(Adogho et al., 2021)

Table 2: Messaging aimed at promoting change in rates of FGM and child marriage

Messaging type	FGM traction (effectiveness)	CM traction (effectiveness)	Overall most traction	Sources
Legal bans	Effective at the system level but requires adequate enforcement, and, most importantly, simultaneous efforts to shift social norms so as not to push the practice underground	Laws are insufficient without proper enforcement; legislative reform is a cornerstone but not a silver bullet. Evidence for effect is limited	Medium – critical for policy but low traction if divorced from community change	(Matanda et al., 2021, 2023; Pourtaheri et al., 2024; Svanemyr et al., 2013; UN Women, 2018)
Health risks	Effective for knowledge and attitude change; discusses severe physical/psychological consequences and complications	Potentially effective in highlighting negative well-being outcomes like health, education, and marriage happiness	High – a clear consequence that resonates broadly across communities However, evidence for health risks of CM is lacking	(Adogho et al., 2021)
Religious/ cultural mandates/ identity	Very effective in countering the belief that FGM is a religious or cultural requirement	Effective to counter conservative gender expectations and affirm girls' rights Evidence on impact of community messaging is not strong	Medium to high – directly challenges a key driver of stasis from within the community's value system. However, evidence on CM shows that current community-focused programmes are rarely effective	(Feyissa et al., 2023; Greene et al., 2024; Leite et al., 2025; Congdon Fors et al., 2022; Matanda et al., 2023; UNICEF, 2024b)
Individual empowerment	Effective in empowering females, changing gender norms, and reconsidering ideas of rites of passage. However, these interventions take time to see effect Through formal education and awareness sessions	Effective in empowering women by opening options for education and work	Medium – potentially more effective for CM due to immediate results	(Alradie-Mohamed et al., 2020; Matanda et al., 2021, 2023)
Human rights	Important for policy and advocacy but often needs to be translated into culturally relevant terms at the community level	Critical for framing the practice as a violation, often tied to a girls' empowerment strategy (right to education, freedom from violence)	Medium – crucial for systemic change; traction increases when linked to concrete benefits like education	See evidence on economic empowerment (below)
Economic empowerment as prevention		Strong evidence for cash transfers, life skills, and scholarships	High – cash transfers and scholarships are effective against CM	(Feyissa et al., 2023; Greene et al., 2023; UNFPA-UNICEF 2024; UNICEF, 2023a, 2024a)



of FGM is frequently shaped by social interdependence, and functions as a social convention (Congdon Fors et al., 2022). Whereas countries such as Burkina Faso, Ethiopia and Kenya have made significant progress in reducing FGM, other countries such as Guinea, Mali and The Gambia have shown very little or no progress. Change through awareness was attributed to strategic use of technology and media, life skills training, economic empowerment for women and for traditional cutters, and community engagement, supported by partnerships with youth- and women-led groups. Trained participants also influenced others beyond the programme, creating a multiplier effect (UNFPA, 2024).

Although legal bans are having some impact, medicalisation of the practice in some settings reveals that some health systems continue to uphold traditional beliefs (Adogho et al., 2021; UNFPA, 2024; Zihan et al., 2025). In Guinea, for example, FGM remains deeply rooted in cultural traditions and is becoming increasingly medicalised, as healthcare providers both sustain and have the potential to help eliminate the practice (Luoga et al., 2025). Also, religious leaders have this double role, with some promoting it based on upholding traditional and religious beliefs, while others oppose it on religious grounds. An intervention in Ethiopia to raise awareness of the risks of FGM was successful in shifting beliefs on FGM and child marriage among Christian and Muslim leaders (UNICEF, 2024b).

In the fight against FGM, messaging about legal bans tends to work at the systems level but still depends on enforcement and broader social norm change to prevent the practice from going underground (Adogho et al.,

2021; UNFPA, 2024). Messaging about health risks can be successful in highlighting the serious physical and psychological harms, which often resonates well among community members (Adogho et al., 2021). Messaging related to religious and cultural justifications directly challenges the misconception that FGM is a religious or cultural requirement (UNICEF, 2024b), while individual-level messaging aims to empower girls and shift gender norms – usually through education and awareness sessions – though these efforts take time to show effect (Alradie-Mohamed et al., 2020). Although both child marriage and FGM are framed as social norms linked to gender inequality, there is a greater focus on the economic and educational opportunity deficits in child marriage eradication efforts, whereas in the case of FGM the focus has tended to be on health risks and the need to overcome traditional and religious norms that perpetuate the practice.

## Efforts to change child marriage and FGM norms and practices in Afar and Somali regions

In order to contextualise our findings, it is important to consider policy, legal and programming efforts aimed at tackling harmful practices in Afar and Somali regions over the past decade. Tables 3 and 4 provide an overview of these efforts and highlight that there has been growing attention since the advent of the SDGs and target 5.3's focus on eradicating child marriage and FGM by 2030, and especially since 2019, when Ethiopia launched the National Costed Roadmap to End Child Marriage and FGM/C.



An 18-year-old bride with her 35-year-old groom, Somali, Ethiopia © Nathalie Bertrams/GAGE 2025

Table 3: Timeline for policy and programming on FGM and child marriage in Ethiopia's Afar region

Timeline of changes	Year	Child marriage	FGM
UN agency interventions	2016-2030; Phase 3 2024-2030	The UNICEF Global Programme to End Child Marriage has strengthened its programming in northern Afar following the devastating conflict in northern Ethiopia. The programme responded to the sanctions by clan and religious leaders, and district officials, to reduce bride wealth as a way of increasing marriages to replace those who lost their lives during the war.	
National Alliance to End Child Marriage and FGM/C	2019- 2025	<ul style="list-style-type: none"> <li>Various implementation manuals (community conversation, boys and men's engagement and social norm change manual) were developed and used</li> <li>Members designed and implemented programmes following the major pillars included in the Roadmap</li> </ul>	
NGO programme interventions	2019-2023	Act With Her adolescent empowerment and gender norm change programme implemented by CARE Ethiopia and Pathfinder in Afar, Amhara and Oromia, accompanied by GAGE mixed-methods impact evaluation. Included raising awareness among adolescents, caregivers and communities about the importance of investing in girls' education and tackling child marriage	Awareness-raising about risks of FGM through structured curriculum delivered to adolescents, parents, and community-based dialogues. Also increased system strengthening (providing training to service providers at the district and local levels)
Sharia court pronouncements	2023		The Muslim Supreme Council in Ethiopia declared that type 1 FGM ('sunna') is acceptable and should be carried out by a health professional to reduce risks. The federal government and the Afar region Sharia court rejected it
Women's Parliamentary Caucus	2023-2025	Increased awareness among parliamentarians about the prevalence, drivers and risks of FGM. They are working with the Ministry of Women and Social Affairs to revise and develop the second-round Roadmap to End Child Marriage and FGM/C	Increased awareness among parliamentarians about the prevalence, drivers and risks of child marriage. They are working with the Ministry to revise and develop the second-round Roadmap. They are also working with the Ministry to revise the criminal law around FGM in Ethiopia
Ethiopian Human Rights Commission public hearing	May 2025		National public hearing held on the practice of FGM in Afar and how it constitutes a human rights violation
Legal changes	2025	The Afar region accepted 18 years as the minimum age for marriage, but the family laws are still to be approved by the regional council	The Afar region announced a new law criminalising FGM

Table 4: Timeline for policy and programming on FGM and child marriage in Ethiopia's Somali region

Timeline of changes		Year	Child marriage	FGM
Legal reform		No		
Ministry of Women and Social Affairs policies		2019	Launched National Costed Roadmap to End Child Marriage and FGM/C	
National Alliance to End Child Marriage and FGM/C		August 2019– 2025	<ul style="list-style-type: none"> <li>Implementation of the National Costed Roadmap and Costed Action Plan</li> <li>Various implementation manuals (community conversation, boys and men's engagement, and social norm change manual) were developed and used.</li> <li>Members designed and implemented programmes following the major pillars included in the Roadmap</li> </ul>	
NGO interventions Save the Children		2021–2025	Programme intervention to tackle FGM and child marriage through empowering girls and women economically and socially in pastoralist communities in Afar and Somali regions. The programme has contributed to improved knowledge about the negative consequences of child marriage, including its impact on girls' health, education and livelihoods	Programme intervention to tackle FGM and child marriage through empowering girls and women in pastoralist communities in Afar and Somali regions. The programme has contributed to improved knowledge about the health risks of FGM
Introduction of one-stop centres		2022	Provide comprehensive medical, legal and psychosocial services to survivors of gender-based violence (GBV), including child marriage, in a safe environment	
Sharia court pronouncements		2023		The Muslim Supreme Council in Ethiopia declared that type 1 FGM ('sunna') is acceptable and should be carried out by a health professional to reduce risks. The Somali Region Islamic Council accepted it as a positive move
Women's Parliamentary Caucus		2023–2025	Increased awareness among parliamentarians at national level about the prevalence, drivers and risks of child marriage. They are working with the Ministry to revise and develop the second-round Roadmap	Increased awareness among parliamentarians about the prevalence, drivers and risks FGM. They are working with the Ministry to revise and develop the second-round Roadmap. They are also working with the Ministry to revise the criminal law around FGM in Ethiopia
Ethiopian Human Rights Commission public hearing		November 2025		National public hearing process started in November 2025, which will be followed by systemic investigation through public hearing

## Methods

The research is part of an ongoing longitudinal evaluation of programming funded by the Irish Embassy of Ethiopia and delivered by Save the Children (SC) and its partner Population Media Centre (PMC) aimed at empowering girls and women, and reducing FGM and child marriage. This qualitative round of data collection involved a sample of 128 young people, divided into pair interviews. This included 8 pairs of males and females who had married as children, and 8 pairs married as adults, across two localities. The same number of pair interviews were carried out with unmarried young people. The aim of the pair interviews was to explore young people's decision-making around harmful practices and formal education, and the factors (including their wider social networks) that shaped whether or not they would conform with dominant gender norms. Caregiver perspectives were garnered via an additional 32 pair interviews with fathers and mothers to explore how and why decision-making logics are shifting across generations, and which messages and messengers could accelerate change in their localities. Finally, 24 key informant interviews were conducted at the *woreda* and *kebele* levels to understand how and why beliefs and practices are changing or stagnating, including in response

to conflict and climate change. Further details of the sample are provided in Tables 5 and 6.

Before research commenced, ethical clearance was received from the Research Ethics Committee of the Ethiopian Society of Sociologists, Social Workers and Anthropologists (ESSSWA), a Ministry of Science and Innovation-accredited body that carries 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. All interviews were conducted in local languages (Afar Af' and Somali) and then transcribed and translated, before being thematically coded using the software package MAXQDA, following a thematic codebook informed by detailed regional oral debriefings with the research team.

**Table 5: Qualitative research sample with young people and their caregivers**

Research site		Married adolescents/young adults		Unmarried adolescents/ young adults		Parents	
		Married girls and young women	Married boys and young men	Girls and young women	Boys and young men	Mothers	Fathers
Somali	Goljano	8 pairs – half married as children, half married as adults	8 pairs	8 pairs	8 pairs	8 pairs	8 pairs
	Harshen	8 pairs – half married as children, half married as adults	8 pairs	8 pairs	8 pairs	8 pairs	8 pairs
Afar	Aysaita	8 pairs – half married as children, half married as adults	8 pairs	8 pairs	8 pairs	8 pairs	8 pairs
	Semurobi	8 pairs – half married as children, half married as adults	8 pairs	8 pairs	8 pairs	8 pairs	8 pairs
Sub-total		32 pairs	32 pairs	32 pairs	32 pairs	32 pairs	32 pairs
Total		192 pairs					



Table 6: Qualitative research sample with key informants at *kebele* and *woreda* levels

Research site		Kebele level (Teacher, health extension worker, cutter, religious leader)	Woreda level (Bureaus of Education, Health, Justice, and Women and Social Affairs)
<b>Somali region</b>	Goljano	4	4
<b>Afar region</b>	Aysaita	4	4
	Semurobi	4	4
<b>Sub-total</b>		<b>12 individuals</b>	<b>12 individuals</b>
<b>Total</b>		<b>24 individuals</b>	



## Findings

The findings highlight that a number of macro-level factors are shaping gender norm change processes in both Afar and Somali. We begin by providing an overview of how these shifting contexts (including climate change and drought, the crisis within the education sector, increasing access to contraceptives, migration as a growing exit option for girls, and the rapid proliferation of mobile phones) are affecting child marriage attitudes and decision-making practices. This is followed by a discussion of the roles of key actors as either agents of change or gatekeepers of traditional norms, and the messages they are employing.

### Child marriage

#### Child marriage: shifting contexts

##### Climate change

The qualitative interviews highlighted that climate change, which has resulted in severe drought and the death of livestock critical to household livelihoods (especially in Goljano *woreda* in Somali region and Semurobi *woreda* in Afar) is limiting people's ability to focus on social and cultural events, such as marriages, as they are preoccupied with economic survival. In Afar, key informants noted that there had been no child marriages for a year – not because of gender norm change, but rather due to families struggling with the economic situation. Many households had been forced to migrate in search of grazing land, and arranging marriages and wedding festivities was therefore less feasible. As a mother in a pair interview from Gemba'aseye *kebele*, Goljano *woreda*, Somali region noted:

*Yes, it [climate change] does have an impact. If there is a good harvest, people eat well, and it can affect the age of marriage. Good harvest means more weddings. If there is drought, no one will think of marriage because we are on a survival mode. You can only think of marriage when your stomach is full... Even now, we are experiencing drought. Our farms are dry, we do not have food for our cattle. Last year was good, but now the situation is bad, we cannot even plough... For marriages we wait for the rain.*

In Korodora *kebele*, Aysaita *woreda* (Afar region), respondents noted that due to the challenging economic situation (engendered by the drought) and the spillover

effects it was having on marriage practices, the community had agreed to lower dowry and wedding ceremony costs. A father in a pair interview in Korodora explained:

*We have removed unnecessary culture in relation to dowry... Previously the amount of dowry was huge in value. But now, less is spent on the wedding ceremony. Once the wedding ceremony is prepared, there will only be luncheon or dinner served... Due the high cost of living, more money is needed to cover clothes of the girl.*

A religious leader from the same community concurred:

*Drought has affected marriage. In the past, when a girl is prepared to marry there was abundant food and we feed others for a week. Now, that time has passed. Since it is drought by now, let alone for marriage ceremony, there is no food for daily consumption. Clothes and shoes are expensive. Gold [for dowry] is more and more expensive. Purchase of all these has stopped due to the drought. All such reduction in food and clothes is due to drought and climate change.*

In Somali, respondents emphasised that the effects of climate change were more indirect. On account of the drought, many households were compelled to migrate, which has had a disruptive effect on adolescent schooling, leading to dropouts. Once out of school, young people turned to marriage as the next step in their transition from adolescence to early adulthood. A 17-year-old boy in a pair interview in Senmdhedhele *kebele*, Goljano *woreda* (Somali region), explained:

*It was the most dangerous drought that occurred in the area. There was nothing for the people to eat. Only those who were unable to migrate stayed here. The rest moved with their animals to other areas. The drought occurred due to the absence of rain in the area for a long time... I also tried to continue my education even after the drought, but since I was unable to, I ultimately abandoned it... But there was a serious problem in the school due to a shortage of teachers, which resulted in poor quality of education. The teaching and learning were good only from grades 1 to 3. After grade 3, the quality of education declined, so we needed to go to Goljano School. I lost interest in continuing my education after I got married.*



Several key informants at *woreda* level in Goljano also noted that as a result of migratory pressures during the drought, there had been several reports of males from neighbouring districts sexually assaulting girls, and that these had resulted in child marriages in order to protect family and clan honour.

### Education sector challenges

Key informants and adolescents alike in both regions underscored that ongoing and profound quality deficits have further compounded the risk of young people dropping out of education, and by default opting for marriage at a young age. Although messaging about the transformative potential of education had reached the community, adolescents emphasised that the poor quality provisioning of education undermined their educational aspirations. A 17-year-old girl in a pair interview in Melkada's *kebele*, Goljano *woreda* (Somali region), noted that teacher absenteeism (and apathy whenever they did show up) were demotivating for adolescents and parents alike:

*We were inspired by the idea that education could transform our lives, and we were eager to learn and discover new things. But there were no teachers present. During breaks, the students often fought, leading to wasted time and a decline in morale. Eventually, this situation caused many students to stop attending school. Initially, there were 300 students, but now fewer than 20 remain... In the past, students brought exercise books to school, but now they don't even carry them or wash their faces before arriving. They come primarily to play football and then leave. Teachers also arrive late, often after 9:00 a.m., when there are no students present, leading them to return home early... During this period, parents lost hope and preferred their children to stay home instead. Consequently, we ceased our education. Parents who could afford it sent their academically strong children to other schools, while the remaining students continued to live with their families here... If we have effective teachers and supportive school management, and if they collaboratively guide students in areas such as ethics and discipline, motivate them, offer educational advice, provide reading materials, encourage study habits, and assist students facing academic challenges, we could enhance our educational journey. Having a good teacher is crucial, and mutual respect between teachers and students is essential. Therefore, we would like to ask if you could help us by bringing a teacher on board.*

A 17-year-old out-of-school girl from Fentida *kebele*, Semurobi *woreda* (Afar), noted similar education quality concerns: *'Though we are sent to school, we do not get a good education here... The teachers do not teach well... They come to school at 8 a.m. and leave the school after we learn for just one hour.'*

### Access to contraception

Easier access to contraceptives and greater social acceptability of contraception is also contributing to shifting some parents' attitudes to marriage. As adolescents are increasingly able to access injectable contraceptives from health centres and private clinics and pharmacies, mothers are recognising that there is less risk of their daughter becoming pregnant out of wedlock. In particular, mothers of daughters who are managing to pursue secondary education recognise that customs are shifting, and so are allowing girls to forge more independent pathways than the preceding generation of women. They are therefore more reticent to intervene and impose an arranged marriage. A mother from Korodoro (Aysaita, Afar region) explained her thinking as follows:

*Previously, the community didn't have awareness, and we didn't either, even while in school. At that time, we accepted the traditions of the community without knowing we had other choices. So when parents arranged marriages for us, we accepted without question. Nowadays, everything has changed. There have been many discussions and training sessions for the community that have raised awareness. Also, children are learning about various issues in school, which helps them understand the different choices available to them. Currently, children want to marry educated boys if they are in school. They wish to marry boys they like instead of strangers. In the past, parents worried that their daughters might get pregnant out of wedlock, so they rushed them into marriage when they started menstruating. Nowadays, children have options to prevent pregnancy, such as using contraceptive injections. There is nothing we can say to them – they know better than we do, and they want good futures for themselves... The children using contraceptives hide it from their parents... We learnt about contraceptives when we noticed that girls stopped menstruating. Usually, girls stop menstruating after using contraceptives. We can't do anything about that because they won't listen to us. At least we don't have to worry about pregnancy out of wedlock anymore.*

## Migration

A growing trend of adolescent girls and young women migrating to the Middle East for work was also frequently discussed in Afar (but not Somali, where child marriages tend to be adolescent-initiated). This was predominantly framed not as an empowerment option, but rather as the only exit strategy available for girls who wanted to resist child marriage. Although on the one hand girls' migration indicates that some are gaining self-confidence and agency to defy dominant social norms, the fact that they are not able to negotiate with their parents – especially in Afar, where the *absuma* (arranged cousin marriage) practice dominates – is indicative of the pressures that girls face to become child brides. A 15-year-old girl in a pair interview in Fentigera, Semurobi *woreda* (Zone 5, Afar), noted:

*They want us to get married because it is considered sinful to live in a house with an unmarried woman. They view her as being sold for money, and she is not respected when travelling abroad. Her money is not blessed, while marriage is blessed and acceptable in our religion. Therefore, they prefer us to marry and live here.*

A mother in a pair interview in a neighbouring *kebele* (Adadelhengeg) similarly explained that girls are increasingly seeing migration as a way to avoid marriages not of their choosing, and to secure some economic independence:

*Many children choose to travel to Saudi Arabia as a way to avoid being pressured into marriage by their*

*families. In our village and others nearby, there is a belief that going to Saudi Arabia is preferable to entering into marriage. The girls here are motivated by seeing others go to Saudi Arabia, build homes, and transform their lives.*

## Mobile phone proliferation

Finally, parents noted that the increasing and rapid penetration of mobile phones in their communities were shifting patterns of communication among adolescents, enabling girls and boys to interact with one another with less parental surveillance. This seemed to be reinforcing pre-existing parental concerns about the importance of early marriage to avoid their children engaging in premarital sex and risking family and clan honour. As the father of an adolescent in a pair interview in Mamule *kebele*, Aysaita *woreda* (Afar), noted:

*Many things have changed since the cell phone came. Children communicate all things with a cell phone... A cell phone has both positive and negative effects. It is good to use to communicate for good things. It is good for solving problems. But young males and females use it for chatting and dating purposes. Since the cell phone came, all problems and challenges have happened to us... Now, females finish communicating on the phone, and they go out with boys. Women who have married also go out with other males by communicating through a cell phone.*



Primary school in Somali, Ethiopia © Nathalie Bertrams/GAGE 2025



## Child marriage: actors

Overall, in Goljano *woreda* (Somali) and Semurobi *woreda* (Afar), the findings from the qualitative interviews indicated that there is limited attention to tackling child marriage, with the important exception of Aysaita, where a number of organisations have been supporting *woreda* and some *kebele* officials to proactively address the issue (see below). An adolescent boy aged 15 involved in a pair interview in Senmdhedhele (Somali) emphasised that although child marriage is common, there are a dearth of champions of change: *'There isn't anyone who taught us about the dangers of child marriage – not at school or by a doctor at the health post or an NGO. There isn't anyone.'*

Our findings suggest that where progress is being made, it is being spearheaded by two main actors – the Women and Social Affairs Bureau and NGO programming – and, to a lesser extent, by teachers and religious leaders. We discuss each of these in turn below.

### Bureau of Women and Children Affairs

Supported by the UNFPA-UNICEF Global Programme to End Child Marriage (in which Ethiopia is one of 12 focal countries), Bureau officials in Aysaita explained that they are undertaking multi-level, multi-sectoral efforts to reduce the practice:

*Our office gives awareness and social workers work on early marriage and FGM. They are employed by the one-stop centre. They are employed by UNICEF and work under the district Women and Children Affairs office. They work at the kebele level and the report comes to our office via the social workers. We take measures together with the justice office and police at one-stop centres and inform them that the girl should not marry early and that her rights should be respected... There are clubs in schools. Girls get awareness via clubs. We deliver this awareness at primary school level.*

The establishment of one-stop centres, which provide multi-sectoral support coordinated by the Bureau of Women and Social Affairs to survivors of gender-based violence (including child marriage), also emerged as an important mechanism for intervening in child marriage cases. A health sector official from Aysaita described how:

*There is an absuma trend in Afar community. If a girl is forced to marry her absuma and if she insists to learn and if she says I do not want to marry, she will directly come to the one-stop centre. At the one-stop centres, Women and Children Affairs office is there. We have*

*monthly meetings with one-stop centre members... The Sharia court reports how many marriages it approves and how many it cancels because of age.*

Although there was less evidence of analogous cross-sectoral collaboration in Goljano *woreda* (Somali), some parents noted that in one of the programming sites, Anane, *kebele* leaders were trying to play an increasingly proactive role in tackling adolescent elopements for marriage. A father in a pair interview in Anane explained:

*The head of the administration of the kebele and the Women Affairs are very vocal about child marriage risks... They have the power to separate young people if they elope... There was one case – the girl was 15 years and she was my neighbour. She was separated from the boy she eloped with and he was an adult.*

However, further probing revealed that such efforts still met with considerable community resistance. While the father in question was able to cancel the elopement of his daughter twice, she succeeded in going through with the marriage the third time due to clan pressure. Moreover, neither the *kebele* or *woreda* officials intervened when he solicited their support due to the strength of community backlash, and the young couple were able to have the marriage officiated by religious authorities in a neighbouring *woreda*.

### Non-governmental organisations

Overall, there was limited evidence that awareness-raising by NGOs (including Save the Children) on the importance of eschewing child marriage was widespread; in non-programming *kebeles*, there was no evidence of diffusion effects via radio programming or word of mouth. For example, in a non-programming site, Mamule *kebele*, in Aysaita, adolescent girls underscored that child marriage is commonplace, and that girls who seek to resist are forcibly returned to their communities and forced into marriage. In a pair interview with two girls aged 15 in Mamule, the girls stated:

**Girl A:** *Yesterday, a girl moved to a place to hide to escape a marriage. They brought her. Today, another girl moved, and they went to bring her. Those girls are under-age...*

**Girl B:** *I know three girls of my age who are married.*

**Girl A:** *I know four girls of my age who have got married.*

However, there was an important exception in Korodora, a Save the Children programming site in Aysaita *woreda* (Afar), where key informants, parents and adolescents all attested to the critical role of awareness-raising efforts (involving local community committees) in supporting adolescent education and preventing child marriages. It is important to caveat, however, that Save the Children programming benefited from previous efforts by the UNFPA-UNICEF Global Programme in Aysaita to strengthen the Bureau of Women and Children Affairs to support cross-sectoral efforts over the past decade.

Unmarried adolescents concurred that efforts to tackle child marriage in the area had been undertaken for a number of years, and had initially met with resistance. But over time, Save the Children – through persistent follow-up in supporting girls who wanted to avoid child marriage – was able to contribute to a shift in attitudes among community members. A 14-year-old girl in Korodora, Aysaita (Zone 1, Afar) noted that:

*Korodora kebele is a model kebele working in child marriage and FGM. There are women leaders, and the community here is sending girls to school, preventing child marriage. Our kebele is number one in its performance and a model for other kebeles. Before Save the Children, there were organisations that were working here. The community never listens to them. They were listening in with one ear and removing the information from the other ear. Save the Children worked for three years to change that. They were not getting full acceptance in those three years. But, they got acceptance in the following three years of the project, and brought a change... There was a girl who got married, with her interest going to another kebele, that was a child marriage. The organisation [Save the Children] tried a lot to cancel the marriage. But fathers are denying and saying 'what is your business with our children?' They were denying [any shift in] FGM practice. Now those fathers are convinced [that it needs to change].*

These awareness-raising efforts appeared to be particularly resonant where they aligned with women's own negative experiences of child marriage and subsequent life trajectories. A young woman, now aged 28 but who had married in mid-adolescence, emphasised (during a pair interview in Korodora) that:

*In our community, everyone accepted the education, and no one is against it. When they provided the education, I shared it with others in the neighbourhood. They also passed the information to people they met because, in our culture, we have a responsibility to share any information... For example, I got married at 15, but my sisters are still single, even though they are older than I was when I got married. This is because I have been educating my family, sharing the problems I faced after marrying at a young age. The awareness raising [about what marriage involves] was true and real for me, so I didn't want my sisters to go through the same pain I experienced. I encouraged my family to support my sisters in continuing their education instead of rushing into marriage, and they listened to me... Currently, all of my sisters are in school and learning.*

*Save the Children informed us about the problems related to child marriage, such as pain during intercourse and complications during delivery. Marrying at a young age also affects education, especially if the girl is in school. Most of the time, girls get married when their parents arrange the marriage for them because they don't want to disrespect their parents by refusing, even while they are students... They lose interest in learning after marriage and are often forced to discontinue their education. There are many reasons for this – for example, they have to take on the responsibilities of marriage and have children after marrying.*

The approach in Korodora also involves active follow-up by community committee members when students are absent from school, and sanctions (fines) for those who allow their children to play truant. A young man, aged 22, in a pair interview in Korodora, explained:

*It was common to drop out of school in the past. But now, a number of things have improved... The parents' committee closely follows those children who attend and those who do not attend their education. It goes directly to his parents [if a student drops out] and fines his parent with 1,000 birr if a child become absent for three days. If a child becomes absent repetitively, the penalty will be higher for his parent... This is implemented now.*

## Religious leaders

In contrast to the issue of FGM, where religious leaders are playing an active role in promoting change regarding the type of practice that is deemed culturally acceptable (see below), there was limited evidence of religious leaders in Somali region playing roles either as gatekeepers or champions of change in relation to child marriage. However, in Aysaita (Afar), where the dominant form of marriage is *absuma* (arranged cousin marriage), several interviews indicated that some religious leaders are intervening to sanction the marriages of young people who want to eschew the *absuma* practice and instead marry a partner of their own choosing.

In Somali, a key informant interview with a religious leader indicated that there are some nascent efforts by religious leaders seeking to strike a balance between Sharia law (which permits marriage at age 15) and the Family Law (which bans marriage under the age of 18). In responding to a vignette exercise, a religious leader from Gambaaseye, Goljano *woreda*, reflected that while he would ban any marriage involving a young person under 15 years, he would take a more flexible approach with 17-year-olds seeking to marry and permit legal marriage, but discourage co-habitation before legal adulthood:

**Interviewer:** *The other scenario is, if the family of a 17-year-old boy came to you and asked you to officiate his marriage to a 12-year-old girl, what would you do?*

**Religious leader:** *Oh, I wouldn't accept their queries and officiate the marriage because both are under 18, and also the girl is too young to marry. Instead I would advise the family to delay the marriage.*

**Interviewer:** *What if the girl was 17? What would you do if both were 17 years old?*

**Religious leader:** *They are still young, however, what I would do is, I will officiate their marriage and conduct the Nikah [marriage contract under Sharia law], however, I wouldn't allow them to start living together. Instead I would advise their parents to make the boy and the girl live in their own parents' home and stay there until they become 18.*

**Interviewer:** *Why you would decide to separate them after you conducted the Nikah and approved their marriage?*

**Religious leader:** *I would conduct the Nikah and officiate their marriage, because if I didn't do that, they might engage in sexual intercourse without the Nikah, which is haram [forbidden] in my religion.*

It is important to note, however, that this stance was motivated not because of support for young people's agency, but rather to avoid 'sinful' premarital sex.

## Teachers and school principals

Although there is a commitment to implement gender clubs in schools throughout the country as part of multi-sectoral efforts to eradicate harmful traditional practices, few adolescents identified educators as important sources of messaging about child marriage. A 16-year-old girl in a pair interview in Fentigera, Semurobi *woreda* (Zone 5, Afar) noted that, 'There is not support to cancel child marriages. Marriage is decided by parents. Teachers told us to report to them when we are forced to marry.' However, due to the weight of family and clan pressures, there was minimal evidence to date of schools in either region acting as an effective surveillance mechanism with regard to child marriage.



Students outside of class, Somali, Ethiopia © Nathalie Bertrams/GAGE 2025



## Child marriage: messaging

A critical component of behavioural social change involves identifying messages that resonate with local community realities and experiences. Our findings indicate that messaging on child marriage eradication that are culturally palatable include those that focus on health risks, psychological readiness to take on adult responsibilities, economic challenges, risks of early divorce, and risk of legal sanctions. We explore each of these in turn below.

### Health risks

Particularly in the context of drought and food insecurity, which many caregivers noted had led to delayed onset of puberty and physical growth in their children, messaging around the health risks of child marriage and the potential dangers of associated early pregnancy resonated across communities. A father in a pair interview in Fentigera, Semurobi *woreda* (Afar), for example, noted that:

*They taught us that child marriage is harmful. Children who are 14 or 15 are not physically ready. Their wombs are not developed enough for childbirth... We also observed that children today do not grow as well as those in the past. In the past, children ate better – meat, milk and butter – so they developed faster and could marry earlier. Nowadays, children mostly eat cereal- and crop-based foods, so their bodies develop more slowly... That's why the teachings of these organisations have been helpful and important for us... Save the Children started about five years ago. Before Save the Children, there was another organisation called Pan Africa that also educated the people.*

### Psychological immaturity

Girls and women in particular repeatedly referenced messaging about the need to wait to have a certain level of psychological maturity to be able to cope with the demands of marriage, support a husband and care for young infants. In Fentigera, a young woman now aged 25 but who married at age 14 explained that:

*In that discussion, they told us to stop child marriage. They said girls must get married when they are mature enough for marriage, ideally at ages 15 and 16. There are lots of responsibilities that women must take on after marriage – it is not easy.*

Similarly, unmarried girls aged 15 in a pair interview who had been part of awareness-raising efforts in Mamule *kebele* in Aysaita emphasised that marriage and motherhood

is challenging, and requires at a minimum some basic maturity:

*They [NGO workers] say that if the family tries to marry you off at an early age, you should say no. And if they insist, you should come to them for help... They told us to inform the kebele leader... They say 13 or 14 years is too young for marriage – they say after age 15 at least. Children should not be mothers to children.*

### Economic responsibilities and risks of early divorce

Among adolescent boys and fathers, messaging around readiness to undertake the economic responsibilities of marriage were more readily accepted as good reason to wait to marry. A 16-year-old boy in a pair interview in Gembāaseye, Somali, emphasised that the burden of paying off bride price obligations was viewed as an important cautionary tale among his peers in his community:

*An uncle of mine told me that if I got married early, I would be under a lot of stress and my mind wouldn't be able to handle it. There was this man who was 18 years old and he got married to a girl who had an older sister that hadn't gotten married and they said that since he got married to the younger sister, then he has to pay an ox so because of the stress of it all he went mad. So my uncle used to say 'you're going to end up like him if you do that'.*

Other respondents observed that among young people who had married as children, there was a rising trend of early divorce, which carries social stigma.

Although not widespread, there was also some evidence that some girls pursuing secondary education had also been exposed to messaging about the economic rationale for waiting to marry until adulthood. In a pair interview with unmarried girls aged 17 and 18 years in Meklada'aas *kebele* (Somali), one highlighted that through exposure online to more educated women from the Somali diaspora, they had come to believe that eschewing child marriage in favour of first securing economic independence would enable them to live a better life than that of their mothers:

*We connect with individuals in Saudi Arabia and Somalia through Facebook and communicate with them. They question why the focus is solely on marriage [for females]. Many women aged 27–30 are unmarried and earning their own income. It's essential to reconsider your goals. Is marriage your only purpose? You should*



*struggle for independence and build a life for yourself. Having grown up in a rural area, there's often an expectation to follow your mother's path. But you've witnessed her life – why repeat it? It's time to change your circumstances and pursue financial stability. This thinking will help you realise that women can earn an income and pursue education.*

### Legal sanctions

Although most awareness-raising messaging focuses on why delaying child marriage can support healthy and empowered transitions into adulthood, qualitative interviews highlighted that the threat of legal sanctions (especially the risk of imprisonment or fines) also served as important brakes on child marriage. A 15-year-old boy from Gemba'aseye, Somali, explained that:

*The teacher told us, 'don't get married early'. People used to get married when they were 20. Girls used to get married when they were 20 years old and now they're getting married at 15 and 17... There was this instance where my teacher told me that there was a girl who was in 12th grade and a man came to the district and got married to her, and when she missed her exam the police were called and he got a prison sentence for 12 years... It was in Bombass [a nearby] district.*

## Female genital mutilation

### FGM: shifting contexts

Overall, our findings highlight that while community members are being exposed to messaging about FGM risks in programming sites, and especially those closer to major urban centres, in non-programming sites there is minimal evidence of any diffusion effects from existing interventions. For example, in a pair interview with adolescent boys in Fentigera, Aysaita (Afar), one emphasised that they had no information from any government, religious or NGO actor regarding the risks of harmful practices:

*We have not heard [of any education on child marriage or circumcision of girls by NGOs]... We have not heard about any education by the kebele chairman or Women Affairs office... We attend mosque but we have not heard any teachings [about these topics].*

In contrast to the issue of child marriage, where broader macro-level changes have had a profound effect on decision-making logics (as discussed earlier), and apart from the emergence of medicalisation of FGM in some communities in response to awareness of the health risks, our findings largely painted a picture of stagnation



Primary school in Somali, Ethiopia © Nathalie Bertrams/GAGE 2025

in terms of behavioural change. As an 18-year-old young man involved in a pair interview in Anane *kebele*, Goljano (Somali) noted, resistance against efforts to eradicate the practice is widespread, as FGM is a core part of cultural traditions: *'Mothers want girls not to practice sexual intercourse before marriage, and they believe it is a sign of respect for a female to be mutilated.'* Another 16-year-old from Gamba'aseye *kebele*, also in Goljano, underscored that even a relatively more open-minded male would not shun a wife publicly who was not infibulated, but would nevertheless resort to marrying a second wife who complied with cultural practices:

*Yes, we would marry a girl who is circumcised / infibulated... If we have a daughter in the future, we would have her infibulated... You usually find out after marriage [if a girl has been infibulated]. From the very beginning, it becomes obvious whether she is not circumcised. If she is circumcised, she becomes afraid, her body shakes... [If she is not infibulated] a harsh man might say something right away. A kinder man might stay quiet, but then marry a second wife.*

## FGM: actors

The key actors identified as proactively promoting change with regard to FGM in the research communities were teachers, religious leaders and NGOs.<sup>1</sup>

### Teachers

Major concerns around school quality and teacher absenteeism aside, where there were functioning schools, several adolescents noted that their teachers had provided information about the risks of FGM, particularly the health risks. A 15-year-old girl involved in a pair interview in Adadelhengeg *kebele*, Semurobi (Zone 1, Afar), explained that:

*FGM should be prevented. As students, we believe it needs to end. Circumcised women often face difficulties during childbirth and require medical assistance. We've learnt in school that circumcision should be stopped. Even our teachers say that girls should not undergo circumcision.*

Similarly, a 17-year-old boy in Fentida *kebele*, also in Semurobi, stated that he had learnt about FGM-related risks during childbirth in school, but the accuracy of the broader information he had received was questionable, as

he associated FGM with traditions of a neighbouring ethnic minority group, rather than something that is also practised widely across Afar.

*We have learnt to stop early marriage, not to rape and not to cut the clitoris of girls. Yes [FGM] exists. In Argoba [an ethnic minority] community, since they do not hear the education about not to cut the clitoris, and since they do not get the education about it, it is common here to cut the clitoris. We learnt this in school. But such education is not given for the community... This will be a problem for girls during delivery and when she marries.*

**Religious leaders:** Across both regions, religious leaders are active in promoting FGM as a critical part of Muslim religious obligations. A religious leader from Goljano (Somali) emphasised that:

*You can't find any girl who is not circumcised, because unless girls are circumcised, they can't be a Muslim, and it is against the Islamic rule. However, we can find girls who are not closed, but circumcised by cutting only their clitoris. If the girl is not circumcised or her clitoris is cut, the meat or animal she slaughtered will not be eaten by others. A girl who is not circumcised is not able to be educated or [marry a] wealthier man. However, she may get a husband who is foolish or who knows nothing about it. Therefore, people circumcise or cut their girls' clitoris when girls reach 5–7 years old.*

However, respondents pointed out that they are also simultaneously advocating for change in the type of the practice that is deemed acceptable, and are working collaboratively with government and NGO actors to underscore the urgency of avoiding type 3 (see WHO, 2018). Interestingly, although religious leaders were widely acknowledged by adolescents, caregivers and other key informants as among the most influential actors to broker messages about the need to tackle FGM practices, religious leaders themselves cautioned that while they were seeking to teach people about what is acceptable from a religious perspective, they were unsure to what extent this in practice over-rides adherence to cultural traditions. A religious leader from Gamba'aseye (Somali) explained:

*We are teaching people but I don't know whether or not they stopped practising it. What I know is, people accept us when we teach them but I am not sure what they do*

<sup>1</sup> We exclude discussion of NGO programming in this report as it will be the subject of an endline evaluation report forthcoming in 2026.

*after they go back home. People's belief regarding infibulating girls is stronger, because they consider uncircumcised and circumcised girls as a food kept in a well-closed/covered plate and a food that is kept in an open or uncovered plate. It is the community's strong cultural belief that caused people to infibulate girls, because unless girls are infibulated and closed, men/boys do not want to marry them.*

*However, nowadays, it seems the practice of infibulating and closing girls has decreased, because currently when girls marry, they never suffer from pain during their first night with their grooms. Previously, girls have been suffering from severe pain and even de-infibulation to make them ready for their groom.*

*It is difficult to speak on this, because although we taught them to stop infibulating girls, people may practise it hidden, because the practice is strongly entrenched with the community's norm.*

## FGM: messaging

Our findings reveal that the messaging around FGM focuses predominantly on health risks, legal sanctions and religious mandate, with little attention given to rights-based arguments.

### Health risks

Messaging about the health risks of FGM – not just at the time of cutting but throughout the life course, and especially at the time of sexual debut and childbirth – is a common awareness-raising approach. Interviews with better-educated parents and community leaders suggest that such framing resonates, at least in terms of improving willingness to eschew more invasive types of the practice. A *kebele* chairperson (a father) in a pair interview in Fentigera, Semurobi (Afar) explained that:

*Save the Children taught us that the practice of FGM causes girls and women to suffer from problems of urination due to narrowed genital opening because of the scar due to infibulation and stitching. They also taught that FGM can cause girls and women severe pain and excessive bleeding during their first sex[ual intercourse] at their first wedding night... Moreover they taught the people that practising FGM and stitching can cause girls and women to suffer from severe pain, excessive bleeding and even death during childbirth.*

However, mothers who are often more socially invested in perpetuating FGM (as it reflects on their ability to raise a sexually pure, honourable girl) noted that although they had been exposed to messaging about the health risks, it was not sufficient to shift their support of the practice. A 50-year-old mother in a pair interview in Senmdhedhele, Goljano (Somali) reported that:

*Yes, they have told us many times [about the health risks]. They also read and inform us that the stitching [the 'Freoini'] is harmful and advise us to stop it... Yes, they have suggested that we cut only the upper part and leave it as it is... In the past three years, they have educated us, but some people accept it while others do not. They have taught us many times. We cut and sew it in two areas properly, but for others, we respond that we are not doing that.*

### Legal sanctions:

Although awareness-raising efforts have primarily focused on the life-long health risks associated with FGM, and especially with type 3, our findings also indicate that messaging about the legal consequences of perpetrating FGM can also act as a deterrent, especially if it is followed up by close surveillance by *kebele* leaders. A health sector worker from Korodora, Aysaita (Afar) explained that they had observed shifts in behaviour in *sub-kebeles* where there was close follow-up on community leaders:

*This kebele has four sub-kebeles. The kebele chair may not get information about all the sub-kebeles. It will be good to have representatives in every sub-kebele... It is easy to get information about FGM when there is a representative in sub-kebeles. It is easier for the representative in the sub-kebele to get information directly or indirectly from the community compared to the kebele chair... When punishment in the form of imprisonment or paying money is announced, those community members are afraid that the representative will report them, and they stop the practice.*

Adolescent boys also noted that awareness about legal risks is having an effect on community attitudes towards the practice. Although perpetrators have not been arrested and punished to date, community members are aware of the risks and only undertaking the practice in a hidden way. An 18-year-old young man, in a pair interview in Anane kebele, Goljano (Somali), noted:

*Fathers said it [FGM] should be stopped. It was mothers who practised it due to lack of knowledge. But when the*



*NGO came and taught people about it, and when it was announced that those who practise it are punished and sent to jail, it has now stopped in the town... First, the NGO called the Kebele Committee members. Then the Committee assembled the mothers and taught them... If a mother conducts FGM, she will be imprisoned... Up until now, no one has been imprisoned... They move to the forest when they know they are wanted by the kebele officials.*

### Religious mandate:

The research communities are devout practitioners of Islam and thus messaging related to religious obligations surrounding FGM is powerful. As a health extension worker from Aysaita emphasised: *'One cannot be effective in such work, excluding religious leaders and circumcisers. The community listens to religious leaders' advice more than anyone else...'* A healthcare worker in Goljano woreda (Somali) similarly underscored that although arguments related to health risks are persuasive to some community members, it has required tandem efforts by NGOs and religious leaders to bring about a shift, at least away from infibulation:

*Yes, there is a change, but infibulation has not stopped; it still exists. However, people are becoming educated, and awareness varies. If I tell someone that this practice is harmful, some may accept it and some may refuse. There are people who accept that this is a harmful traditional practice and that the girl suffers. Menstruation is painful when this type of circumcision is done, and she may have kidney problems and infections. Many people understand this. Even religiously, part of the girl's body is concealed, and her prayers may not be accepted. So, it harms the girl in every aspect. Still, there are those who are firm on tradition and want this type of FGM...Change started around ten years ago. With awareness creation by NGOs and religious leaders, it has been improving gradually over time...It was a slow*

*process, gradually improving over time, and it is still ongoing progress.*

However, the framing of messaging related to religious obligations, albeit helpful in supporting a reduction in the most invasive forms of the practice (infibulation with or without stitching), is not conducive to eradicating FGM, as type 1 (clitoridectomies) have been framed as *'sunna'* or permissible within Islam. An 18-year-old young man, in a pair interview in Korodoro, Aysaita woreda (Afar), explained that religious leaders are advocating for a shift to type 1, which helps reduce the health risks while preserving religious and cultural imperatives to control girls' and women's sexuality:

*Save the Children's teaching was to end the practice of FGM completely. But people were not interested to accept this, but latterly, religious leaders and some community elders agreed and taught the people to change the practice by just removing the clitoris instead of abandoning the practice altogether... As I heard from others, cutting the tip of the girls' clitoris is considered sunna, in our religion, Islam. This is also because, unless the clitoris is removed, girls will have high sexual desire, so they will behave rudely and against our religious rule, so it is to reduce girls' sexual desire that this type of cutting is allowed to us.*

Another boy, aged 14 and also from Aysaita, emphasised that there is no willingness to consider zero tolerance on religious grounds:

*We recommend 'sunna' type of circumcision and to cut only the unnecessary part... Save the Children recommends stopping all types of girls' circumcision... But the community commit it secretly... Save the Children has said not to circumcise a girl even with 'sunna' type of circumcision. But we do not accept such ideas, and we cannot say stop 'sunna' type of circumcision, since it is unacceptable from a religion perspective.*



## Policy and programming implications

As we enter the last half decade of the Sustainable Development Agenda, there has been renewed attention internationally to the need to accelerate progress in eradicating child marriage and FGM. There has also been renewed attention nationally, in light of the Ethiopian Human Rights Commission's framing of FGM as a human rights violation, proactive efforts by parliamentarians to influence sector government offices regarding implementation of national and regional laws to protect the rights of women and girls, and discussions around an extended timeframe and updated approach to the National Costed Roadmap to End Child Marriage and FGM/C. Our findings are therefore very pertinent, and point to a wide range of actions as priorities for policy and programming. We have divided these by actor but in order to bring about transformation change close coordination and collaboration will be critical given the scale of the challenge to ensure that all girls and young women are able to enjoy bodily integrity and freedom from violence.

### Women and Social Affairs sector

- Raise girls' and women's awareness of their personal rights to bodily integrity and how to report violations, including with regard to child marriage and FGM (especially of sisters, relatives and future daughters), through supporting girls' clubs and teachers at schools, supporting health extension workers, and through Women Affairs at community level.
- Strengthen one-stop centres so that they can provide cross-sector support for girls at risk of child marriage and FGM at scale.
- Work with mothers to address broader gender roles, as well as identifying how mothers can empower daughters to continue their education and encourage alternative masculinities in sons that eschew the cultural value attached to child and infibulated brides.
- Step up attention to FGM, attending both to its risks and perceived benefits, and ensuring that messaging and programming are tailored to regional differences and reach male and female adolescents and adults.
- Address child marriage in regionally tailored ways, including decoupling puberty from 'marriage readiness', raising awareness about the disadvantages of child marriage (and the advantages of adult marriage), and teaching parents that it is their responsibility to

protect their adolescent children until they develop psychological maturity. In addition, strengthen collaboration with other sectors and law makers to promote the adoption of Afar and Somali regional governments to approve the Family Law that criminalises child marriage, and to accelerate efforts to end child marriage and FGM.

- Invest in at scale awareness raising efforts that also include different forms of media (radio, TV, online), and at universities and training colleges where future government officials will study.
- Strengthen monitoring and evaluation efforts, including drawing on the community readiness to eradicate harmful traditional practices tool, at all levels so as to advance a culture of accountability.

### Justice sector

- Work with rights-based organisations to harmonise regional legal codes with national law, and in particular capitalise on the momentum generated by the recent agreement by the Afar regional government to introduce a regional law criminalising FGM.
- Work with Sharia courts to improve girls' and women's rights to education, inheritance, and freedom from violence (including FGM, child marriage, and intimate partner violence), and to extend the 2023 fatwa to cover all forms of FGM.
- Work with traditional and community leaders to make sure that communities know that all forms of FGM are illegal, emphasising that short-term focus needs to be on harm reduction (i.e. eliminating type 3) and in the longer term on eliminating all forms through tackling the underpinning gender norms attached to controlling girls' and women's sexuality.
- Establish anonymous reporting mechanisms (e.g. through schools, health extension workers, community committees) to prevent planned FGM and child marriages, and cancel recently transacted child marriages.
- Work with communities to set enforceable penalties – for parents, traditional cutters, adult husbands, and marriage officiators – for violations, such as monetary fines and social sanctions that will act as a deterrent while avoiding imprisonment.



An adolescent boy taking notes in class, Somali, Ethiopia © Nathalie Bertrams/GAGE 2025

## Education sector

- Scale up provisioning at least through 8th grade, even in remote communities (e.g. using mobile schools, boarding schools).
- Use door-to-door outreach to enrol out-of-school children and fine the parents of truants, drawing on promising practices from Aysaita.
- Provide school feeding support and education materials to students from poor families, prioritising girls.
- Provide water, sanitation and hygiene (WASH) facilities at all schools, including spaces and supplies to facilitate menstrual hygiene management.
- Offer curricular and extra-curricular education (through girls' and gender clubs) around gender norms, including addressing the stigma that surrounds menstruation, how boys can support their sisters' education, and FGM and child marriage.
- Hire more female teachers to serve as role models and mentors.
- Improve teacher training, incentivise teachers (to reduce turnover and absenteeism), and scale up tutorial support to improve learning outcomes.

## Health sector

- Train health extension workers and other healthcare providers about the physical and psychological risks

of FGM, and ensure that all health professionals are aware of the professional penalties for engaging in medicalisation of FGM.

- Educate community members about the different types of FGM (including which practices do and do not fall under the rubric of *sunna*) and the life-course consequences of FGM. Embed this within broader awareness raising efforts around sexual and reproductive health rights.
- Enlist health extension workers to monitor shifting practices to better tailor messaging and programming.
- Support health extension workers to advocate – even in areas where demand is low – for married girls to use contraception until their body is mature.

## Religious leaders

- Raise awareness among religious leaders that it is illegal for them to advocate for any form of FGM, and support them to provide accurate information about the life-course risks of FGM, especially infibulation.
- Educate communities about which practices do and do not constitute *sunna* and, over time, promote its abandonment.
- Build support for girls' education – for girls' own sake, and for their future families.
- Address broader gender norms, especially with men and boys, emphasising the value that girls and

women add to their families and communities, and the importance of eschewing child marriage.

- Build on promising practices from Somali region where some religious leaders are permitting the signing of the Nikah in the case of older adolescent child marriages, but insisting on non-allowance of co-habitation prior to adulthood, and ideally prior to completion of secondary education.

## Clan leaders

- Encourage girls' education – including how husbands can better support wives to free daughters' time.
- Raise awareness about the risks of child marriage – and the advantages of adult marriage – focusing on messages likely to resonate (e.g. wives are stronger and better helpmeets).
- Raise awareness of the risks of FGM/C – especially infibulation – and how men can prevent further injury to wives and protect daughters.
- Work to ensure that communities know that all forms of FGM/C are illegal and subject to imprisonment and fines – especially targeting traditional cutters and mothers.

## Child and gender-focused NGOs

- Alongside local leaders/providers, raise community awareness about child marriage, the law, risks (especially in terms of lifecourse poverty and heightened risks of intimate partner violence) and parents' obligation to prevent adolescent-driven child marriage. In Afar, work with clan leaders to discourage *absuma* marriage.
- Alongside local leaders/providers, raise community awareness about FGM – targeting mothers in particular, addressing the law, misconceptions about girls' sexuality, risks and perceived advantages, and how women can band together to protect daughters.
- Support women to learn about and access their rights – including helping them earn/improve their own incomes, input into household decision-making, and report SGBV – and link this to learning about child marriage and FGM.
- Provide parent-education courses for mothers and fathers that directly address restrictive gender norms and how these harm girls in particular.
- Support girls to access and excel in education via awareness raising and providing material support

(including menstrual hygiene management supplies), tutorials, etc.

- Strengthen school-based gender clubs and use them to address broader and harmful gender norms – working to empower girls and encourage alternative masculinities in boys.
- Engage with adolescents re FGM/C and child marriage – working (depending on context) to shift current practices and/or encourage intergenerational change – including through the media, especially radio and SMS texts given increasing access to mobile phones.
- Ensure interventions are scaled for impact, so that tipping points are timely.

## Alliance to End Child Marriage and FGM/C

- Work with regional level officials to expedite the passage of laws that prohibit child marriage and FGM/C.
- Work with regional and sub-regional Bureau of Justice officials to raise awareness – and improve enforcement – of national law.
- Work with Bureaus of Women and Social Affairs, Education and Health officials to strengthen commitment to elimination of harmful practices and provide services and oversight at the *kebele* level to support such commitments. This should also include support for monitoring, evaluation and research to support evidence-informed accountability for progress and course correction of policy and programming approaches in real-time.
- Engage with religious and clan leaders to develop tailored actionable plans for elimination.
- Support capacity-building for journalists and media producers to address issues of harmful practices and the impacts on girls' and women's lives through the media, ensuring a diversity of platforms including radio, text messages and social media.

## Regional councils and Women's Caucuses

- Proactively monitor the roll out of the forthcoming second Roadmap to End Child Marriage and FGM so as to hold federal and regional sector government offices to account for progress towards ending these harmful practices.
- Request sector governments to report on promising practices as well as districts or communities which



are the 'hardest to reach' and tailored high intensity efforts to promote progress in line with the Sustainable Development Agenda commitment to leave no girl or woman behind.

- Share experiences among parliamentarians across regions to as to be able to identify approaches that work in spotlighting promising practices and calling out areas where progress has been insufficient.

### Ethiopian Human Rights Commission

- Drawing on the successful public hearing on FGM in Afar, continue to hold regionally tailored public hearings on FGM and child marriage to draw attention to these practices as grave human rights violations among a wide array of stakeholders.
- Provide annual syntheses of progress in terms of the commitments that regional government officials and lawmakers have made, so as to advance a culture of accountability.

### Donors

- Invest in education for all – even in remote pastoralist communities.
- Invest in social protection for the most vulnerable – leveraging where possible to improve girls' education (e.g. school feeding or cash for education).
- Invest in shifting restrictive gender norms – including through the scaling of empowering girls' and gender clubs and in improved earning opportunities for women.
- Invest in sub-national capacity, working to improve local services, including through strengthening officials' and providers' skill-sets.
- Invest in robust longitudinal monitoring, evaluation and research to track progress and to inform deployment of scarce resources and to promote effective programming at scale. Also consider investments in sentinel site monitoring and evaluation to better understand hotspots.



Preparations for the wedding hut, Somali, Ethiopia © Nathalie Bertrams/GAGE 2025



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# Annexes: Research instruments

## Adolescent outliers

- **Who:** Young people who have made choices and had opportunities that set them out from their peers – such as eschewing FGM/having a milder type of FGM, attending/completing secondary school, marrying a non-*absuma* (Afar)/marrying as an adult, or migrating to escape family/ community pressure to conform (these would be phone interviews).
- **Why:** To explore why and how some young people are able to break the mould in order to understand how to support more of their peers to do so in the future.
- **What:** To what/whom do young people primarily attribute their outlier status? How do young people allocate drivers of success between themselves, family members, role models, programme exposure, etc.? What change pathways do outliers identify as potentially useful to others?

Vignettes will be tailored to girls vs. boys, by region, and to the theme in question – education, FGM and child marriage.

## Example

### Vignette

Sarah is a 22-year-old young woman who has just graduated from university with a degree in nursing. She will be starting her first job, helping to deliver babies, in the next few weeks. Among her childhood friends, she is the only one to attend university, much less graduate and get a job. Sarah knows she owes this to her parents. While neither of her parents finished secondary school, they have been champions of education since Sarah was young. Her father worked a second and sometimes even a third job to pay for school supplies and tutors and no matter how busy she was, Sarah's mother never asked Sarah to stop studying and help with household chores. All the relatives have long thought that Sarah's parents were making a bad decision by allowing her to study rather than encouraging her to marry. But Sarah's parents have stood firm: Sarah gets to decide her future.

## Probes

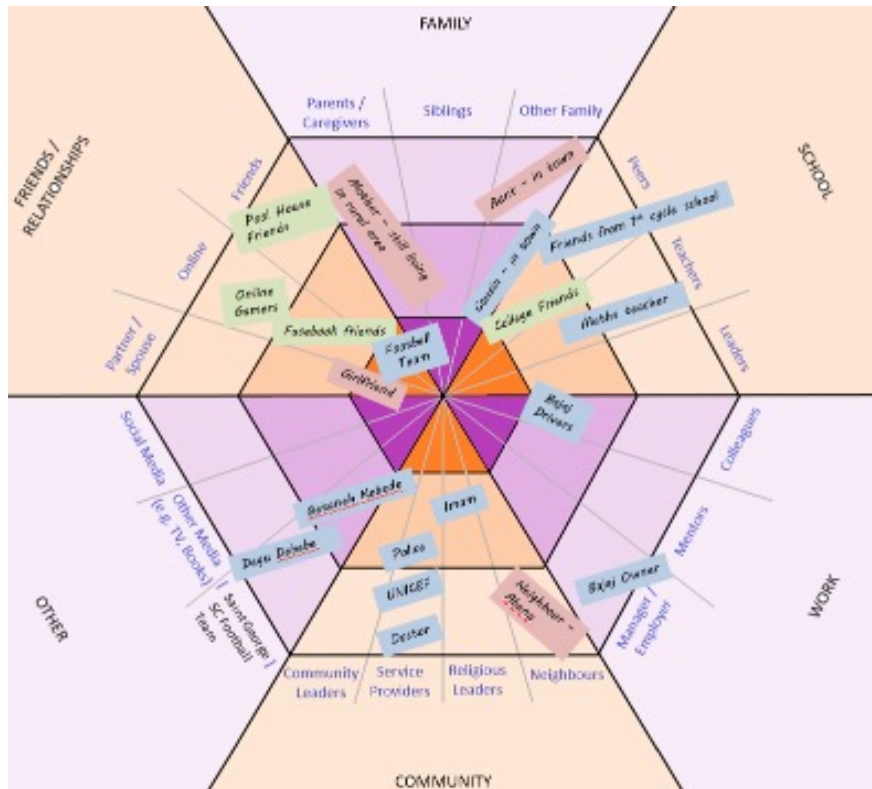
- To you, what stands out about your own life as usual? Explore.
- Would your best friend from 6th grade agree – or would s/he identify something else about your life as usual? Explore.
- Thinking about where you are right now – do you feel you got here deliberately, by emulating a role model or setting a specific goal when you were young – or does it feel almost accidental to you? Explore.
- There is a famous poem about forks in the road. Looking back on your own life, where were the forks?
- Some people achieve unusual things because they were well supported by those around them. Other people achieve unusual things despite those around them – because they are extraordinarily determined. Which is true for you? Explore. What other support would have further helped you?
- I'd love to hear your thoughts on what supports might help more young people achieve unusual things. What could parents/teachers, religious leaders, etc., do?

## Social network hexagons

- **Who:** Adolescents and young adults making/ about to make the decisions that will shape their adult lives.
- **Why:** To understand the social networks with whom adolescents interact and the extent to which these shape and influence their attitudes and behaviours, how this is changing as adolescents grow up and the world around them becomes more complex due to conflict and climate change, and who young people feel they can rely on – or would like to rely on – for support.
- **What:** How do families vs peers vs supportive adults (teachers or NGO actors) shape adolescents' beliefs and actions regarding gender norms in general, uptake of education, FGM, and child marriage? How has this changed over time? Who can young people turn to if they need help? How has this changed over time?

This tool will be used to explore education, FGM and child marriage.

### Example



Example probes: Of the people on your social network hexagon, who would you turn to discuss and seek advice from in the case of the following, and why?

- You/ your sister were cut as a young child and have learned about the risks of infibulation through school and on the radio. You have heard that there is another type of FGM, which is less dangerous. Your parents are going to cut your youngest sister. They want to infibulate her, but you think she should have sunna.
  - Who would you go to for advice or help, and why? Has this changed over time? Why? What advice/ help do you think they would give? Would you go to any service providers for support if you could not get support from family or relatives, or peers? Why/ why not?
  - Whose opinions across the hexagon in this case would you be most concerned about and why? Has this changed as you've gotten older? How/why?
  - What do you think your options are?
- You/ your sister face pressure to marry at age 15, and this will mean dropping out of school, and you/your sister don't want to stop studying.
  - Who would you expect to be supportive and why? Has this changed over time? Why? What advice do you think they would give?
  - Who would you expect not to be supportive and why? Has this changed over time? Why? What advice do you think they would give?
  - Whose opinions across the hexagon in this case would you be most concerned about and why? Has this changed over time? Why? Would you go to any service providers for support if you could not get support from family or relatives, or peers? Why/ why not?



## Parents' vignettes

Vignettes will be tailored to mothers vs fathers, by region, and to theme in question – education, FGM, and child marriage.

### Examples

#### Vignette

Meseret and Almaz are neighbours. They have a great deal in common. They both completed basic education to grade 4. Meseret's husband is a farmer and Almaz's husband is a trader. They both have 4 children – including daughters who are 15. What Meseret and Almaz want for their daughters, however, is quite different.

Meseret wants a traditional life for her daughter. She left school after basic education, in order to marry, and wants her daughter to do the same. She and her husband are arranging a marriage for soon after their daughter's next birthday and they have already told her that when she completes 10th grade she must leave school.

Almaz values marriage as well – but she feels strongly that her daughter must at least complete secondary school before she marries. Even though her husband's brother has been pushing to arrange a marriage between his son and their daughter, Almaz is standing firm and making sure that her husband does the same. No marriage until their daughter completes her schooling!

- **Who:** Mothers and fathers of various ages (to capture generational change).
- **Why:** To understand decision-making regarding education, FGM and child marriage, how this is or is not shifting over time and why, and what messengers or messages could accelerate change.
- **What:** Are/how are traditional practices giving way? What's driving change/ stasis? What's slowing it?

#### Probes

- In your opinion, which of the characters in the story is making the better decision? Why?
- Who is the decision better for? (Girls, fathers, mothers, husbands, etc.)
- What are the advantages of the decision for girls, fathers, mothers, husbands, etc.?
- What are the disadvantages?
- Who could change the characters' minds? Using what argument/ information/ behaviour change incentive?
- In your community, how likely is it that what Meseret and Almaz want for their daughters matters vis-à-vis what their husbands want?

## Key informants

- **Who:** Key informants at kebele and woreda level whose work intersects with adolescents, gender and/or HTPs.
- **Why:** To understand how beliefs and practices are and are not changing – including in response to conflict and climate change, and to identify how threats to girls' (and boys') well-being are handled by the leaders/officials tasked with protecting them.
- **What:** Are/how are traditional practices giving way? What's driving change/ stasis? What's slowing it? How are laws and policies enforced or not enforced? What supports are available to kebele level officials and leaders?

### Example

Packs of cards for each type of key informant are provided, and the key informant is asked to draw 5 – and then explain how they would respond to the scenarios presented on the cards.

#### Teachers

- What would you do if you learned that one of your students – a 15-year-old girl – had dropped out of school because she was being sexually harassed most days as she travelled to and from school, and her parents refused to tolerate the risk to her reputation?
- What would you do if you learned that a 16-year-old girl in your class was to be married? What if you found out that she had tried to kill herself to avoid the marriage?

#### Health extension workers

- What would you do if a mother asked you to perform FGM on her 11-year-old daughter, so that there would be less risk to the girl?
- What would you do if an unmarried 15-year-old girl came in for vomiting and you discovered that not only was she pregnant – she had been raped and never told anyone?

#### Justice officials

- What would you do if you learned that a young female relative was about to undergo FGM? What if the child was a neighbour, rather than a relative? What if you learned that the family had asked the local HEW to undertake the procedure?
- What would you do if parents came to you and told you that their 12-year-old daughter had run off and married a boy against their will?







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ISBN: 978-1-917476-21-8

## About GAGE

Gender and Adolescence: Global Evidence (GAGE) is a decade-long (2016-2026) longitudinal research programme generating evidence on what works to transform the lives of adolescent girls in the Global South. Visit [www.gage.odi.org](http://www.gage.odi.org) for more information.

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Front cover: An 18-year-old Somali girl in Ethiopia © Nathalie Bertrams/  
GAGE 2025



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