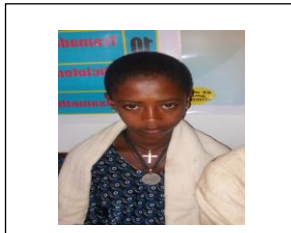


Engaged, Educated, and Empowered Ethiopian Youth [E4Y] Project



Final Report of the Research on Effects of Early Marriage on Girls' Education, Health and Women Empowerment in Ethiopia – with Particular Emphasis in West Amhara, Ethiopia



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Acronyms and Abbreviations

ANRS	Amhara National Regional State
CEDAW	Committee for Elimination of Discrimination Against Women
DOSH	Department of Environmental and Occupational Health and Safety
E4Y	Engaged, Educated, Empowered Ethiopian Youth
ECA	Economic Commission for Africa
EDHS	Ethiopian Demographic and Health Survey
FDRE	Federal Democratic Republic of Ethiopia
FGD	Focus Group Discussion
GER	Gross Enrolment Rate
GO	Governmental Organization
HIV/AIDS	Human Immuno Virus/Aquired Immuno Deficiency Syndrum
HTP	Harmful Traditional Practices
ILO	International Labor Organization
NCTPE	National Committee on Traditional Practices in Ethiopia
NER	Net Enrolment Rate
NGO	Non-Governmental Organization
PFIE	Path Finder International Ethiopia
RH	Reproductive Health
SNNPR	Southern Nations, Nationalities and Peoples Republic
STD	Sexually Transmitted Diseases
TVET	Technical and Vocational Education and Training
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
UoG	University of Gondar
USDOL	United States Department of Labor
WFCL	Worst Forms of Child Labor
WHO	World Health Organization
WV-E	World Vision-Ethiopia



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Executive Summery

One in five women are married before they celebrate their 18th birthday worldwide. Early marriage is a violation of human rights, and as such, international, regional and national actors aimed at eliminating this harmful traditional practice with proactive conventions and biding laws. Despite these initiatives and measures – such as the revision of the Ethiopian Family Law which raised women's age of marriage to 18 to match the men's – several reports document the tenacity of early marriage in different parts of the country, especially in the rural hinterland, committing Ethiopia to being amongst the least 5% countries within the Gender Development Index.

The effects of early marriage – combined with its blatant violation of human rights – are wide-ranging. As it effectively ends childhood, it limits a child's opportunities for schooling, skills acquisition and personal development, while, on the other hand, increasing the risks of early sexual initiation, adolescent pregnancy and childbearing, etc., which, due to their weak physical development, adversely affects their health, psychosocial wellbeing and public life.

This research report, hence, is a result of a fieldwork undertaken by an interdisciplinary team of researchers with the financial support of WV-E in one of the regions with the highest rate of early marriage in FDRE i.e. ANRS. It aimed to fill the gap in the existing body of knowledge on the psychosocial and health effects of early marriage, and inform the developmental, policy and intervention demands of the nation with evidence-based research to mitigate the problem of early marriage and its effects.

The study employed a mixed methods approach whereby both quantitative and qualitative methods were used to collect relevant data on the causes, mechanism and consequences of early marriage in seven purposely selected Woredas of three zones (North Gondar, South Gondar and West Gojjam). In each Woreda, four Kebeles were selected with the composition of rural and urban Kebeles where one to three proportions approach has been used dependent on the predominant pattern of settlement in the Woreda. Finally, all women decision to select the specific kebele was made by a lottery method considering the inclusion of both WV targeted and non-targeted kebeles to



ensure randomization within kebeles. Finally, all women with first marriage history of the last ten years have been targeted until the sample reached the allocated number of quota.

The survey covered 1278 representatively selected women who, had their first marriage over the past 10 years at the time of the study. 14 FGDs – seven with victims of early marriage and seven with community representatives and stakeholders – were facilitated. In addition, case studies with victims of early marriage who had exceptional and exemplary life experiences had been facilitated.

This study covered 1278 women with a mean age of 23.61, ranging between 14 and 38 years. 925 (72.4%) of the respondents were of rural origin, while currently about 573 (44.8%) of them live in rural areas which indicates, barring for the effects of urban-rural migration, a massive rural-urban migration amongst women in this age category in the study area with the reason linked with associated with their marriage or due to self migration. As noted in the findings, flight away from rural areas has been the response of many victims of early marriage when they do not want to go through the marriage or outgrow their marriage. However, this figure doesn't indicate about the exact place (urban/Rural) of that marriage practice as the data missed such specific information.

90% were of the Ethiopian Orthodox religious tradition and 9% were of the Islamic religious tradition. 57% of the respondents had their first marriage before they completed Grade 8. 85% of the respondents did not complete Grade 10. Some proportion of married women managed some level of schooling as 77% of them reported an educational level less than or equal to Grade 10, which means they managed to start or continue schooling after marriage. About 27% of the study participants had no formal schooling. In the meantime, 83% of their mothers, 77% of their fathers, and 27% of their husband had no formal education. However, a large proportion of women had married a husband at their first marriage with educational status reaching elementary and junior school level. As a result of low level of educational attainment among married women, and partly, low occupational diversification in predominantly agrarian economy, 41% of



married women ultimately became, after marriage, housewives, while the remaining were farmers (11%), local alcohol brewers and sellers (11%), among others.

The prevalence of early marriage in West Amhara was 34.7% (95%CI: 32.2%, 37.3%). The lowest age of participants at their first marriage was as low as 5 years old and the lowest age at first sexual encounter was reportedly 10, while living under one roof while married happened as low as 9 years old. The highest prevalence of early marriage was observed in Dera and yilmana-Densa woredas while it was lowest in Gondar city. The rate of early marriage was relatively high among Orthodox Christian followers (38.8%), among those who were born in the rural community (40.6%), who had no formal education (48.3%), and primary educational level (52.6%). Moreover, 88% of the respondents still lived with their first husbands. Among those who were engaged in agricultural activities, 67.1% experienced early marriage. Similarly, among local alcohol sellers, 39.3% married before age of 18 years. The study results also confirmed the economic rationale behind early marriage as families with a comparatively 'poor' socioeconomic standing declined from 20% to 14% after marriage. This indicates that early marriage has an impact on their economic development and welfare.

With regard to early marriage and its effects on women's and their children's sexual and reproductive health, the study found that 94% of women who married before 18 and 3% of women who married after 18 had an early sexual initiation. Furthermore, women that married before their 18th birthday were more likely to experience adolescent pregnancy (43% vs. 2%), multiple sexual partners and/or repeated marriage (19% vs. 8%), higher divorce rate (31% vs. 16%), higher probability of pregnancy complications (20% vs. 14%), higher probability of unplanned pregnancy (30% vs. 18%), lower ANC (31% vs. 69%) and PNC (86% vs. 93%) lower child birth weight (18% vs. 9%).

Though not statistically significant, women who married below the age of 18 were more likely to experience abortion, contract sexually transmitted diseases and low child immunization as compared to women who married at or after the age of 18.

Only 68% (compared to 82% among those married at or after 18) of women married before 18 currently live with their first husband, which implies familial and marital



disorganization for women who marry early. Both divorce and remarriage rates were higher amongst these women marrying below 18 as well. Victims of early marriage were also more likely to suffer from various types of abuses in the hands of their husbands including verbal abuse, beating, non-consensual sex, etc. while maintaining a subordinate position in various relevant decision making processes involving the family and relatives.

Women who married before the age of 18 had better places to meet and make new friend as compared to those who married at or above the age of 18. However, neither category of respondents had a higher number of friends nor difficulty in socializing with peers. Furthermore, there was no significant difference between the two in terms of accumulating and creating wider social capital with the single exception of those married above the age of 18 who mostly avoid contact with neighbours. Two important findings of the study, however, were that those married at or after the age of 18 tended to get significantly better support from their husbands and engage in various community activities.

The study found that about half of all women have interrupted their education due to marriage. Those who married at the age of 18 were twice as likely as those who married at or after the age of 18 to have no formal education. 84% of women who married before their 18th birthday while still in school interrupted or dropped out of school as early marriage involves adolescent pregnancy, childcare, domestic responsibly, etc.

Early marriage is a preponderant practice in traditional, agrarian society, and it compounds the problems girls face due to early marriage. Hence, this study considers assessing the working conditions under which married women are exposed.

About 376 (84.7%) of women married before their 18 year of age have been engaged in activities unlike the women married at and after the age of 18. 77 women were engaged in domestic work (house hold chores) at their family in-law's house (20.5 %) and 42 of them received no wage for family in-law's domestic wor(11.2. As the study reveals, victims of early marriage were found to engage in exploitative, hazardous economic activities. 209 women worked (56.3 %) in workplaces with extreme temperatures (Hot



and Cold), 42 women (11.3 %) worked in manual handling of materials >7kg for repetitive task, 203 women (54.7%) worked for more than 7 hours daily, 251 women (66.9%) had worked for more than 6 consecutive days including weekends.,

Women married below the age of 18 were more likely to be exposed to oppressive situations i.e. 203 women (54%) were not well supported at work from family in-laws and/or their husbands at any time and many of them, 144 women (38.2%), reported no decision making abilities about their daily tasks.

The overall reflection of this study can conclude that early marriage is still a burden for girls and to the general society with its subsequent negative effects on their health, educational attainment, socio-economic and psycho-social wellbeing.

Therefore, appropriate actions supported by legal enforcements need to be in place at all levels by all stakeholders for '*strictly forbidden cultural change*' in Amhara region and beyond for any similar actions to eliminate societal practices of early marriage. Moreover, rehabilitative and corrective actions are required to arrange supportive services for girls at risk and victims of early marriage. These actions will be supported by a strong and sustainable monitoring system that can trace such illegal actions at its inception level and a continuous, broad awareness for cultural/value transformation should be at the center of all preventive and corrective actions.

There are organizations and structures responsible to alleviate the burden of early marriage and its resultant effects. These include Education sectors, Health sectors, Labour and Social Affairs office, Women and Children Affairs offices, Police and Justice offices, girls and women. Additionally, victims, those who are at risk, and Researchers are among the others who are with a great responsibility. Government should take the lead with strong commitment for actions that can be implemented through its sector offices according to their mandate. The details of specific actions expected from each sector.



1. Background of the Study

The term early marriage, also known as child marriage, is used to refer to both formal marriages and informal unions in which a child lives with a partner as married before the age of 18 (1). For the UNFPA, early marriage is any marriage carried out below the age of 18 years i.e before the child is physically, physiologically, and psychologically ready to shoulder the responsibilities of marriage and childbearing (2).

Worldwide, more than 700 million women alive today were married before their 18th birthday. More than one in three (about 250million) entered into union before age 15. In spite of the significant efforts made by different actors to combat early marriage as a violation of the child's human rights, it continues to affect the lives of a considerable number of youth in Ethiopia. This prevailing scenario forces them to fend for themselves with limited opportunities for education and vocational training and (in later life) decent employment.

The prevalence of early marriage is one of the factors that explain why Ethiopia ranks 129th (out of 136 reporting countries) on the Gender Development Index. The ranking testifies to the fact that women, adolescents and youth are particularly disadvantaged (4). In most of rural Ethiopia, boys are also married as children, but girls are the main bearers of its undesirable socio-cultural and economic effects. Besides, the existing literature on early marriage in Ethiopia warrants the argument that it is a manifestation of gender inequality, reflecting social norms that perpetuate discrimination against girls.

Marriage at a young age limits a child's opportunities for schooling, skills acquisition and personal development while at the same time increasing the risk of early childbearing, which is associated with adverse health consequences such as maternal mortality, anemia, obstetric complications and other adverse birth outcomes(5). Due to this, many girls' scope for education and gainful employment will be limited committing them into poor economic conditions and poor quality of life during youth and later ages(5). Consequently, many Ethiopian girls either work in unpaid family businesses or engage in the worst forms of child labor including domestic servitude, laboring in



farming, manufacturing and service sectors. This scenario produces a nexus between female youth's limited educational and occupational opportunities and their engagement in menial and/or odd jobs which makes their situation precarious and vulnerable for early marriage and its undesirable effects on their education, health and empowerment.

Regardless, the research on this social and health problem is inadequate and poorly tuned to the developmental, policy and intervention demands of the nation to mitigate the problem of early marriage and its effects on girls' education, health and empowerment.

It is against this backdrop that the University of Gondar collaborates with World Vision (WV) under a project called 'Engaged, Educated, Empowered Ethiopian Youth (E4Y)' which is funded by the United States Department of Labor (USDOL), to design a systematic, holistic and collaborative study on the causes and consequences of early marriage to inform initiatives to address the problem as a WFCL in the Amhara National Regional State (ANRS) and SNNPR (Southern Nations, Nationalities and Peoples Region). Accordingly, based on the Memorandum of Understanding (MoU) between WV and the University of Gondar (UoG), the Department of Environmental and Occupational Health and Safety (EOHS) plans to conduct two studies, each covering ANRS and SNNPR, to develop one training manual and deliver training of trainers for relevant stakeholders. This proposal outlines the rationale and plan for the second study on "The Effects of Early Marriage on Girls' Education, Health and Women empowerment in Ethiopia – with particular emphasis in Amhara National Regional State". The proposal development team plans to execute the study within three months starting from the day of endorsement by its sponsor i.e. WV.



2. Statement of the Problem

As stated in UNICEF report (3), though boys also marry early, girls, are disproportionately affected by the institution and practice early marriage. Proportionately less boys than girls marry young; boys are less likely to marry downwards in age, while girls marry upwards in age as the studies in Mauritania and Nigeria revealed. In both countries, “more than half of adolescent girls aged 15 to 19 are currently married have husbands who are 10 or more years older than they are” (1). Girls are the ones pertinently affected by health and socioeconomic repercussions (education, work, etc.) associated with relative physical immobility during pregnancy, childbearing and childrearing.

In early marriage, the victims lack knowledge about reproductive health and contraceptives use. Child marriage is often followed by pregnancy and child rearing while still as a child. Child marriage affects millions of children throughout the world (3). Half of these women live in South Asia while early marriage is also most common in SubSaharan Africa. The two regions host the 10 countries with the highest rates (3).

Because of multiple and interlinked sociocultural and normative factors (e.g. traditionalism, patriarchy, poverty, illiteracy, etc.) that affect women's status in society as well as their capabilities and choices (6), the practice of early marriage continues unabated in many developing countries around the world. Young girls marry very early which denies them their fundamental rights to schooling, protective family environment, etc. This harmful traditional practice (HTP) is most common in developing countries but there are variations between countries as well as between regions within a country; and, in 2013, Ethiopia had one of the highest rates of early marriage in the world, ranking 18th (7).

According to the report of the National Committee on Traditional Practices in Ethiopia (NCTPE), the national prevalence of early marriage was 54%. But, not all Ethiopian girls face the same risk of marrying early. For instance, early marriage is practiced to a larger degree in Amhara (82%), Tigray (79%) and Benishangul-Gumuz and Gambela (64%).. The report also noted that large number of girls marry under age 15 in Amhara (62%),



Tigray (53) and Benishangul-Gumuz (50%). Early marriage, according to NCTPE seems higher among the Orthodox Christians (8).

A study conducted in the Mecha Woreda of West Gojjam Zone of ANRS revealed that the trend of the age at first marriage is declining from 11 years to 8 years between mothers' and daughters' generations(8). This contrasts with the UNICEF report that found improvements in the rate of early marriage in Ethiopia(3). The same report, however, hints at an increase in regional variations in Ethiopia as the rate of early marriage in ANRS (75%), for instance, is three times higher than the rate in the capital city of Addis Ababa (26%).

For the children involved, early marriage has profound physical, intellectual, psychological and emotional effects as it primarily limits the chance for personal growth through schooling and educational attainment both for boys and girls. It also has implications for the wellbeing of society as a whole as uneducated and less-prepared children aim to assume their responsibilities as adults and contribute efficiently to their society (9, 10). The costs include the loss of energetic educated, and skilled adults that sufficiently service their personal and social goals. This is a loss to the individual as it hinders personal growth and the attainment of quality of life; it is a loss to the family as it misses the opportunity to improve its livelihood and status benefiting from an able, skilled member; it is a loss to the society as it lacks the benefit that these children could make as adults to the creation of value through improved productivity as well as purchasing power courtesy of their better income they procure due to their higher educational attainment and acquired skills.

The problem of early marriage is highly gendered as it most likely leads to early pregnancy and childbearing, causing adverse health effects on the child-mother (a mother who gave birth while she is less than 18 years old [6]. Ethiopia has one of the highest adolescent fertility rates in Sub-Saharan Africa, 72.4 births for every 1000 young women aged 15-19 (11). This statistic is paired with a myriad of negative effects on the health of young women and their children. The UNFPA explains about this unfortunate reality as it will result in multiple effects such as teenage pregnancy, prolonged labor



and the possible resultant outcome of poor maternal and child health condition which are well linked with scarcity of healthcare units in rural areas, a low rate of skilled care during and after pregnancy and delivery, low socioeconomic status to get support when needed and high illiteracy rate among women to make self decision.

It is more likely for a girl who marries as a child to come from a community where education for girls is limited (or under-valued), low income households and countries. According to the UNICEF 2014 progress and prospects report (3), one in three girls in low- to middle-income countries will marry before the age of 18.

Education is a powerful tool to promote positive social change.. It attributes to an environment that encouraged the psychosocial, health, and economic development. It also plays a role in the promotion of respect for human rights and democratic values, creating the condition for equality, mutual understanding and cooperation among people (12). Specifically, it enables people to identify HTPs such as early marriage and replace them with useful ones that promote human dignity and wellbeing. This makes the school system the most important institution that socializes young people into different dimensions of adult life. Yet, many literatures (8) argue that the high prevalence of early marriage in Ethiopia is one of the crucial sociocultural factors that contribute to high school dropout rates among girls –it also contributes to boys' dropout rates but to a lesser extent.

What is lacking, is the political will and recognition of the importance of attaining education for all. There is a connection between government commitment to universal primary education and female education as poor enrollment ratios and large gender gaps are the attributes of poorer countries that are also less committed to financing universal primary education.

Cognizant of the importance of political will in addressing this predicament, the FDRE's Constitution (1995) includes provisions that aim to redress socially-sanctioned gender inequalities and discrimination in Ethiopia (Article 35:3). The revised Family Code (2000) and Penal Codes (2005) of Ethiopia make marriage and divorce procedures including age of consent, replicate equality between the genders(6). The Education and



Training Policy of Ethiopia (12) references gender disparity in education and includes provisions to frame education towards reorienting societal attitude and valuation of the roles and contributions of women in development. Recently, Ethiopia has made its commitment to eradicate the practice of early marriage by 2025 by launching a 'National Strategy and Action Plan on Harmful Traditional Practices against Women' in 2013 (13). The drafting of the strategy was partly a result of the insistence by the CEDAW Committee for a 'comprehensive strategy to eliminate harmful practices and stereotypes of that discriminate against women' in Ethiopia(14).

These policy documents have informed various governmental and nongovernmental interventions with solutions taking effect at individual, community, national and cultural levels to mitigate inadequacies and barriers to girls' education, including early marriage. They have stressed the diverse positives associated with increased access to education for girls. "Educating a girl is comparable to educating the family," UNICEF's report claims. For women, increase in years of schooling mostly leads to postponement of marriage to later years, lower fertility, healthier and better educated children, and economic development.

Despite all this, Ethiopian women remain discriminated against in every aspect of their life – economic, social, cultural and legal/political. The majority of them suffer from disadvantages that limit their enjoyment of certain privileges – as well as rights – and assume important duties, roles, power and authority equal to their male counterparts.

These problems of women, especially early marriage, are intimately related to poverty and illiteracy which are preponderant in rural Ethiopia. With regard to early marriage, poor women of rural origin tend to marry younger than those in urban areas, while their illiteracy and/or low educational attainment also plays a crucial role in their likelihood of marrying early(9). In many traditional settings, poor families use early marriage as a strategy for reducing their own economic vulnerability, shifting the economic burden of the daughter's care to the husband and his family.

Early marriage can also be rationalized in a traditional society like Ethiopia as a mechanism to evade the risk of daughters having premarital sex and becoming



pregnant out of wedlock. The consequences of becoming pregnant out of wedlock are harsh as they go against deep-rooted cultural norms of chastity and sexual purity before marriage. Most parents fear that unless their daughters are married early, girls might be exposed to sex, consented or otherwise, with the possibility of disgracing the family and tarnishing girls' reputation and subsequent marriage options.

This traditional marriage practice has been on the decline on a global scale in recent years. However, the progress in curbing early marriage has been slow and the problem proved resilient in some places (5). In Africa, there is a strong continuation of early marriage practices despite the various conventions and legal instruments making it illegal. Consequently, it continues to be commonly practiced in the world with high prevalence in developing countries like Ethiopia (3, 4, 7, 11) with variations between regions and residential patterns.

As noted above, amongst the regional states that comprise the FDRE, ANRS has the highest prevalence of teenage marriage with 50% of girls married by 15 and 80% married by age 18 (15). In 2014, 74% of women in ANRS between age 20-24 married before age 18 which is significantly higher than the national average of 41% (16). Teenage marriage comes with a myriad of negative effects on the education, health and empowerment of young girls which reverberates across generations. In Tach-Gaynt, one of the food insecure Woredas of ANRS, many young people, especially young girls, get married early with a prevalence rate of 69%. Between 2009 and 2014, female students represent 61% of the 25% primary school dropouts; and, 34% of female students drop out of school due to teenage marriage. This attests to the fact that child/teenage marriage is a particular problem of young girls in ANRS as it is in most traditional, rural communities as well as developing societies where traditional values are stronger and people are often reluctant to allow girls to leave homes even for schooling.

Due to its multiple causes, mechanisms and consequences, according to reports of program evaluations (e.g. Erulkar and Muthengi, 2009), the prevention of early marriage requires interventions that simultaneously address the economic and social factors that



promote early marriage and increase girls' access to schooling(17). Thus, it is important to inform such types of interventions at a regional level that this study envisages to identify the many, interlocked effects of early marriage on girls' education, health and empowerment in Ethiopia by taking the case of ANRS which has one of the world's highest rates of early marriage (the highest in Ethiopia) and where "most unions take place without girls consent" (18).Child brides in ANRS have little or no access to reproductive health information and services and face tragic consequences that cripple,if and when they survive long enough, their ability to grow into healthy, productive women. The effects of early marriage go beyond the child bride as they severely undermine global and national progress on a variety of Sustainable Development Goals (SDGs 3, 4, and 5) i.e. Agenda-2030. This study, thus, employs an interdisciplinary approach drawing insights from education as well as health and social sciences, aiming to foster a comprehensive understanding of the problem and inform policymaking, intervention strategies, and projects to mitigate this broadand resilient national problem.



3. Situational Analysis of Early Marriage and its Effects

Ethiopia is reported to be one of the global hotspots of early marriage(9). In 2001, the proportion of girls marrying before their 18th birthday stood at 57% making Ethiopia 8th next to Niger (82 %), Bangladesh (75%), Chad (73%), Yemen (64%), Mali and Nepal (63% each), and Mozambique (59%) (See Fig. 1).

The Ethiopian Demographic and Health Survey (EDHS)2011 found that among women age 25-49, 63% married by age 18, and 77% married by age 20. The median age at first marriage among women age 25-49 was 16.5 years, a slight increase from the 16.1 years reported in the EDHS report in 2005. The proportion of women married by age 15 has declined over time, from 39% among women currently age 45-49 to 8% among women currently age 15-19. The EDHS data (16) found men marrying at much older ages than women. For instance, among men age 25-59, only 13% were married by age 18 (63). This shows that early marriage is gendered and it affects mainly women. The study also shows similar results for the rest of Sub-Saharan Africa (6).

Age at first marriage seems to be increasing in the new generations and is used as a proxy for first exposure to intercourse and risk of pregnancy. The increment is, however, exaggerated for two reasons. First, the EDHS defined age at first marriage as the age at which the respondent began living with the first spouse(12). However, evidences indicate that many early marriages are arranged before spouses start living together such as in the case of promissory marriage and early marriage(6). There might also be systematic underreporting when it comes to early marriage which bears mainly on the magnitude of early marriage for girls as men generally delay marriage till they reach the legal age of consent. For the growing institutional capacity to enforce the revised Family Code (2000) and Penal Code(2005), with provisions that raised the age of consent for marriage to 18 for girls, would have discouraged the reporting of incidences of early marriage due to fear of criminal prosecution.

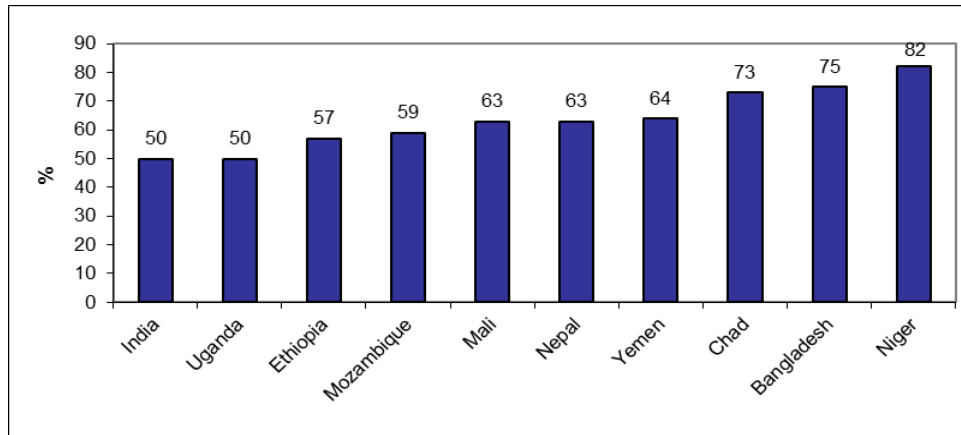


Figure 1: *The top ten hotspots of early marriage in the globe (Source: Wondie, 2009(19))*

Generally, ECA (6) reports six types of marriage arrangements based on the findings of research carried out in regions of Ethiopia where the practice of early marriage is prevalent: promissory marriage, early marriage, early adolescent marriage, late adolescent marriage, adult marriage and marriage of young girls to an elderly man. Promissory marriage occurs when a family promises its newborn (or not yet born) daughter to another family to mark significant life events. Early marriage is, on the other hand, when children under the age of 10 are wedded through mechanisms that entail either the transfer of the child bride to her in-laws immediately after the wedding ceremony or the staying of the child bride with her parents until such time that the two families agree she is mature enough to move and live with her husband. In the first case, sexual assault is likely and the chances of the marriage to break down are also greater.

Based on the age of the bride, other types of marriage arrangements can be identified in the form of early adolescent (age 10-15), late adolescent (age 16-20) or adult (age ≥ 20). The case with the marriage of a young girl to an elderly man occurs when the latter is typically between the ages of 40 and 50 but he can be even greater than the age 60. The main reasons why a young girl marries an elderly man lie in the value of high fertility, perceived greater likelihood that young girls grow in the husband's house to become providers of care in the husband's late days and desirability of a virginity.



The practice of early marriage neglects its multifaceted, undesirable consequences on the lives of female children and women. Negative consequences on reproductive health, female empowerment and decision making, education and psychosocial wellbeing are the most noted out of several as the following discussion highlights.

3.1. Effects of Early Marriage on Women's Health

Early marriage has broad health, social, economic, and political implications for the girl and her community. It exposes them to serious physical, psychological and health risks, and it deprives her of internationally and national recognized human rights. Amongst these harms and challenges, the health risks of early marriage have attracted relatively more attention. Due to their lack of knowledge and access to reproductive health services (for example, family planning methods), early marriage results early pregnancy and unwanted/unplanned pregnancy and childbearing..

Although adolescent pregnancy is a worldwide phenomenon, it primarily occurs in developing countries. Since adolescent girls are not physically, socially and psychologically mature, they face the challenges and repercussion of adolescent pregnancy. It is noted that about 16 million adolescent girls aged 15 to 19, and 1 million adolescents under 15 give birth every year(20). About 19% of young women in developing countries become pregnant before age18(11). In developing countries, 20,000 girls aged less than 18 years give birth every day(21). In 2003, the global average birth rate among adolescent girls (aged 15 to 19)was 50 per 1000 girls, while it was 87 per 1000 girls in Ethiopia(22).

Early pregnancy and child birth have detrimental impact on maternal and child health – both in terms of morbidity and mortality. For instance, perinatal(obstetric) complications are the second leading cause of death among adolescent girls(20, 22, 23). These obstetric complications are more prevalent in adolescent girls than adult women due to physical and physiological immaturity and low perinatal health care seeking behavior(20, 22-24). The later is usually due to the lack of information on the availability of perinatal care services, on potential risks of pregnancy and child birth, and due to economic constraints. Additionally, adolescents who become pregnant tend to be from



lower-income families that are nutritionally depleted(20, 23). Tens of thousands of adolescents die each year of causes related to obstetric complications(24).

As one of the obstetric complications of adolescent pregnancy, abortion is one of the five common causes of maternal mortality. Globally, 3.2 million unsafe abortions among adolescent girls take place each year(11, 21) which accounts for almost half of all abortions(11). The large portion of patients who are hospitalized for complications from unsafe abortions are adolescents(25) as they are, compared to adults, more likely to experience hemorrhage, septicemia, internal organ damage, tetanus, and sterility (11).

Almost all (98%) of unsafe abortions take place in developing countries, where abortion is often illegal. Even where abortion is legal, adolescents may find it difficult to access services. Since adolescents do not complete their growth, they usually have prolonged and obstructed labor, post-partum hemorrhage and anemia that cause large maternal deaths (22). These are all serious complications that endanger a mother's life unless they are managed in a timely manner. In sub-Saharan Africa, for instance, an estimated 36,000 women and girls die each year from unsafe abortion, and millions more suffer long-term illness or disability (10).

Obstetric fistula is one of the most serious and catastrophic childbirth injuries that affect child mothers. It is a hole between the birth canal and bladder or rectum caused by prolonged, obstructed labour. It leaves women leaking urine and/or faeces involuntarily. If women develop a fistula and it is left untreated all components of their health (physical, physiological, psychological, social, economic and spiritual wellbeing) will be affected(23, 25). Fistula victims in ANRS are usually abandoned by their husbands, become social outcasts and are vulnerable to social sufferings and abject poverty(8). However, despite its dehumanizing effects, it remains prevalent in developing countries where early marriage/pregnancy and adolescent birth is high and medical/health services remain poorly accessible.

In developing countries, an estimated 2 to 3.5 million women and girls are living with obstetric fistulas and 50,000 to 100,000 new cases are registered annually(23). Obstetric fistulas also affect children of afflicted mothers as they could result in still births or death



of infants within the first week of life(25). Klein (2005) documented that adolescent pregnancy is also associated with other medical problems including poor maternal weight gain, pregnancy-induced hypertension, anemia and STDs(26), while the World Health Organization (WHO) reported that early marriage increases the risk of HIV infection (27).

Early marriage potentially links with several behavioral and social factors to increase the vulnerability of married female adolescents to HIV infection. Early marriage increases coital frequency, decreases condom use, and virtually eliminates girls' ability to abstain from sex. Additionally, they tend to have older husbands whom have previous sexual exposure. A study done in Kenya and Zambia noted that husbands of married girls are three times more likely to be HIV⁺ than boyfriends of single girls. The study showed a higher rate of HIV infection in married girls than sexually active unmarried girls(28). UNFPA reported findings that married girls are likely to find it difficult to insist on condom use by their husbands who commonly are older and more sexually experienced, making the girls vulnerable to HIV and other STIs(29).

Ethiopia is not an exception to the prevailing general trends of most developing countries. Guday, who wrote about the rural communities in Mecha Woreda of West Gojjam, claims; "The health risks of early pregnancy and childbirth are numerous and contribute to the high rates of maternal and child mortality." Her study documents the dangers and challenges early marriage poses to "young girls' reproductive health and psychosocial wellbeing resulting from early and multiple births, lack of health care services and educational opportunities"(8).

3.2 Effects of Early Marriage on Child's Health

The adverse health effects of adolescent childbearing are not limited to mothers' as their babies face amplified health risks including still birth, newborn and infant deaths. The health risks to the infants and children of adolescent mothers have been well documented. Perinatal deaths, for instance, are 50% higher among infants of adolescent mothers than among infants of mothers between the ages of 20 and 29(11, 20). Different studies and reports identified that adolescent pregnancy results in preterm



delivery and low birth weight; and, infants who survive are more likely to be of low birth weight and be premature than those born to women in their 20s(11, 20, 21, 23, 25, 26)and low Apgar scores (22). Apgar score is a health assessment score given to the newborn baby just at one and/or five minutes after the delivery using five criterias which has 0-2 score is given for each criteria with their sum ranges from 0-10. A score less than 7 is considered as low apgar score which tell us the newborn is at risk of death and requires resuscitation/support. All these leads to risk of long-term effects(21)and subsequently to death. WHO also reported that newborns of adolescent mothers are more likely to have low birth weight, with the risk of long-term effects(30).

Tragically, there is a strong association between fistula and stillbirth, with indication that 78 to 95% of women who develop obstetric fistula end up with a stillbirth (23). About one million children born to adolescent mothers do not make it to their first birthday(31).

Generally, educated mothers are more likely than uneducated women to take advantage of modern medicine and comply with recommended treatments for their own and their babies. But, when women marry early, they register a low retention and performance rate in school affecting their educational status which, in turn,bears negatively on the health of married adolescents and their child as well as their socioeconomic empowerment.

3.3 Effects of Early Marriage on Women's Empowerment

Early marriage is a serious social problem in itself and it can also exacerbate the prevalence of domestic violence which undermines women's status and decision making powers. Globally, some 30% of girls aged 15 to 19 experience violence by a partner(32). It is reported that early marriage increases the risk of intimate partner sexual violence as they are more physically, socially, and emotionally fragile (27). A study done in Bangladesh found that women who get married during their adolescent years are subject to increased domestic violence and are less likely to be empowered as compared those who marry as adults.

These effects of early marriage are linked with its effects on adolescents' education which limits their skill acquisition and employment opportunities as well as their



participation in household decision-making process. This finding has been supported by a study in Bangladesh which found better educated women to be more empowered than women with less education(33). Another study noted that girl brides are twice as likely as women brides to experience domestic violence(34).

Several studies reveal the paradox of persistence of early marriage practices in ANRS and increases in the average age of marriage across generations(35). A study of three rural Kebeles in the region found that peoples' perception about the appropriate age for marriage has changed which can be attributed to "education, legal monitoring and greater awareness of illnesses associated with early pregnancy such as fistula." However, many of the young married girls interviewed in this particular study still reported they were informed of their marriage shortly before it took place, denying them any say in their marriage. In the context of land shortages and a rapidly growing population, girls from relatively better-off families who stand to inherit land are likely to marry at an early age whereas girls from poor families with fewer land assets are likely to struggle to find a marriage partner.

Once married, girls' possibilities for an independent life are limited. Many girls become unable to continue their education without the support of their husbands, which is very rare. Rural communities in ANRS pictures a 'good wife' almost exclusively in terms of the work she does for her husband, children and home. Early marriage also exposes girls to domestic abuse especially where they have no access to an independent income, and become socially isolated due to economic reliance on their partners. In these circumstances, divorce remains an option of last resort for many young women.

3.4 Effects of Early Marriage on Women's Education

Early marriage is associated with lower levels of schooling for girls in every region of the world and is a barrier to international development goals. A lost opportunity for education is not only harmful for girls, but has wide-reaching repercussions for their children and communities. Educating girls creates many positive outcomes for economic development and poverty reduction by improving a girl's income-earning potential and socio-economic status.



Over the past decade, sub-Saharan Africa saw the expansion of universal primary enrollment policies and gender balance in primary school participation improve considerably, with girls now attending school almost at the same rate as boys. These gains in primary school, however, are said to have not carried over to secondary: for every 100 boys, only 82 girls of secondary school age are enrolled across the region, up from 80 in the year 2000. The reasons for a gender gap at secondary level may include school fees, greater travel distances to secondary schools, and absence of water and sanitation facilities, or the financial pressures on families who must choose which of their children attends school, a decision that often negatively affects girls to a greater extent than boys.

In 2013, in Awi Zone of ANRS, for instance, girls remain in school for an average of five years and, out of all the out-of-school girls, nearly one-third cited early marriage as their reason for dropping out (36). This was revealed in a study in South Wollo and East Gojjam Zones of ANRS which also revealed that they become a pointing object of their peers when they tried to resume school after marriage. "This may lead," the authors add, "married students to various psychological problems". Quoting a teacher, they explained that "a previously sociable and expressive student becomes in-expressive, depressed and isolated after her marriage" (37).

3.5 Effects of Early Marriage on Women's Psychosocial Wellbeing

Several studies document the negative effects of early marriage on the psychosocial wellbeing of child brides and young women. These negative consequences may range from loss of childhood, assuming adults' responsibilities to repercussions of various health problems such as early childbirth, divorce, and obstetric fistula. The loss of adolescence, the forced sexual relations, and the denial of freedom and personal development accompanying early marriage have profound psychosocial and emotional consequences. The impacts, nonetheless, can be subtle and insidious and the damage hard to assess as it includes such intangible factors such as the effect of a girl's loss of mobility and her confinement to the home and to household roles (9).



Most girls who are unhappy in an imposed marriage are very isolated. They have no one to talk to as they are surrounded by people who endorse their situation. In Ethiopia, Inter-African Committee researchers were struck by the lack of interest from elders in the traumas suffered by young girls as a result of early marriage, premature sex and child bearing. These traumas were regarded as an 'unavoidable part of life' (38). Girls who run home to their parents may be beaten and sent back to their husbands. Thus, distress is generally endured in silence.

The child bride who is widowed very young can suffer additional discrimination. Widows suffer loss of status and they, along with their children, are often denied property rights, and a range of other human rights. In parts of Africa, a widow is remarried to a brother-in-law, a custom known as levirate, originally intended, in part, to provide economic and social support to the widow. This is done by the Luo community of Kenya and in case the widow resists, she may be cast out of the family. Child widows with little education and no means of earning are especially powerless.

Studies in Ethiopia in general and in ANRS in particular attest to the suffering of young married girls from reproductive health problems as well as psychosocial problems arising from early sexual intercourse and early pregnancy complications. The problem is appalling in rural villages "where maternal health care, facilities and well-trained nurses and doctors are nonexistent"(8). Most of these girls receive little/no formal education which limits their knowledge and access to basic RH services. Young married girls are also objects of contempt and ridicule among their peers in school which leads to the development of psychosocial problems such as stress, anxiety and depression(37).

These problems are intimately linked with low self-esteem that emanate from curtailed or absence of educational and developmental opportunities among girls that marry very early. Rosenberg claimed that self-esteem and depression reinforce each other to aggravate bad outcomes for individuals – in our case child brides(39, 40). "Once depression takes root," Rosenberg, Schooler and Schoenbach write, "it comes to include the self in its orbit of pessimistic thoughts" (41). As early marriage is mostly attended by dropping out of school, isolation from peers, etc., it implies loss of childhood and low self-esteem among child brides which reduces their initiative and/or determination to



persist in the face of obstacles and setbacks towards success (42, 43). This generally undermines their chance to improved life chances and fulfilling a productive adult life.

Moreover, it is quite common to see married children are highly engaged in different activities that might expose them for exploitative child labour. According to the labor proclamation, in Ethiopia it is unlawful to impede the worker in any manner in the exercise of his/her rights or take any measure against him/her because he/she exercises his/her right(44). In general, discrimination at work includes the denial of equal treatment and opportunity to individuals in their own right or as members of a social group on the basis of race, color, sex, religion, political opinion, national extraction or social origin(45).

In the rights of workers of the decent work dimension, ILO set basic conventions to protect young workers such as, Abolition of Forced labor(46), Minimum Age at Work(47), The Worst Forms of Child Labor (48), Freedom of Association (49) and Discrimination (Employment and Occupation) Convention(45). However, around 168 million children are still working as child laborers in the world among which the incidence of child laborers is 59 million in Sub Saharan Africa and most of their engagements are in the informal economy(50).

Ethiopian society has a trend to ensure that every woman has good quality and capacity in managing all household tasks including cooking, child care and agricultural activities. Hence, this leads girls at risk of exposure towards exploitative child labor while they are with their families if they are intended to marry soon. Also, the situation continues, after their marriage, with their family in-laws since they are expected to manage all tasks that they are given from any relatives of their husband.

The ILO convention No.138 states in its Article 7 that work should not be harmful to a child's health and development and it should not prevent the child to attend education of any type including trainings. Hence, any work that youth are engaged in should not be hazardous for their health and development by its nature which includes working for excessively long hours (>7 hours/day and 6 days per week), work with no wage at all(work at night-between 10:00pm and 06:00am), work with toxic chemicals and work



with excessive thermal conditions. In Ethiopia, it is prohibited to employ young workers to work greater than seven hours a day work nights between 10 p.m. and 6 a.m., work overtime, and work during weekly rest days and public holidays (44). Yet, a substantial number of youth are working at least 20 hours per week when school is in session and working after 11 pm and working before school (52)

Ethiopia has ratified the ILO fundamental convention on the provision of safe working conditions and working environments for employees (51), and the Ethiopian Labor Proclamation No. 377/2003 on the prohibition of employing young workers in activities that endanger their life or health. Specifically prohibited employment for youth are: work in the transport of passengers and goods by road, railway, air and internal waterway, docksides and warehouses involving heavy lifting, pulling or pushing or other related labor, work connected with electric power generation, plants transformers or transmission lines, underground work, such as mines, quarries and similar works, and work in sewers and digging tunnels. Other cases of unsafe working condition for young workers includes working for long hours.

This information indicates that early marriage can lead girls to different challenges that hugely impact their future life and ability to fully develop into an adult that can lead an independent life and serve themselves and the society at large. However, the nature of its impact needs to be well investigated and an appropriate solution formulated on how to reduce/eliminate the problem of early marriage and its associated impacts on women. It is with this argument that this study has been designed by the University of Gondar in collaboration with World Vision so as to assess the problem, its cause and associated effects, and then to design appropriate solution and will have benefit different stakeholders to formulate and implement actions to reduce early marriage and associated effects in the region.



4. The E4Y Project Objectives

In E4Y, World Vision (WV) will address the worst forms of child labor (WFCL) in 11 Woredas and 3 urban centers within the regional states of Amhara (Chilga, Gondar Zuria, Libo-Kemkim, Dera, Yilmana, Densa Woredas, Gondar and Bahir Dar towns) and SNNPR (Kedida Gamela, Quacha Bira, Damboya, Lemo, Gombora, Shashego Woredas, and Hosanna Town) with the following project objectives:

- Support 12,000 target youth, including 6,500 female youth and 400 youth with disabilities, aged 14-17 and 10,000 non targeted youth to reach their educational potential, develop marketable skills to secure decent work and serve as leaders in their communities.
- Improve livelihoods and access to social protection services for 7,500 vulnerable HH of targeted youth.

One of the approaches to address the issue of child labor is by ensuring decent work opportunities for youth in the target sites. Girls and women are the main disadvantaged group affected by the lack of decent work opportunities due to the effect of early marriage on their education, health and empowerment. Hence, understanding the current situation and the gaps through research is one of the vital activities to effectively achieve the project objectives.

Research Questions

- + What is the prevalence of early marriage in west Amhara?
- + Does early marriage affect women's education?
- + Does early marriage have an impact on mothers' and their children's health?
- + Does early marriage have an impact on psychosocial well-being of mothers and their children i.e. violence, abuse, self-esteem and social capital/network, etc?
- + Does early marriage have an impact on women's empowerment i.e. decision making power, resource management, etc?



5. Objectives of the Study

5.1. General objective of the study

The main objective of this study is to systematically and objectively assess the prevalence and causes of early marriage and its effects on girls' education, health, psychosocial wellbeing and empowerment in ANRS, Ethiopia.

5.2. Specific Objectives of the study

Specifically, this study will address the following objectives:

- Determine the prevalence of early marriage in the study area (ANRS);
- Determine effects of early marriage on women's education in ANRS;
- Determine effects of early marriage on mothers' and their children's health in ANRS;
- Determine effects of early marriage on psychosocial well-being of mothers and their children i.e. violence, abuse, self-esteem and social capital/network, etc. in ANRS;
- Determine effects of early marriage on women's empowerment i.e. decision making power, resource management, etc. in ANRS;
- Assess relative engagement of women in economic activities in ANRS;
- Assess community knowledge, perception and values about early marriage and associated effects in ANRS;
- Identify socioeconomic and cultural correlates as well as key actors/drivers of early marriage in ANRS; and,
- Assess effectiveness of legal and institutional frameworks on early marriage in ANRS.

The research data will be basis the for a point of comparison, for future analyses and the findings will include important information for policy makers and stakeholders in the area to act on the issue. Moreover, it fills a knowledge gap for development practitioners that are interested in working to end the issue of early marriage. The research can also be used as an input for the E4Y project to address issues related to early marriage based on the research recommendations.



6. Methods and materials

6.1 Study Designs

This project addresses multiple research objectives involving quantitative studies triangulated with qualitative approaches.. A community based cross-sectional study with a descriptive and analytical component was used to determine the prevalence of early marriage and to identify possible associated factors leading to the effects of early marriage. A community based cross-sectional study has also been used to assess the effect of early marriage on perinatal care, the use of family planning services, child care and immunization and birth space, as well as assessing the level of women empowerment, domestic violence, divorce rate and self-esteem in relation to early marriage. Moreover, the study had assessed the effect of early marriage in different perspectives on education and their exposure to child labor. A community based retrospective cohort study has been conducted to determine the incidence of poor obstetric outcomes such as the challenges of adolescent pregnancy, abortion, fistula, medically indicated cesarean sections, and maternal and child mortalities.

For the qualitative study, a phenomenology study design was employed to assess community perceptions and values about early marriage, attitude towards the legal age of marriage, perception on the impact of early marriage, attitude towards main community actors, and the challenges of early marriage. Additionally, authors conducted intensive reviews on documents to strengthen evidence on the effects.

6.2 Description of the Study Setting

This study was conducted in five districts and two urban centers of the Amhara regional state (Chilga, Gondar Zuria, Libo-Kemkim, Dera, Yelmana-Densa Woredas, Gondar and Bahir Dar towns). Districts are divided into urban and rural Kebeles, the smallest administrative units. Both urban and rural communities were involved in the study. There were seven active universities in the Amhara region and the coverage for primary school in the region was 92.17% while the enrollment of male and female students in



primary school in the region were 2,368,035 and 2,257,777 respectively (53). This study was conducted during the period of January to April, 2017.

The national gross enrolment rate (GER) at the primary level was higher than 100% due to the inclusion of students of an inappropriate age who entered the school system late and discontinued schooling or repeated grades due.. Consequently, the net enrolment rate (NER) reached 93% in 2013(53). Looking at enrollment at the higher education level, like TVET and university, in 2013, the GER in TVET and undergraduate university programs were, 238,884 (females: 51%) and 553,848 (females: 30%). The national adult literacy rate also reached 41.5 percent in 2012 (54).

6.3 Study Population

The target population for the survey was women who married within the last ten years in ANRS. In addition, relevant data on the causes, modalities and effects of early marriage were gathered through FGDs consisting of victims of early marriage and key representatives/stakeholders of the community, including religious/community leaders, parents, elders, experts GOs (such as Labor and Social Affairs, Women and Children Affairs, law enforcement personnel, etc.) and NGOs that are available in the study sites. Some cases of girls who demonstrated the effects of early marriage on women were approached and a full profile of victims were reviewed.

6.4 Sample Size and Sampling Techniques

a. Sample Size Determination

Quantitative Study

The sample size is calculated by using a single population formula where the proportion of early marriage in Ethiopia among married women whose age less than 24 years is 41% (16) with the consideration of the following assumptions: 95% confidence level, 4% marginal error, and design effect of 2 for multistage and cluster sampling.

$$n = \frac{Z_{\alpha/2}^2 \cdot p(1-p)}{d^2} = \frac{1.96^2 \cdot 0.41 \cdot 0.59}{0.04^2} = 581$$

Considering design effects (x2) and non-response rate (10%), the final sample size is **1278**.



Qualitative Study

In this study FGDs and in-depth interviews were used as qualitative tools. Initially, 2 types of FGDs, that consist of 6-12 participants each, had been conducted in the seven Woredas: (1) with victims of early marriage that constitute both from urban and rural settings and with a mixed length of their first marriage i.e. 1-5 years and 6-10 years; and (2) with representatives of community leaders, elders, law enforcement and police officers, parents, primary school directors, NGOs working on children and girls, government representatives including Labor and Social Affairs and Women and Children Affairs, etc. In each FGD, discussants were a combination of rural and urban origin to account for the impact of urbanization, economic development and diversity on the incidence, prevalence and severity of early marriage in the respective Woredas. In total, 14 FGDs had been facilitated to gather relevant information to achieve the study objectives. All the participants of FGDs with early marriage victims had been identified and invited by the data collectors during the community survey while participants of stakeholder FGDs were approached by local WV staff and local administration.

Additionally, about three case studies were conducted with girls and young women who experienced early marriage with all its multifaceted repercussions on their education, health and psychosocial wellbeing. Two typical cases were identified during the community survey and one at the FGD and detailed profiles of girls had been collected.

b. Sampling Strategy

This study employed a combination of non-probability and probability sampling strategies to identify its target populations. First, five districts (Woredas) and two urban centers of ANRS are selected purposefully as they are current beneficiaries of the sponsor of this study (i.e. World Vision Ethiopia). Administratively, each Woreda is organized into Kebeles. Second, after stratifying the Kebeles into urban and rural classifications based on the criterion of residential pattern, four Kebeles (one urban and three rural) from predominantly rural Woredas and four Kebeles (three urban and one rural) from the two urban centers were selected by using systematic random sampling techniques.



The sample size for each district is determined at the aggregate level proportionate to its population size. Then, after using lists of Kebeles within specific district a random sampling technique using a lottery method to determine which kebeles constitute the theoretical sample of the study. The sample size is allocated to each targeted Kebele equally. Finally, allocated sample elements had been collected from the randomly selected kebeles until the allocated number of sample achieved as a cluster where the predetermined number of questionnaires and data collectors was assigned for each site according to the sample size assigned for a specific kebele.

The respondents were women who entered into their first marriage within the past 10 years at the beginning of the study. A 10 year period gave the study a reasonable sample size of women who had married recently in order to assess the current incidence, prevalence and multifaceted effects of early marriage on their lives as well as their children's wellbeing. The scope of the study is delimited as such to be able to determine the current incidence, prevalence and impacts of early marriage in light of new and existing legal/institutional frameworks and interventions by governmental and nongovernmental agencies to deal with this perennial social problem.

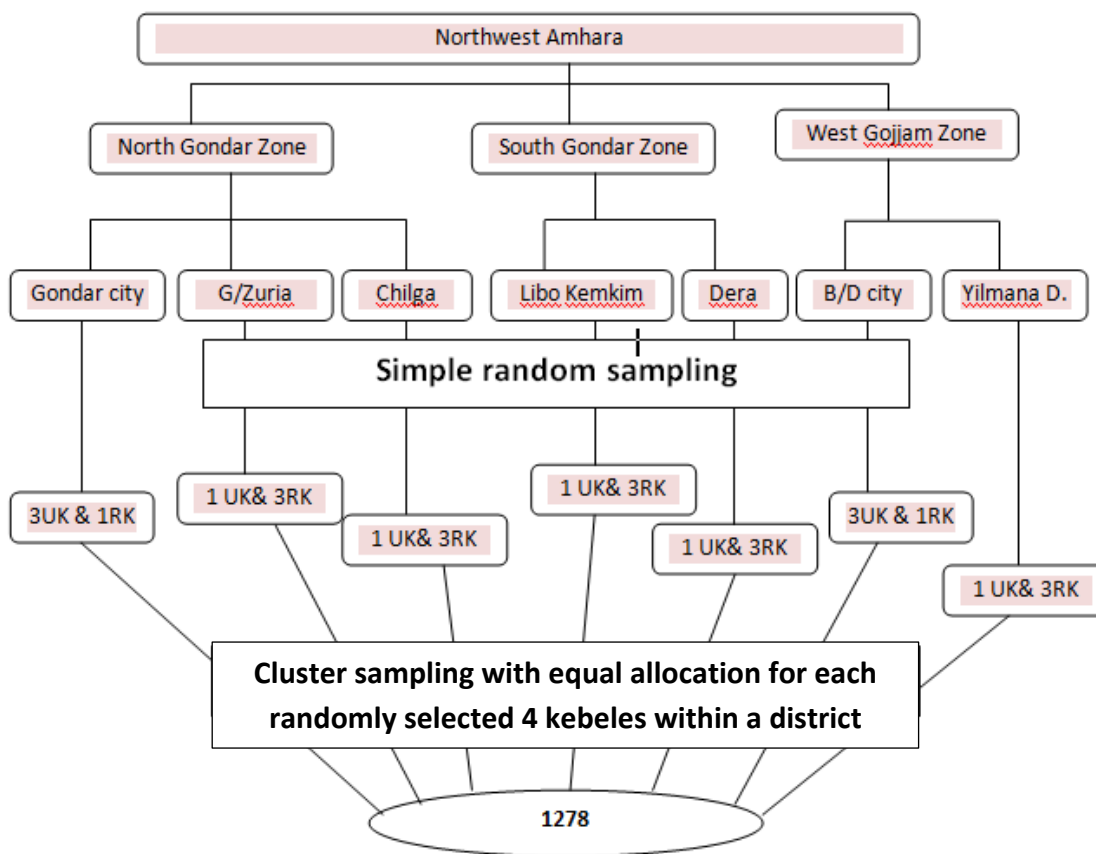


Figure 2: Schematic presentation of the sampling procedure for each region



Table 1: Sampling characteristics of the study areas

District Code	Name of Districts	Kebele Code	Name of Kebeles	Set up
01	Chilga	01	Serako	Rural
		02	Eyaho Seraba	Rural
		03	Bihona	Rural
		04	Ayikel 02	Urban
02	Gondar Zuriaya	01	Bahri Gimb	Rural
		02	Lemba Arbayitu	Rural
		03	Sebah Gebgriel	Rural
		04	Enfiranz	Urban
03	Gondar Town	01	Maraki K/ketema	Urban
		02	Arbegnoch K/ketema	Urban
		03	Mahil Arada K/ketema	Urban
		04	Azezo Ayermarefiya K/ketema	Rural
04	Bahirdar	01	Hidar 11 K/ketema	Urban
		02	Belay Zeleke K/ketema	Urban
		03	Gish Abay K/ketema	Urban
		04	Zenzelma K/ketema	Rural
05	Dera	01	Ambesamie	Urban
		02	Ema Shenkorie	Rural
		03	Wochech	Rural
		04	Zara Michael	Rural
06	Libokemkem	01	Addis Zemen	Urban
		02	Ambo Meda	Rural
		04	Bura	Rural
		03	Birkutie	Rural
07	Yilmana Densa	01	Kilelet	Rural
		02	Dembash	Rural
		03	Goshye	Rural
		04	Adiet	Urban

6.5 Variables of the Study: Dependent and Independent Variables

Different variables are of interest to this study: early marriage; perinatal care; availability, and utilization of family planning services, immunization; women's empowerment; violence and abuse of partners; divorce; self-esteem; educational opportunity; bad obstetric outcomes such as adolescent pregnancy, abortion, fistula, medically indicated cesarean section, child mortalities; family socioeconomic status; community's perception; exposure to exploitative labor; community perception and practices on legal age of marriage; early marriage drivers. These variables exist interlocked with one another in the larger societal framework. The figure below summarizes the nature and association of these variables.

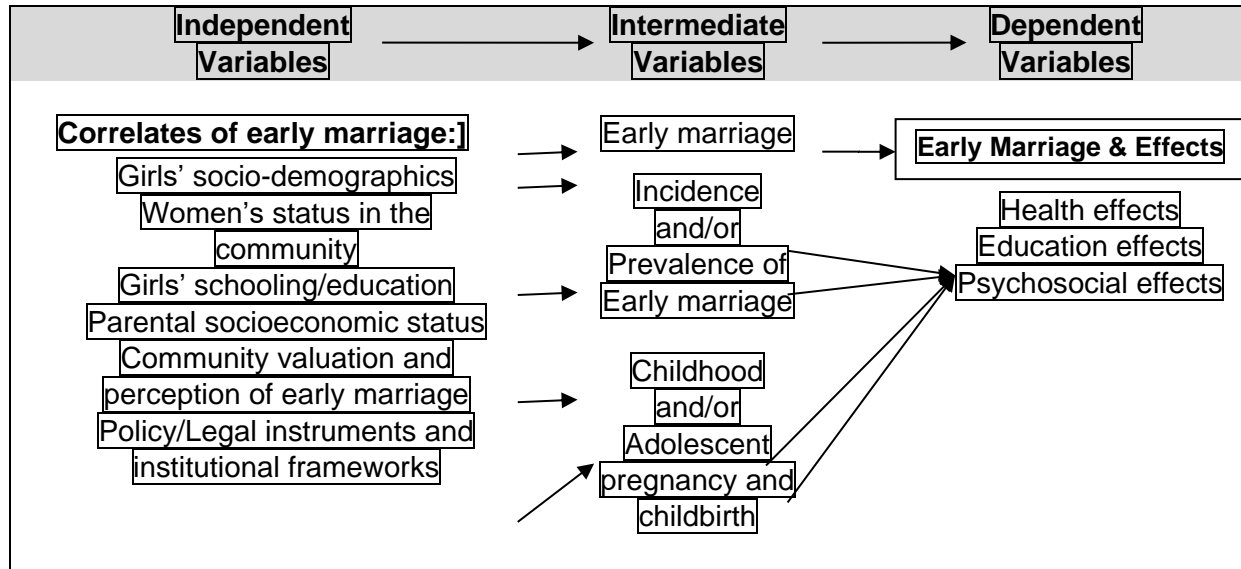


Figure 3: Relationship between independent, intermediate and dependent variables.

6.6 Data Collection Tools and Materials

Data collection tools (questionnaires and guides) were developed by the research team in the English language. The validity and consistency of the tools was checked through forward and backward translation, wherein the tools were developed in English which were then translated to Amharic and back to English. 28 female data collectors with minimum educational status of a diploma and experience in research undertaking and/or data collection were employed as enumerators for the community survey. The core research team members were the facilitators for all FGDs and interviewers of the case studies which helped to guide participants in conversation with the purpose of collecting valuable information in the discussion.

Two days of training on data collection tools was provided for enumerators and local guides. Enumerators had administered the structured questionnaire(s) to collect relevant data from the study area. Enumerators had been recruited with representation from each study district, with the aim to use them as an additional local guide for the groups.



The survey questionnaire was piloted to check for validity, reliability and consistency of the tool as a sound data collection instrument. The pilot testing exercise was undertaken at Teda Kebele which was not included in the main survey and gave the research team an opportunity to check for omissions, redundancies and relevance in the tools..

6.7 Data Compilation and Analysis

All collected quantitative data were checked for completeness and entered into Epi data and were transferred to SPSS (20) for analysis. Descriptive and inferential statistics were employed to determine, among others: the causes and prevalence of early marriage; the incidences and magnitude of bad outcomes of early marriage on education, health and psychosocial wellbeing; community's perception on early marriage and legal age of marriage. The prevalence of early marriage was determined with 95% confidence level. Binary logistic regression was used to identify the likelihood of the occurrence of early marriage in the study population based on relevant socioeconomic, demographic and cultural factors.

Analytical studies were done to determine the effect of early marriage on girls' education, health (including perinatal care and family planning services utilization), child care and immunization, birth space, women's empowerment, domestic violence, divorce rate and self-esteem, and psychological conditions. A p-value of 0.05 was used as a cut-point to determine the presence and strength of associations between study variables and the likelihood of the occurrence of outcome variables. Modified and refined versions of self-esteem scales were deployed to assess the degree of undesirable psychosocial dispositions among child-brides.

The qualitative data had been facilitated by the core research team members with a designated note taker and tape recorder, especially in the FGDs. The case studies were facilitated by one research member, with the tape recorder on hand to retain the information shared during the discussion. The tape-recorded data were transcribed and manually coded and grouped by thematic area. Thematic content analysis was applied to



provide insight about the problem of child marriage and further understand the community perception of and social facilitators for early marriage.

The global themes had been initially identified during the transcription as the core research team members began coding and analysis, looking for themes and sub-themes. Relevant thematic areas identified in analysis include, among others: causes of early marriage; magnitude and severity of early marriage; the consequences of early marriage; community perception of early marriage; effectiveness of legal instruments to mitigate the problem of early marriage; and challenges and prospects of eradicating early marriage. In quoting directly from qualitative sources, codes that identify the method, source and woredas were used. Accordingly, the code FGD-R01 refers to the quote taken from a Focus Group Discussion (i.e. FGD) conducted with representatives of relevant stakeholder groups (i.e. R) in Chilga Woreda of North Gondär Zone (i.e. 01). Similarly, the code Interview-S07 refers to a quote taken from an interview conducted with survivors of early marriage (i.e. S) in Yilmana Densa Woreda of West Gojjam Zone (i.e. 07).

Finally, analytical descriptions and meaningful quotes had been triangulated to support or justify the findings of the survey. Narrated texts, graphs and tables were used to present the research findings according to the nature of the information derived.



6.8 Ethical Considerations

Ethical clearance was obtained from Institutional Ethical Review Board of University of Gondar. A permission letter was also obtained from district administrative office through WV-E and letter of support from the University of Gondar to carry out the planned research. Then, informed consent was obtained from each participant after provision of information about the objectives of the study and, the potential risks and benefits of participating in the study were made clear. They were also clearly informed about their right not to participate or withdraw at any time from the study. Privacy and confidentiality were granted and maintained at each step of the process. Confidentiality of digital recordings and transcribed data were strictly protected and explained to all participants. This will also remain with the files of the project PI and Co-PI for confidentiality reasons. Special attention was given during the interviews and group discussion, for culturally sensitive issues in the local context. All participants had an equal opportunity to ask questions about the study. Due care had been given to ensure that participants provide individual, informed consent providing them with opportunities to withdraw or to refuse to answer specific questions whenever they wish. There was no financial or material incentive offered to any participant in the study, however transport costs were covered for those who traveled from distant kebeles.



6.9 Operational Definitions

- **Abuse:** While violence refers to all forms of physical aggression, abuse refers to only physical aggression that can or does cause injury, as well as, nonphysical acts of maltreatment which are considered to cause harm.
- **Adolescents:** Adolescents fall in the 10-19 age-bracket with those between 10-14 and 15-19 referred to as, respectively, “young” and “older.”
- **Age at first marriage:** The age at which one marries for the first time. Women in Ethiopia marry much younger than men; men are much less likely to have married by a specific age than women (Moore et al, 2008).
- **Early marriage:** marriage that has occurred before 18 years of age.
- **Early pregnancy.** Conceiving occurring before the age of 18.
- **Fistula:** Obstetric fistula is one of the most serious and catastrophic childbirth injuries that affect child mothers. It is a hole between the birth canal and bladder or rectum caused by prolonged, obstructed labour.
- **Prevalence of early marriage:** The proportion of marriage before their 18th birthday from the total number of women who have married within the last 10 years starting from the survey.
- **Early sexual initiation:** Initiation of sexual intercourse before age of 18 years.
- **School dropout.** Discontinued schooling without recording proper formalities of withdrawal necessary for reenrollment.
- **Violence.** Violence is an act carried out with the intention, or perceived intention of physically hurting another person e.g. spanking, shoving, and other forms of behavior which do not typically lead to injury.
- **Women's Empowerment.** The ability of women to earn their own source of income as well as their effective participation in (family) decision making process.



7. Results and Discussion

7.1. *Socio-demographic Characteristics of the Study*

Key Findings

The mean age of the participants was 23.61 and standard deviation (SD) equal to 3.75 (Figure 4). They were in age range of 14 and 38 years. 925 (72.4%) of the respondents were of rural origin, while currently 573 (44.8%) of them live in rural areas. This indicates, barring for the effects of urban-rural migration, a massive rural-urban migration amongst women in this age category in the study area with the reason linked with associated with their marriage or due to self migration. As noted in the findings, flight away from rural areas has been the response of many victims of early marriage when they do not want to go through the marriage or outgrow their marriage. However, this figure doesn't indicate about the exact place (urban/Rural) of that marriage practice as the data missed such specific information.

90% of the respondents were Ethiopian Orthodox Christians and 9% were Islam. 57% of the respondents had their first marriage before they completed Grade 8, while 85% of them did not manage to surpass Grade 10. Some proportion of married women managed some level of schooling as 77% of them reported an educational level less than or equal to Grade 10, which means they managed to start or continue schooling after marriage. The study revealed that 83% of mothers, 77% of fathers and 27% of husbands and 27% of married women had no formal schooling at the time of the women's first marriage. This may attest to the strong linkages between low educational attainment and early marriage. As a result of low level of educational attainment and partly due to low occupational diversification in the predominantly agrarian economy, 41% of married women ultimately became, after marriage, housewives, while the remaining were farmers (11%), local alcohol brewers and sellers (11%), among others.

The lowest age of participants at their first marriage was as young as 5 years old, with the lowest age at first sexual encounter being reported as 10 years of age. Living under one roof while married happened as low as 9 years old. Moreover, 88% of the respondents still lived with their first husbands. The study results also confirmed the economic rationale behind early marriage; families with a comparatively 'poor' socioeconomic standing declined from 20% to 14% after marriage.



The study covered a total of 1278 women who have married in the last ten years and with the current age range of these women is between 14 years and 38 years old with the average (M) age of 23.61 and standard deviation (SD) equal to 3.75 (Fig 4).

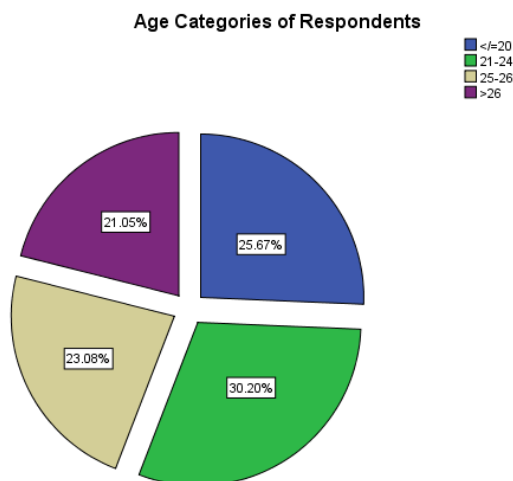


Figure 4: The current age distribution of women participants

From the total 1278 women participants, the birth place of 353 (27.6%) participants were urban, whereas the birth place of 925 (72.4%) were rural. However, their current residence of these 705 (55.2%) women is urban and of these 573 (44.8%) women is rural (see Figure 5). However, this figure doesn't reflect about the exact place (urban/Rural) of that marriage practice as the data missed such specific information

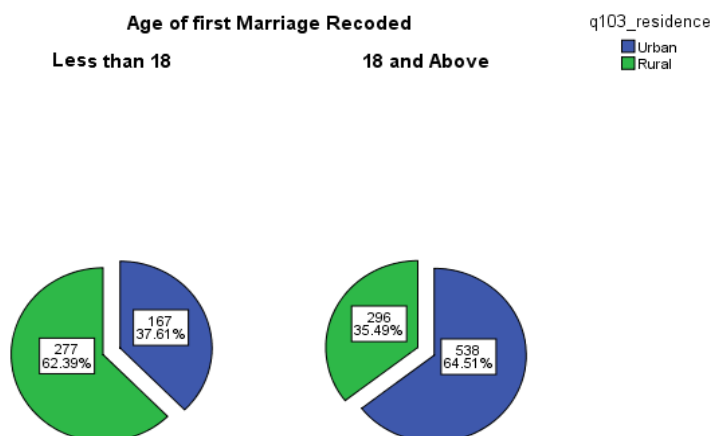


Figure 5: The current residence of women categorized by their age at first marriage.



In terms of their religion, the number of Orthodox Christian and Muslim were 1152 (90.1%) and 116 (9.1%) respectively. The remaining (0.8%) were protestant and catholic. Currently, 1108 (86.7%) were married, while 161 (12.6%) and 9 (0.7%) were, , divorced or widowed. Among the total married women, the proportion of early marriage was found to be 34.7% (see Figure 6).

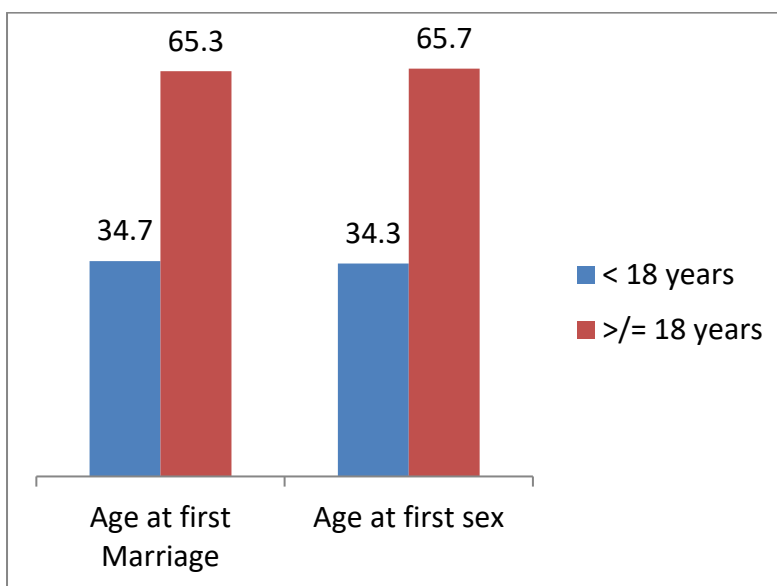


Figure 6: Proportion of early marriage and early sexual initiation among married women within the last ten years in Amhara Region, Ethiopia, 2017

The participants of the FGD conducted in North Gondar Zone, Derra Woreda, revealed that there may be a declining trend in early marriage. Participants mentioned the resilience of harmful traditional values as the main reason behind early marriage in the cases reported to the police or other focal offices. This demonstrates the effectiveness of the reporting system put in place.

“Early marriage in our district/region is very concerning. Our regional Family law unlike other regions allows betrothal. This is the main reason for its wider existence. In this region, the two parties marry after betrothal and subsequent passage of reasonable time after this commitment is entered to. This betrothal has denied marrying partners their voices in their marriage; they are denied of enjoying their rights to oppose the marriage because there is an agreement set during betrothal. Children for this reason are treated like animals in this regard. Therefore an agreement set during the betrothal time is becoming a rampant problem for early marriage in our community.” [FGD_R01]



The age range of these participants at their first marriage is between 5 years and 35 years old (with $M = 18.75$ years and $SD = 3.44$). However, the minimum age of women start to live with and experience the first sexual engagement was 9 years (with $M = 18.93$ years and $SD = 3.25$) and 10 years old (with $M = 18.80$ years and $SD = 3.11$), respectively. Moreover, 88% of the respondents still lived with their first husbands. The study results also confirmed the economic rationale behind early marriage; families with a comparatively 'poor' socioeconomic standing declined from 20% to 14% after marriage. Due to cultural reasons, girls become victims of early marriage than boys. As prospective heads of households, boys are allowed to grow older and mature while the scenario for girls is different as marriage, family and motherhood are much regarded virtues for them:

"...What her parents and informal leaders from the community take into account is the chance the boy promised to educate her but not the health and other risks that may come later as a result of her early marriage. Parents are simply getting their daughter married if they are sure that the boy is economically strong to let her pursue her education". [FGD_R01].

Moreover,

"... The community sees boys and girls differently. They marry girls early as protection from risks. Moreover, parents do not have faith in girls to be successful in education and lead a decent life on their own as boys. They think marriage is the best way for girls to have a fruitful adult life. For boys, parents mostly wait for them to reach their potential in education. This does not happen for girls." [FGD_R07].

Out of the total married, 1126 (88.1%) women are currently living with their first husband, and for various reasons 139 (10.9%) are living with their second husband, and the remaining 11 (0.9%) and 2 (0.2%) of women are living with third and fourth husbands respectively. In general, 1126 (88.1%) women have experience of living with single partner and 152 (11.9%) women have experience of living with multiple partners. This finding has been also supported by the qualitative study in an FGD that;

"... Most of them [victims of early marriage] would not have strong foundation to build their marriage on and end up being divorcees. After divorce, they migrate to urban areas and become street children and, even, engage in prostitution. They are the ones who are taking the biggest share in the number of prostitutes. Many also migrate to Arab



countries as marriage implies loss of significant source of livelihood. This does not necessary follow divorce. They might just desert their marriage.” [FGD_R06]

Though the magnitude of early marriage is significantly high, it is decreasing across time horizine (Figure 7). This might be due to community awareness creation and the implementation of the policy though not as strong as expected.

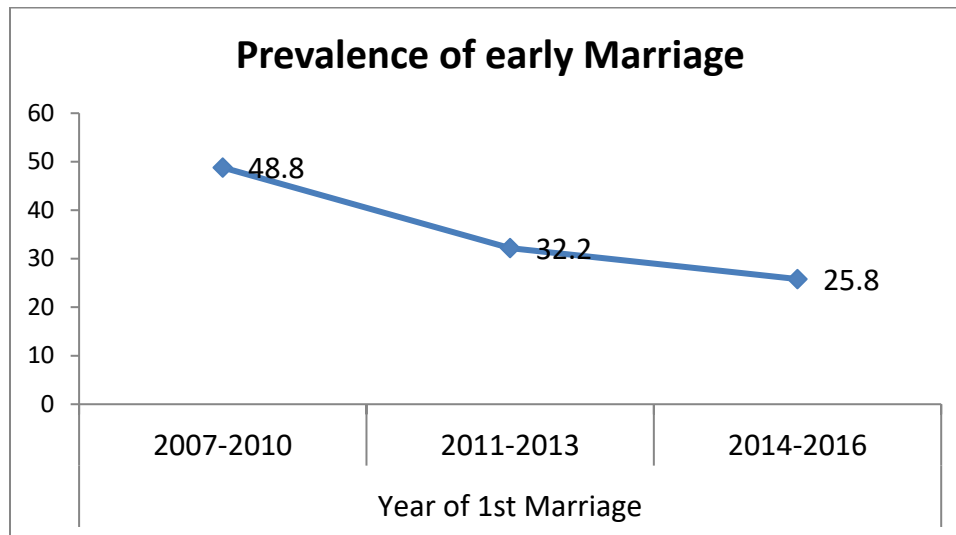


Figure 7: Trends of Early Marriage among married women within the last ten years in Amhara Region, Ethiopia, 2017

There are several reasons that could explain why the prevalence of early marriage has declined in the study area. Firstly, there is a national and regional increase in literacy level that undermined traditionalism which has been the bulwark of early marriage for centuries. Associated with this is the impact of the education policy that made primary schooling mandatory and, in effect, increased the average number of years that a typical Ethiopian child spends in school lowering the chance for children to marry early. Secondly, the positive impacts of the revised Family Code (2005) on the status of women and, especially, educational empowerment have possibly also destabilized the strong patriarchal foundation of early marriage. The change in law and policy was accompanied by the establishment of various systems and institutions to address the problem of early marriage by harnessing the collaborative efforts of governmental, nongovernmental and community organizations in dealing with this harmful traditional practice.



Focus group discussion involving stakeholders and representatives of community/religious leaders, in one way or another, reiterated the points mentioned above and reflected on their own contexts. For instance, a primary school director, a discussant in an FGD conducted at Anbesame, South Gondar Zone, speaks about the role her school played in this regard:

“Schools are engaging with the problem of early marriage. There are three focal agents: Girls’ Club, Girls’ Advisory Committee and Children Parliament. They communicate with one another and reports placed with one is easily funnelled to the other and, finally, to the responsible bodies. There are suggestion boxes inside the school and students could drop their concerns and hints regarding any matter – including early marriage – in these suggestion boxes anonymously. School authorities check these suggestion boxes at least in a fortnight; and, those requiring immediate attention will reach responsible bodies i.e. Police Department, Justice Office, etc.” [FGD-R05]

The role of the School and the structures there in creating awareness and dealing with the problem has also been emphasized by discussants at Bahir Dar, West Gojjam Zone:

“There are clubs such as Girls’ Club, MiniMedia, etc. which have done so much to raise awareness among students on a variety of topical issues. They are also the ones who detect and report cases of early marriage in and around the community. We can use them to reach parents and the larger community”. [FGD-R04].

Some communities, for instance Addis Zemen Woreda of South Gondär Zone, put in place an organized system of dealing with the problem of early marriage – from the words of the Chair of the Woreda Women Affairs Office:

“In this Woreda, there is a Committee for the eradication of harmful traditional practices consisting of representatives from Women’s Affairs, Justice Department, Police, City Administration, Health Office, Education Office, Women’s Associations, religious leaders, etc. We meet every fortnight for evaluation. We are pushing to meet the national goal of eradicating early marriage in 2017EC.” [FGD-R06].

Regarding education level at first marriage, highest number of women got first marriage at high school level followed by those who did not have formal education (see Figure 8).

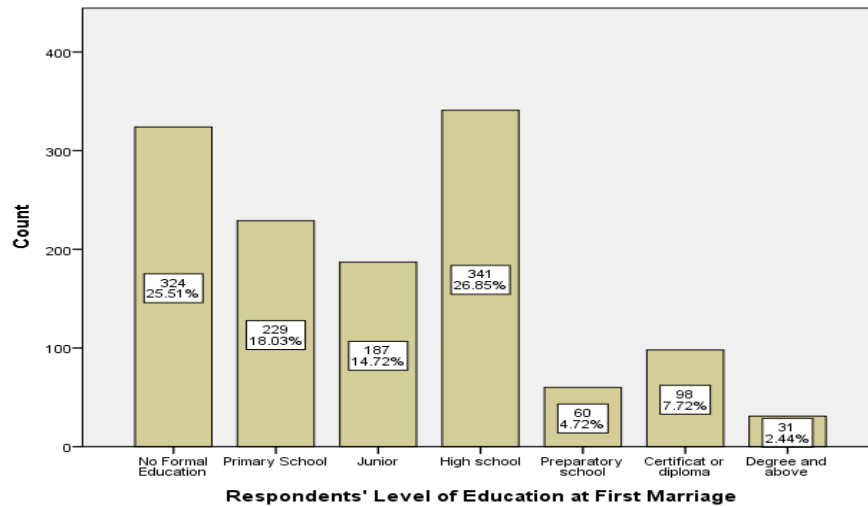


Figure 8: *The education level of women at their first marriage*

Except women at high school level who took the first high position in getting first marriage, the education level and number of women at first marriage is inversely proportional i.e., when the education level increase the number of women at first marriage decrease. This is in agreement with the previous finding that early marriage is associated with lower levels of schooling for girls in every region of the world (37). Moreover, in order to compare the effects of marriage on women's education, the current education level of women after first marriage (Figure 9).

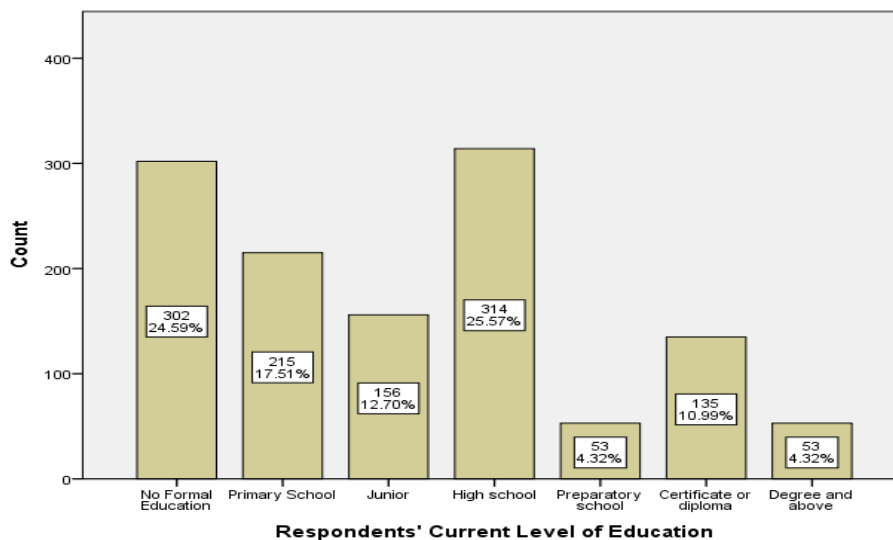


Figure 9: *Current Education level of women who married within the last ten years in Amhara Region, Ethiopia, 2017*



The following tables depicted that some of women who have been out of formal education decreased from 324 (25.4%) at their first marriage to 302 (23.6%) in present time educational achievement i.e., they joined to formal education after their first marriage. On the contrary, the current educational status show that 617 (48.3%) women interrupted their formal education, 371 (29%) of them are on study, and 290 (22.7%) completed their education and/or government/self-employed. The main reasons for the interruption of their education were: Economic (14.5 percent); disapproval of husband and/or family (6.3 percent); inability to learn (9.5 percent); and other (21 percent).

The category of “others” includes giving birth to children, pregnancy, illness, displacement of residences and lack of access to school, school distance, divorce, family conflict, family death, tough marriage, lack interest to education, heavy workload at home, etc. The family education levels of those married women are detailed as follows (Table 2).

Table 2: The family education profile of married women in the past ten years.

Family's education level at daughter's 1 st marriage	Mother's Education		Father's Education		Husband's Education	
	Frequency	%	Frequency	%	Frequency	Percent
No Formal education	1057	82.7	987	77.2	343	26.8
Primary school	82	6.4	95	7.4	222	17.4
Junior	40	3.1	44	3.4	154	12.1
High school	17	1.3	24	1.9	255	20.0
Preparatory school	18	1.4	19	1.5	54	4.2
Certificate and diploma	8	0.6	22	1.7	118	9.2
Degree and above	7	0.5	27	2.1	86	6.7
I don't know/remember	49	3.8	60	4.7	46	3.6
Total	1278	100.0	1278	100.0	1278	100.0

At the time of their daughters' first marriage, 82.7 percent of mothers, 77.2 percent of fathers and 26.8 percent of husbands had no formal education. A few proportions of mothers (1.1%) and fathers (3.8%) graduated at certificate level and above. These findings indicate that uneducated mothers and fathers sent their daughters for marriage to the majority of husbands whose education levels were, at best, in Grade 10. This finding is supported by a UNICEF (3) study that reported it is more likely for a girl who



marries as a child to come from a community where education for girls is limited (or not/under-valued), and low income households.

The following figure depicted that currently the majority of women participants have no occupation or the 524 (41%) of them who were a house wife. Among all women participants, the relatively higher proportions womenwere engaged in agricultural activities, 146 (11.4%), and a local alcohol seller, 145 (11.3%) (see Figure 10). Similarly, the highest number of husbands i.e. 325 (25.4%) were working as farmers, followed by merchants (see Figure 11).

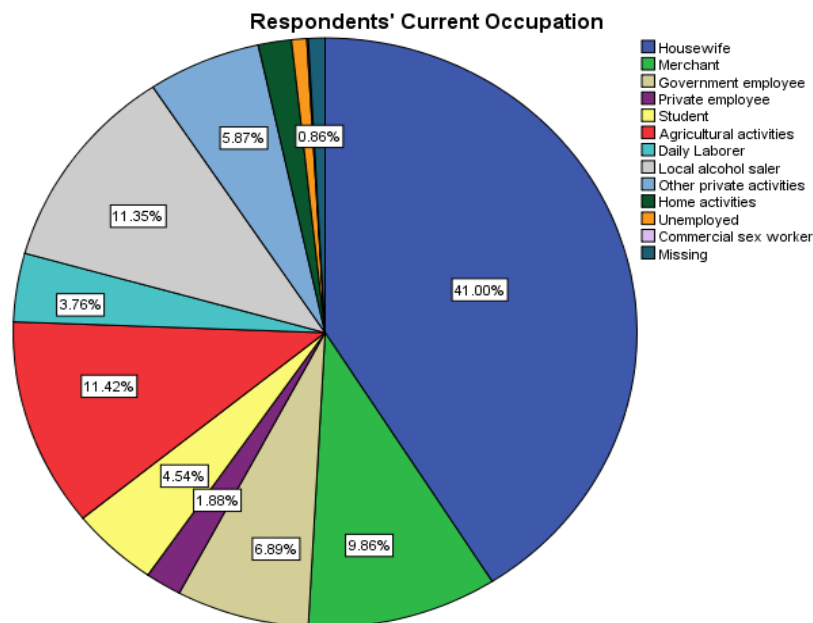


Figure 10: *The current occupation of study participants.*

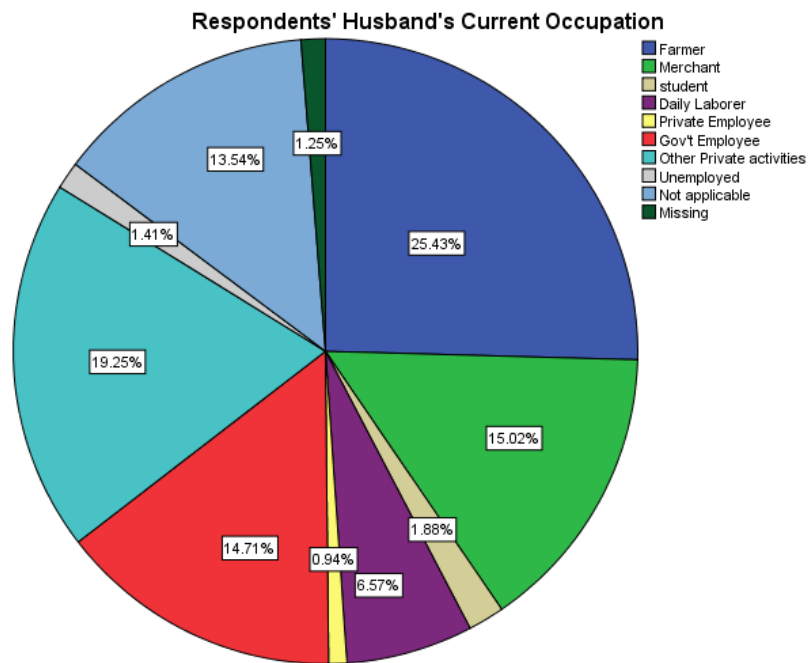


Figure 11: *The current occupation of respondents' husband.*

Prior to first marriage, women's families' socioeconomic status, in comparison to other families in the neighborhood, fared as poor (253 (19.8%)), average (765 (59.9%)), rich (239 (18.7%)), and wealthy (6 (0.5%)).

Boys and girls used to marry while they were on their mothers' backs, meaning while they are small kids of under five, several discussants and interviewees reiterated. There have been recent improvements due to several community awareness and campaigns. Yet, the problem persisted in the community – albeit with decreased severity. Due to the serious legal consequences of early marriage for the groom, parents and marriage functionaries, it was found that early marriage is practiced for various reasons:

- Building social capital by networking through marriage with reputable/well-to-do families.
- Forestalling the threat of family dishonor due to daughters' loss of virginity, pregnancy outside wedlock.
- Expecting very less of girls to succeed in school making marriage as the best option for them to lead decent life.



- Desiring to benefit from high social honor attached to marriage.
- Using marriage as a strategy to get access to precious resources as labor and land.
- Underestimating the importance of education in the life of girls and their ability to grow as independent individuals.

FGD and Case Studies substantiated these findings:

“The major cause for early marriage in the community is the poor level of knowledge on its negative outcomes. The fact that women in our communities are not perceived to have rights and freedom contributes to this problem...”

[FGD_R01].

“Villagers link the practice of early marriage – despite its illegality – to their idea of family honor. As girls reach the age of 15, they say, they will be ready for sexual activity. They fear girls might do things that would badly reflect on the family’s honor. If sexually active, they will lose their virginity i.e. purity ... get pregnant ... which shames/dishonors the family. To prevent this scenario, many concede facing the consequences of marrying their daughter below the legal age of consent”. [FGD_R06].

“The causes are many. Most parents marry their children early to see them starting a life of their own before they take their last breath.... Maintaining family honor and using marriage as a mechanism to forge ties with other families for economic gains are also additional factors. There are families who enter into unwarranted competition with others who wedded their daughters...” [FGD_R06].

However, in this study their families’ current socioeconomic status after marriage, in comparison to other families in the neighborhood, fared as poor (183 (14.3%)), average (908 (71%)), rich (163 (12.8%)) rich, and wealthy (3 (0.2%)) (see Table 3).



Table 3: Perceived current socio economic status of family by age of marriage.

		Age at first marriage		Total
		Less than 18	18 and Above	
Current Socio Economic Status of Family	Poor	58	125	183
	Average	332	576	908
	Rich	47	116	163
	Very rich/Wealthy	0	3	3
Total		437	820	1257

In this study, effects of early marriage had been expressed at different level both in qualitative discussions and with the survey. The participants of the FGD identified several consequences of early marriage which includes: loss of personal development through schooling and education; exposure to health risks including fistula, physical frailties or even death that accompany pregnancy or birth; increased divorce rate for lack of maturity to maintain the marital union or growing differences between couples; isolation from peers and apathy towards economic and sociocultural participation in society; and increase in engagement in antisocial behaviors such as prostitution, drug addiction and crime, among others. It also was indicated that not all these facts are well understood by the local community. Hence, its impacts are being manifested at different levels with various modalities hindering women from leading a successful life:

“The immediate result of early marriage is dropping out of school, if they were in school at the time of marriage. If they stay in school, they become persistent truants or repeat grades. More than half of them repeat grades. Husbands also want their wives to quit schooling too. They do not get the necessary support they need to stay in school and be successful. They are very much depressed and isolated from the school community and their classmates.” [FGD_R06].



7.2. Prevalence of early marriage by selected socio-demographic characteristics .

The highest prevalence of early marriage was observed in Dera and yilmana-Densa woredas while it was lowest in Gondar city (Figure 12). The rate of early marriage was relatively high among Orthodox Christian followers (38.8%), who were born in the rural community (40.6%), who had no formal education (48.3%), and primary educational level (52.6%). Among those who were engaged in agricultural activities, 67.1% experienced early marriage. Similarly, among local alcohol sellers, 39.3% married before age of 18 years (Figure 13); this indicates that early marriage has some impact on their economic development and welfare.

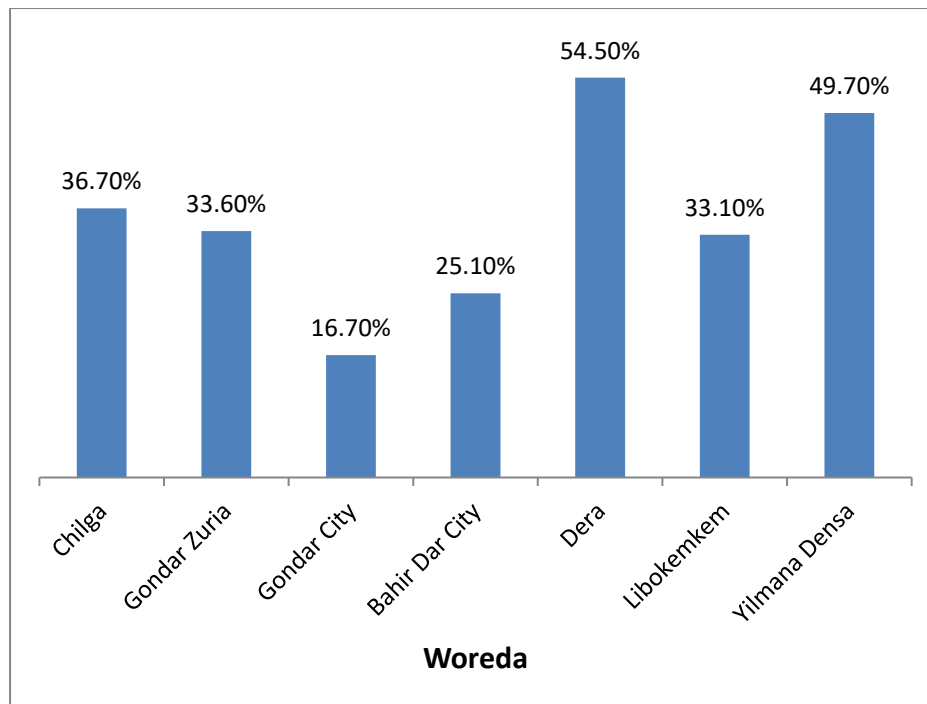


Figure 12: Prevalence of early Marriage by study area among married women within the last ten years in Amhara Region, Ethiopia, 2017.

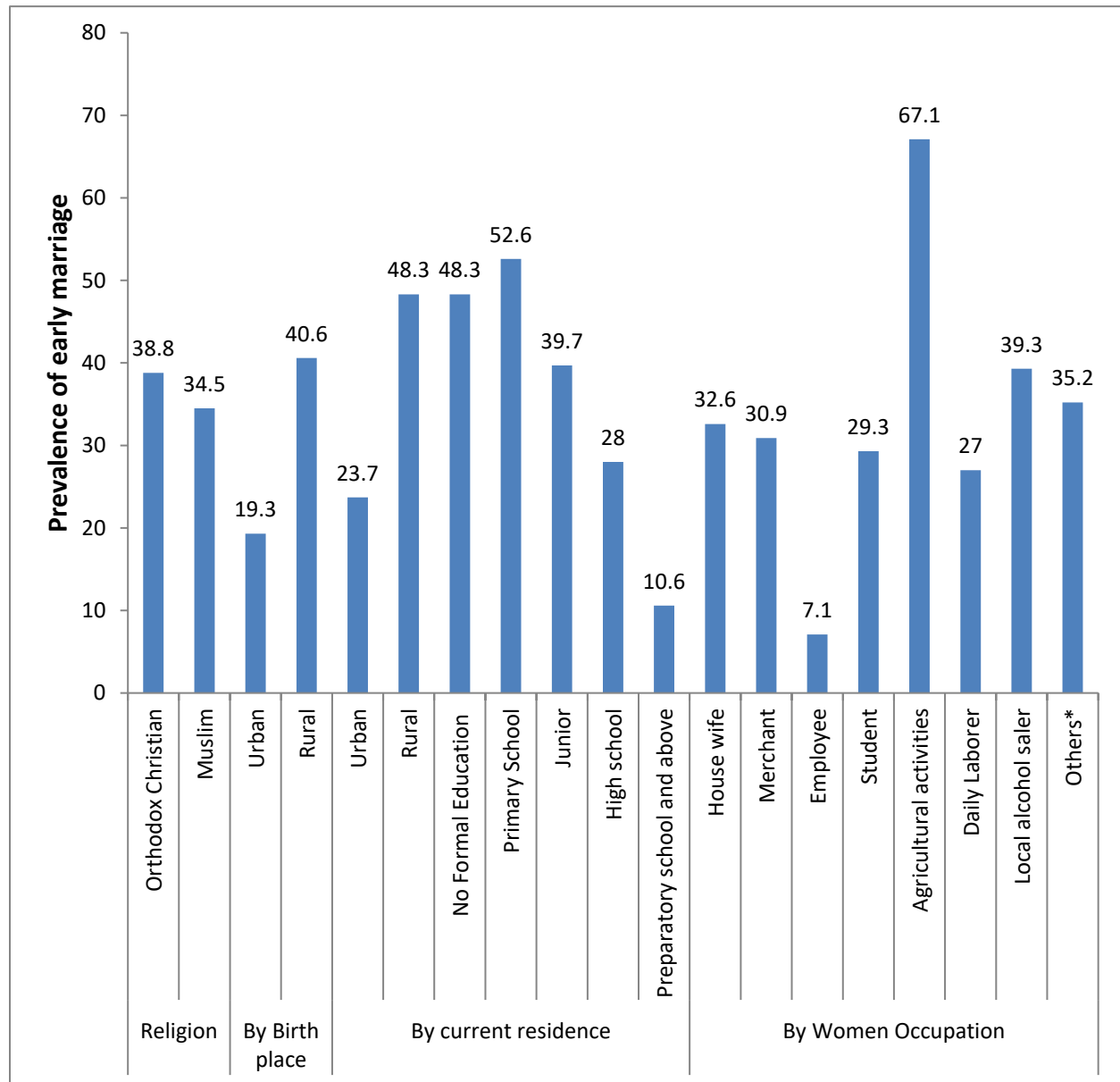


Figure 13: Figure: Prevalence of early marriage by some other socio-demographic characteristics married women within the last ten years in Amhara Region, Ethiopia, 2017.



7.3. *Impact of Early Marriage on maternal and Child Health*

Key Findings

The prevalence of early marriage in west Amhara was 34.7% (95%CI: 32.2%, 37.3%). The study found that 94% and 3%, respectively, of women who married before 18 and after 18 had an early sexual initiation. Furthermore, women that married before their 18th birthday were more likely to experience adolescent pregnancy (43% vs. 2%), multiple sexual partners and/or repeated marriage (19% vs. 8%), higher divorce rate (31% vs. 16%), higher probability of pregnancy complications (20% vs. 14%), higher probability of unplanned pregnancy (30% vs. 18%), lower antenatal care (ANC) (31% vs. 69%) and postnatal care (PNC) (86% vs. 93%), and lower child birth weight (18% vs. 9%).

Though not statistically significant, women who married below the age of 18 years were more likely to experience abortion, contract sexually transmitted diseases and low child immunization as compared to women who married at or after the age of 18.

Early marriage has further impacts on women and children's health. Early sexual initiation has different potential complications. For example, it may lead to unwanted pregnancy and early/adolescent pregnancy, which in turn frequently causes acute and chronic complications including a high rate of abortion. In this study, it is noted that the prevalence of early sexual initiation is very high in women who married before age of 18 years (93.5%) than women married at/after 18 years (2.8%).

Adolescence is a period during which there is rapid physical growth, known colloquially as a growth spurt. This normal growth can be compromised if they become pregnant because of the nutritional competition between the body and the growing fetus. Subsequently, they may encounter different obstetric complications and may experience bad birth outcomes. In this study, the prevalence of adolescent (<18 years) pregnancy was higher among early married women (43.3%) than those who married at 18 years and above (1.9%).

The effect of early marriage on girls health and development had been well described in the FGD and case discussions.

“Comparatively, girls marrying early and those who stay in school are not equal in their life prospects and attainments. The difference is visible. As a rule, underage girls marry older men, and sexual intercourse is inevitable. Parents do not have much power over what happens to their daughter once they marry and start living in



their husband's or in-laws' households.... When less physically developed girls engage in the act, it mostly leads to various health risks and pregnancy while their future grows bleak". [FGD_R06].

It is statistically significant that multiple sexual partners and repeated marriage was higher in early married women (19.1%) than women who married at 18 years and above (8%). Similarly, the divorce rate was found to be higher (30.6%) among early married women than those who married at 18 years and above (16.2%). These in turn have a negative impact on their health and socio-economic status.

Perinatal service utilization is important to take preventive, diagnostic and therapeutic interventions in a timely manner and to monitor fetal growth. Thus, it attributes for prevention of maternal mortality, and bad obstetric outcomes. However, early marriage affects women's health seeking behavior. In this study, it was identified that the proportion of early married women who had taken Antenatal Care (ANC) and Postnatal Care (PNC) was 30.6% and 85.95% respectively (68.8% and 92.86% respectively among women who married at age of 18 year and above). Alternatively put, early married women were 61% less likely to use ANC services and 53% less likely to use PNC services than women who married at age of 18 and above. This may be because women who married early experience poor physical, economical, and cognitive accessibility regarding perinatal and child services.

The chance of experiencing medical problems during pregnancy was higher (19.6%) among women who had early marriage than women who married at year of 18 and above (14.3%). Though not statistically significant, history of abortion and sexually transmitted diseases were prevalent among early married women. In this study, it was observed that abortion was more prevalent (3.4%) among women who married before age of 18 than those who married at the age of 18 and above (2.8%). Prevalence of sexually transmitted diseases was 5.9% and 4.2% among women who married before and after the age of 18. Women who married before the age of 18 were 58% less likely to use HIV screening services, as compared to women whose first marriage was at the age of 18 and above.



Prolonged or obstructed labor is more prevalent among women who married before age of 18 at which their pelvis is not fully matured; this predisposes them to obstetric complications including fistula. The prevalence or leakage of urine and/or feces (caused by obstetric fistula) was observed but the findings were not significant.

Preventing unplanned pregnancy can reduce maternal morbidities and mortality. In this study, it was identified that the prevalence of unplanned first pregnancy was higher (30.3%) among women who married before the age of 18 as compared to their counterparts (18.3%). This implies that contraceptive use was low in early married women (see table 4 for details).



Table 4: Impact of early marriage on mothers' health and Health seeking behavior.

S.N.	Factors	Early Marriage		COR 95% CI	P-Value
		Yes	No		
1	Early sexual initiation				
	Yes	415 (93.5%)	23 (2.8%)	504.59 (288.26, 883.28)	<0.001
	No	29 (6.25%)	811(97.2%)		
2	Adolescent pregnancy (<18 year)				
	Yes	116 (43.3%)	10 (1.9%)	39.61 (20.25, 77.46)	<0.001
	No	152 (56.7%)	519(98.1%)		
3	Multiple partners or marriage				
	Yes	85 (19.1%)	67 (8.0%)	2.71 (1.92, 3.82)	<0.001
	No	359 (80.9%)	767 (92.0%)		
4	Divorce				
	Yes	136 (30.6%)	135 (16.2%)	2.29 (1.74, 3.00)	<0.001
	No	308 (69.4%)	699 (83.8%)		
5	ANC service utilization				
	Yes	216 (31.2%)	476 (68.8%)	0.39 (0.25, 0.60)	<0.001
	No	51 (53.7%)	44 (46.3%)		
6	PNC service utilization (n=718)				
	Yes	208 (85.95%)	442 (92.86%)	0.47 (0.29, 0.78)	0.003
	No	34 (14.05%)	34 (7.14%)		
8	Medical problem during pregnancy				
	Yes	87 (19.6%)	119 (14.3%)	1.46 (1.08, 1.99)	.014
	No	357 (80.4%)	715 (85.7%)		
9	Hx of Abortion				
	Yes	15 (3.4%)	23 (2.8%)	1.23 (0.64, 2.39)	.535
	No	429 (96.6%)	811 (97.2%)		
10	HIV screening				
	Yes	386 (86.9%)	785 (94.1%)	0.42 (0.28, 0.62)	<0.001
	No	58 (13.1%)	49 (5.9%)		
11	STIs				
	Yes	26 (5.9%)	35 (4.2%)	1.42 (0.843, 2.39)	.187
	No	418 (94.1%)	799 (95.8%)		
12	Leakage of urine/faeces after delivery				
	Yes	5 (1.1%)	5 (0.6%)	1.95 (0.56, 6.78)	.296
	No	255 (57.4%)	496 (59.5%)		
14	Unplanned first Pregnancy				
	Yes	80 (30.3%)	97 (18.3%)	1.94 (1.38, 2.73)	<0.001
	No	184 (69.7%)	432 (81.7%)		
15	Ever contraceptive use				
	Yes	390 (87.8%)	750 (89.9%)	1.16 (0.56, 0.81)	.252
	No	54 (12.2%)	84 (10.1%)		



The overall impact of early marriage on girls' lives had been also well described in a comprehensive manner in one of the FGDs conducted involving survivors of early marriage:

"It is a challenge to raise a child and taking care of household chores, while still being a child. If I were to give birth now, I will be physically mature to take care of my duties effectively. I would have more time for myself too. I think marrying and giving birth as children have stunted our development... We do not lead a decent living and we do not cloth or clean up well. This is the result of our parents' decision to marry us early.... Our children did not get the best we could have provided in care and protection. For lack of knowledge, we neglected them and this would not have happened if we married after we matured well enough. We do not clean them as required. Despite all this, we managed to see them grow. We do not want to see them grow repeating what we passed through, though. We want them to go to school, mature physically and mentally, enjoy life before they assume the responsibility of running a household the way we did/do". [FGD_S05].

Different studies documented that early marriage has impact on birth outcome. In this study it was found that high prevalence (17.6%) of low birth weight among women who married before age of eighteen as compared to women who married on appropriate time (8.6%). Though not statistically significant, low child immunization coverage and high prevalence of bad birth outcome of the first pregnancy were observed among early married women than their counterparts (Table 5). While discussing the various health and social consequences of early marriage a victim of early marriage who took part in one FGD lamented that;

Table 5: Impact of early marriage on child health and service uptake.

Factors	Early Marriage		COR 95% CI	P-Value
	Yes	No		
Birth weight				
LBW	9 (17.6%)	21 (8.6%)	2.29 (1.08, 5.34)	0.05
Normal	42 (82.4%)	224 (91.4%)		
Baby's Immunization				
Not good	16 (3.6%)	471 (56.5%)	2.96 (0.78, 1.51)	0.224
Good	237 (53.4%)	342 (41.0%)		
Outcome of first pregnancy				
Not good	10 (3.9%)	12 (2.4%)	1.65 (0.70, 3.86)	0.252
Good	247 (96.1%)	488 (97.6%)		



7.4. *Impact of Early Marriage on Women Empowerment*

Key Findings

Only 68% of women married before 18 currently live with their first husband, compared to 82% among those married at or after 18, which implies familial and marital disorganization for women who marry early. Both divorce and remarriage rates were higher amongst women marrying below 18. Victims of early marriage were also more likely to suffer from various types of abuses in the hands of their husbands including verbal abuse, beating, non-consensual sex, etc. while maintaining a subordinate position in various relevant decisionmaking processes involving the family and relatives.

Empowerment, in the context of gender studies, has been defined as the degree of women's access to and control over material resources (including food, income, land and other forms of wealth) and social resources (including knowledge, power and prestige) within the family, in the community, and in the society at large according to Kishor (2005).

As it can be seen, it is not a simple concept; rather it is a multidimensional concept, which aims at measuring a woman's ability to control resources, choose and control different outcomes, and above all to enhance her self-esteem. In Women's Empowerment Framework, for instance the manual by women's Information Centre Tanzania (2005) identified five determinants of the level of women's empowerment: welfare (access to material resources such as food, income, medical care, etc.), access (access to factors of production), conscious understanding of gender-based differences/inequalities, participation (participation in decision making process, policy making, etc.) and control (control over decision-making process, factors of production, distribution of benefits, etc.). But, these factors interact with one another to put in motion a distinctive pattern of empowerment/disempowerment in a locus i.e. the environment in which men and women operate. The family is one such locus where adults practice gendered roles and the children get socialized into expectations of values and behaviours that match their sex. The family lays the foundation for resilient values and actions that withstand radical shifts. In other words, the culture of disempowerment in



the wider society is more likely to be perpetuated if decision making, control, etc. at family levels remains skewed in favour of men.

Accordingly, with the understanding that for an action research to better inform proactive social policy or intervention towards creating a gender-balanced society, this study focuses on assessing the level of women's disempowerment in the household – the heart of society – and compares whether and why early marriage affects the trend. By doing so, it aims to explore the dimensions of gender-based disempowerment at family level despite significant improvements in the legal and institutional terrains and serve as a springboard for further investigation of the scenario in other affairs of the society.

As the table below reveals, respondents' current living arrangement with their first marital partner is significantly associated with their age at first marriage ($\chi^2=34.296$; $\alpha=.001$). Specifically, while 82.4% of the respondents that married at the age of 18 or above lived with their first husband at the time of the study, only 68.2% of those that married below the legal age of 18 do so, which implies separation/divorce (and possible remarriage) is higher among women who had their first marriage before they attained the legal age.

Table 6: Living Arrangement by Respondents' Age at First Marriage.

			Age at First Marriage		Total
			<18	≥18	
Current Living Arrangement with First Marital Partner****	No	N (% ^{lc})	140 (31.5%)	147 (17.6%)	287 (22.5%)
	Yes	N (%)	304 (68.4%)	687 (82.4%)	991 (77.5%)
Total		N (%)	444 (100.0%)	834 (100.0%)	1278 (100%)
Reason for Not Living with 1 st Partner*****	Divorced & Single	N (%)	85 [19.1%]	101 [12.1%]	186 [14.6%]
	Divorced & Remarried	N (%)	42 [9.5%]	21 [2.5%]	63 [4.9%]
	Widowed	N (%)	3 [0.7%]	9 [1.1%]	12 [0.9%]
	Inapplicable	N (%)	314 [70.7%]	703 [84.3%]	1017 [79.6%]
	Total	N (%)	444 [100.0%]	834 [100.0%]	1278 [100%]
^{lc} Percent in cells is calculated within age at first marriage. ****sig at $\alpha=.001$ (Source: Survey, 2017)					

Study results also show that those who marry before they reach the age of 18 are 2.16times more likely ($=e^{0.137}$) than those who marry at or after their 18th birthday to not live with their first marital partner (Model. $\chi^2=31.431$; $\alpha=.001$; Wald=31.388; $\beta=.770$;



Constant=772). Comparatively, a significantly higher number of respondents who married below 18 dissolved their first marriage and remarried i.e. 42 (9.5%) than those who married at or after their 18th birthday i.e. 21 (2.5%). Alternatively put, girls who marry below the age of 18 are twice as likely as those who marry at or above 18 to end their first marriage and either enter into a new marriage or become widowed or single ($\chi^2=45.380$; $\alpha=.001$).

This result implies that under age girls entered into early marriage without a personal reflection on their roles and expectations, for early marriage is a result of the decision of parents and/or close kin. Mostly, these girls are married to older men at a tender age and their personal, social, etc. maturity and exposure to a possibly wider and socioeconomic and legal environment can affect how they adjust to the requirements of married life in patriarchal society as well as the many losses and the sacrifices they made due to early marriage. This personal awakening and social growth often ends in disagreements and conflicts as the girls resent their husbands, their parents, the families, etc. for their losses in education, childhood and husbands attempt to maintain the status-quo of marriage.

A higher rate of first marriage dissolution is not the only outcome of early marriage in the study population. Victims of early marriage were found to be highly vulnerable to various types of abuses in the hands of their first marriage partners. To the inquiry of whether or not they had been verbally abused,, the responses of study participants indicated that those who married below the age of 18 were more likely to experience some form of verbal abuse by their husbands ($\chi^2=11.311$; $\alpha=.01$). In a patriarchal society where both women and men accept some type of spousal abuse as a normal aspect of married life, the results of this study show that delaying marriage past the age of 18 is associated with a small but statistically significant decline in verbal abuse. Specifically, women who married at or above the age of 18 experienced less verbal abuse (36.9%) as compared to those who married below the age of 18 (46.9%). Specifically, women married at 18 or above are 33% ($=e^{0.119}$) less likely than victims of early marriage to experience verbal abuse in the hands of their first husband (Model. $\chi^2=11.247$; $\alpha=.001$; Wald=11.261; $\beta=-.440$; Constant=797).



On a related note, compared to those who marry at a legally proper age, victims of early marriage were also more likely to experience spousal beating ($\chi^2=8.090$; $\alpha=.01$) or forced, non-consensual sex ($\chi^2=36.903$; $\alpha=.001$) by their first husbands. Specifically, women married at 18 or above are 38% ($=e^{0.171}$) and 58% ($=e^{0.145}$) less likely than victims of early marriage to experience physical abuse (Model. $\chi^2=7.845$; $\alpha=.01$; Wald=7.986; $\beta=-.483$; Constant=.694) and non-consensual sex (Model. $\chi^2=35.520$; $\alpha=.001$; Wald=35.712; $\beta=-.866$; Constant=.808) in the hands of their first husband..

Table 7: Dimensions of Abuse by First Partner by Age at First Marriage.

			Age of First Marriage.		Total
			<18	≥18	
Ever Verbally Abused by 1 st Marital Partner***	No	N (% ^{ic})	237 [53.4%]	526 [63.1%]	763 [59.7%]
	Yes	N (%)	207 [46.6%]	308 [36.9%]	515 [40.3%]
Total		N (%)	444 [100.0%]	834 [100.0%]	1278 [100.0%]
Ever Beaten by 1 st Marital Partner***	No	N (%)	372 [83.8%]	745 [89.3%]	1117 [87.4%]
	Yes	N (%)	72 [16.2%]	89 [10.7%]	161 [12.6%]
Total		N (%)	444 [100.0%]	834 [100%]	1278 [100.0%]
Ever Forced for Sex by 1 st Marital Partner****	No	N (%)	319 [71.8%]	716 [85.9%]	1035 [81.0%]
	Yes	N (%)	125 [28.2%]	118 [14.1%]	243 [19.0%]
Total		N (%)	444 [100%]	834 [100%]	1278 [100.0%]
^{ic} Percent in cells is calculated within age at first marriage. ****sig at $\alpha=.001$; ***sig at $\alpha=.01$ (Source: Survey, 2017)					

Within their respective categories, victims of early marriage were found to be in a subservient/subordinate position relative to their husbands' in the administration of the family possession or money ($\chi^2=21.428$; $\alpha=.001$). While 45% of women who married below the age of 18 acknowledge the main responsibility for administering family possessions or money to be the husband's, 32% of respondents who married at or after the age of 18 reported that their husbands assume the role. Comparatively, the relative percentage of women who shared the responsibility of administering family resources increases from 51.6% among victims of early marriage to 65% in the case of those who married at or after the age of 18.

The data shows a similar trend for women as decision makers on major family transactions e.g. buying or selling land, livestock, household utilities, etc. whereby the degree of involvement was comparatively low for victims of early marriage ($\chi^2=33.702$;



$\alpha=.001$). This is generally true, for with age comes social maturity through the acquisition of cultural wisdom which poses the question of why parents marry children before they reach the age of maturity and can adequately assume family responsibilities.

Table 8: Women as administrator of important family matters by age at first marriage.

			Age of First Marriage.		Total
			<18	≥18	
Administrator of Family Possession****	I myself	N (%) ^{1c}	14 [3.2%]	27 [3.2%]	41 [3.2%]
	Husband	N (%)	201 [45.3%]	269 [32.3%]	470 [36.8%]
	Together	N (%)	229 [51.6%]	538 [64.5%]	767 [60.0%]
Total		N (%)	444 [100%]	834 [100%]	1278 [100%]
Decision Maker on Major Family Matters****	I myself	N (%)	9 [2.0%]	24 [2.9%]	33 [2.6%]
	Husband	N (%)	103 [23.2%]	107 [12.8%]	210 [16.4%]
	Together	N (%)	256 [57.7%]	601 [72.1%]	857 [67.1%]
	Inapplicable	N (%)	76 [17.1%]	102 [12.2%]	178 [13.9%]
Total		N (%)	444 [100%]	834 [100%]	1278 [100%]

^{1c}Percent in cells is calculated within age at first marriage.
****sig at $\alpha=.001$ (Source: Survey, 2017)

Conventionally, women have the responsibility of taking care of family members including children, elderly, etc. As the table below shows, the decision on how and when women dispense with this role while in married life hugely involves husbands. Only 14% of respondents who married before age 18 and 19% of respondents who married at/after the age of 18, claimed to make the decision on what food supplies to purchase for household consumption ($\chi^2=14.608$; $\alpha=.01$). About 2% of women married before the age of 18 and 3% or women married at/after, claimed to make decisions on purchasing clothes for children ($\chi^2=10.799$; $\alpha=.02$). On a related note, collaborative decision-making processes on both issues *and* respondent categories improved at the expense of the declining role of husbands. Overall, women tended to be in relatively better decision making position when it comes to purchasing food supplies (17%) than clothing for children (3%) and in both instances, nonetheless, women who married at/after the age of 18 were better placed than their counterparts who married early.



Table 9: Decision Making on Basic Family Expenditures by Age at first marriage.

			Age of First Marriage.		Total
			<18	≥18	
Decision Maker on Purchase of Food Supplies for Family***	I myself	N (% ^{ic})	61 [13.7%]	161 [19.3%]	222 [17.4%]
	Husband	N (%)	59 [13.3%]	77 [9.2%]	136 [10.6%]
	Together	N (%)	251 [56.5%]	497 [59.6%]	748 [58.5%]
	Inapplicable	N (%)	73 [16.4%]	99 [11.9%]	172 [13.5%]
Total			444 [100%]	834 [100%]	1278 [100%]
Decision Maker on Purchasing Clothes for Children**	I myself	N (%)	7 [1.6%]	27 [3.2%]	34 [2.7%]
	Husband	N (%)	58 [13.1%]	75 [9.0%]	133 [10.4%]
	Together	N (%)	178 [40.1%]	384 [46.0%]	562 [44.0%]
	Inapplicable	N (%)	201 [45.3%]	348 [41.7%]	549 [43.0%]
Total			444 [100%]	834 [100%]	1278 [100%]

^{ic}Percent in cells is calculated within age at first marriage.
 ***sig at α=.01; **sig at α=.05 (Source: Survey, 2017)

As the following table shows, women who married at/after the age of 18 were more likely to visit their families as per their terms (6.8% vs. 3.2%) or through consultations with their husbands (69.4% vs. 59.9%) than succumbing to the unilateral decision of husbands (10.0% vs. 18.7%) as compared to those who married before they reached the legal age of marriage ($\chi^2=31.830$; $\alpha=.001$). Yet, for both categories of respondents, the decision is more likely to be shared than unilaterally-save for some variation for the share of the husband. This is more likely to be due to parents' approval of the union, from initiation to formation, which puts the husband at ease when it comes to his wife visiting her parents/families, for the visit implies nothing more than the husband temporarily transferring the locus of control from his house to her parents house.

Table 10: Decision Making on Family Visits by Age at first marriage.

			Age of First Marriage.		Total
			<18	≥18	
Decision Maker Whether and/or when to visit Wife's Family****	I myself	N (% ^{ic})	14[3.2%]	57[6.8%]	71[5.6%]
	Husband	N (%)	83[18.7%]	83[10.0%]	166[13.0%]
	Together	N (%)	266[59.9%]	579[69.4%]	845[66.1%]
	Inapplicable	N (%)	81[18.2%]	115[13.8%]	196[15.3%]
Total			444[100%]	834[100%]	1278[100%]

^{ic}Percent in cells is calculated within age at first marriage
 ****sig at α=.001 (Source: Survey, 2017)



The decision on the use or non-use of contraceptives is another dimension of women's empowerment that this study considered. These results are presented in the table below displaying the two interrelated questions underlining the disproportionate power that husbands have in deciding whether or not to use contraceptives ($\chi^2=17.781$; $\alpha=.001$) as well as the timing to have a child ($\chi^2=21.231$; $\alpha=.001$) for incidences where the bride is the age of 18. The table shows the majority of respondents in both age categories making decisions on both issues together with their husbands. Yet, the percentage differential between the two categories of respondents reveals that those who married at/after the age of 18 were in a better position to negotiate and decide when to have a child (66.8% vs. 54.8%) or whether or not to use contraceptives (79.5% vs. 68.6%).

Table 11: Decision Making on Contraceptive Use by Age at first marriage.

			Age of First Marriage.		Total
			<18	≥18	
Decision Maker on Whether or not to Have a Child****	I myself	N (% ^{ic})	13[2.9%]	19[2.3%]	32[2.5%]
	Husband	N (%)	53[11.9%]	89[10.7%]	142[11.1%]
	Together	N (%)	235[52.9%]	538[64.5%]	773[60.5%]
	Inapplicable	N (%)	143[32.2%]	188[22.5%]	331[25.9%]
Total		N (%)	444[100%]	834[100%]	1278[100%]
Decision Maker on the Use and/or Non-use of Contraceptives****	I myself	N (%)	52[11.7%]	105[12.6%]	157[12.3%]
	Husband	N (%)	41[9.2%]	33[4.0%]	74[5.8%]
	Together	N (%)	257[57.9%]	558[66.9%]	815[63.8%]
	Inapplicable	N (%)	94[21.2%]	138[16.5%]	232[18.2%]
Total		N (%)	444[100%]	834[100%]	1278[100%]

^{ic}Percent in cells is calculated within age at first marriage
 ****sig at $\alpha=.001$ (Source: Survey, 2017)

With regard to receiving needed medical attention, a significant difference exists on who makes the decision when it is the wife who is ill ($\chi^2=10.734$; $\alpha=.02$). On average, either the decision is shared between the husband and wife (55.7%) or the husband makes the decision alone (24.7%) to seek medical attention when a wife falls ill. Between the two categories of respondents, those who married at/after the age of 18 were almost twice as likely as those who married before the age of 18 to decide on their own to seek medical attention. When a child is sick, on the other hand, Chi-Square test of association didn't show significant difference between parents in making the decision.

**Table 12: Decision Making on Medical Service by Age at first marriage.**

				Age of First Marriage.		Total
				<18	≥18	
Decision Maker on Whether Wife's Receive Medical Service Needed**	I myself	N (% ^{1c})		14[3.2%]	49[5.9%]	63[4.9%]
	Husband	N (%)		114[25.7%]	202[24.2%]	316[24.7%]
	Together	N (%)		236[53.2%]	476[57.1%]	712[55.7%]
	Inapplicable	N (%)		80[18.0%]	107[12.8%]	187[14.6%]
	Total	N (%)		444[100%]	834[100%]	1278[100%]
Decision Maker on Whether Children's Receive Medical Service	I myself	N (%)		10[2.3%]	22[2.6%]	32[2.5%]
	Husband	N (%)		29[6.5%]	42[5.0%]	71[5.6%]
	Together	N (%)		197[44.4%]	406[48.7%]	603[47.2%]
	Inapplicable	N (%)		208[46.8%]	364[43.6%]	572[44.8%]
	Total	N (%)		444[100%]	834[100%]	1278[100%]

^{1c}Percent in cells is calculated within age at first marriage
 **sig at α=.05 (Source: Survey, 2017)

As the table above shows, while there is no significant difference between who decides on the place of delivery ($\chi^2=5.070$; $\alpha=.17$), those who married at/after the age of 18 were more likely to share the decision with their husbands (48.7% vs. 44.7%) or decide on their own (11.4% vs. 9.0%) rather than accept their husbands' unilateral decision (2.4% vs. 5.4%) as compared to those who married before they reached the age of 18 ($\chi^2=11.573$; $\alpha=.009$). On the other hand, with regard to who decides whether or not children receive immunization/vaccination, there was no significant difference amongst mothers to assume the responsibility depending on their age at first marriage. But, those who married younger than 18 were twice as likely to let their husbands decide on this matter (3.8% vs. 2.0%), and less likely to share the role with their husbands (33.8% vs. 39.6%), than those who married at/after the age of 18. However, we need to take caution in interpreting this result as the Chi-Square test of association between age at first marriage and decision making on children's immunization/vaccination was found to be weak ($\chi^2=7.035$; $\alpha=.071$).



Table 13: Decision Making on Delivery and ANC by Age of First Marriage.

			Age of First Marriage.		Total
			<18	≥18	
Decision Maker on the Use of ANC for Mothers***	I Myself	N (%) ^{1c}	40[9.0%]	95[11.4%]	135[10.6%]
	Husband	N (%)	24[5.4%]	20[2.4%]	44[3.4%]
	Together	N (%)	196[44.1%]	406[48.7%]	602[47.1%]
	Inapplicable	N (%)	184[41.4%]	313[37.5%]	497[38.9%]
Total			444[100%]	834[100%]	1278[100%]
Decision Maker on the Place of Child Delivery	I Myself	N (%)	28[6.3%]	72[8.6%]	100[7.8%]
	Husband	N (%)	42[9.5%]	59[7.1%]	101[7.9%]
	Together	N (%)	185[41.7%]	370[44.4%]	555[43.4%]
	Inapplicable	N (%)	189[42.6%]	333[39.9%]	522[40.8%]
Total			444[100%]	834[100%]	1278[100%]
Decision Maker on Whether Children Receive Immunization/Vaccination*	I myself	N (%)	70[15.8%]	130[15.6%]	200[15.6%]
	Husband	N (%)	17[3.8%]	17[2.0%]	34[2.7%]
	Together	N (%)	150[33.8%]	330[39.6%]	480[37.6%]
	Inapplicable	N (%)	207[46.6%]	357[42.8%]	564[44.1%]
Total			444[100%]	834[100%]	1278[100%]
^{1c} Percent in cells is calculated within age at first marriage					
***sig at α=.01; *sig at α=.1 (Source: Survey, 2017)					

The findings of the study on early marriage and women's empowerment show that women who married below the age of 18 were consistently powerless in making decisions on pertinent household issues. At best, they mostly shared decision making powers with their husbands which, considering the probability of a very broad definition of shared decision making, might not tell us the reality on the ground.



7.5. *Effects of Early Marriage on Self-Esteem of Women*

Key Findings

Using a widely employed self-reporting instrument, the Rosenberg Self-Esteem Scale, this study found that both victims of early marriage and those married at or after the age of 18th to be equally self-confident. This finding was contrary to the predominantly convincing empirical reports in the literature that women who marry below the age of 18 have lower self-esteem. However, this fact is a true value for the Ethiopian society since the communities give a great respect for the marrieds where the late marriage could have even a negative self-esteem especially for females.

A widely used self-report instrument for evaluating individual self-esteem is the Rosenberg Self-Esteem Scale. The Rosenberg self-esteem scale is probably the most commonly used and best known measuring tool for self-esteem. It is answered on a four point scale ranging from strongly agree (which value is 3) to strongly disagree (which is 0). According to Rosenberg (39) the scale presented high ratings in reliability areas, internal consistency was 0.77. Such ten-item scale was used to estimate the self-esteem levels among women in Amhara regional state who have been married in the past ten years. Scores were calculated for 10 items to evaluate the degree of each individual woman's self-esteem. The score of individual on the ten item scale ranges from 0-30. Calculated scores were categorized into high, moderate or low self-esteem. Scores between 15 and 25 inclusive indicate moderate self-esteem; scores below 15 suggest low self-esteem and scores above 25 also suggest low self-esteem. The present study investigated the levels of women's self-esteem and the result depicted that 34.7 percent of women have got their first marriage in the past ten years before their 18th birthday, and 65.3 percent of women have also got their first marriage at 18 and above years. Of which, 84 percent (or the majority) of women have possessed moderate self esteem, whereas the remaining 16% of women have also equally possessed high and low self esteems. Out of the total percentage of women married in the past ten years, the interest of the present study is to investigate the effects of early marriage on their self esteem. Hence, out of 34.7 percent of early marriage, the proportion of women who have low, moderate and high self esteems were 6.8%, 85.3% and 7.9% respectively. Whereas, out of 65.3 percent of marriage at 18 and

above years, the proportion of women who have low, moderate and high self esteems were 8.9%, 83% and 8.1% respectively (see Figure 14.)

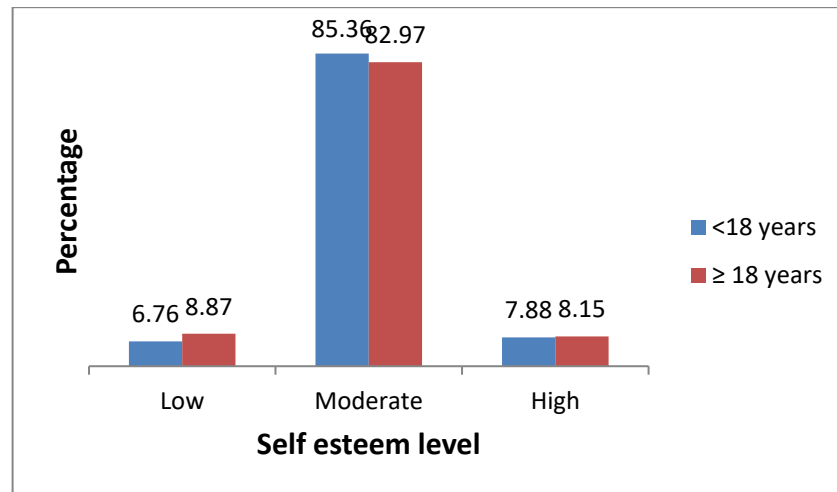


Figure 14: *Proportion self assessed self esteem level by age of marriage among women within the last ten years in Amhara Region, Ethiopia, 2017.*

In general, the proportions of women who have high self esteem for those who married below the age of 18 and those married at/after the age of 18 years were nearly equivalent. This reveals that early marriage did not have either a positive or negative effect on the development of women's self-esteem. The proportion of women who married early has and have moderate self-esteem was higher than the proportion of women who married at 18 and above years and had moderate self-esteem. The proportion of women who married early has and have low self-esteem was lower than the proportion of women who married at age 18 and above years and have moderate self-esteem. This reveals that early marriage did have an effect in reducing women's low self-esteem. In conclusion, early marriage does not have negative effects on women's self-esteem. In conclusion, according to this finding, early marriage does not have negative effects on women's self-esteem with a reason that the Ethiopian societies give great respect for the marrieds where the late marriage could have even a negative self-esteem especially for females.



On the contrary to this finding, several studies document the negative effects of early marriage on the psychosocial wellbeing of child brides and young women. For instance, in Ethiopia, Inter-African Committee researchers were struck by the lack of interest from elders in the traumas suffered by young girls as a result of early marriage, premature sex and child bearing. These traumas were regarded as an 'unavoidable part of life' (38). Moreover, the negative effects of early marriage may range from loss of childhood, assuming adults' responsibilities, to consequences of various health problems such as early childbirth, divorce, and obstetric fistula.

We can identify several factors that might explain why the findings in the study area did not confirm to the overwhelming evidence in the literature that early marriage negatively affects victims' self-esteem. Firstly, the scale is developed in the context of Western society to measure self-esteem that might have made it inadequate to measure self-esteem in a traditional, rural community such as the ones covered in the study. This scenario might have made the results skewed or invalid. Secondly, as it is a scale completed based on a subjective assessment of respondents rather than objectively defined criteria, respondents' responses might have been crafted to make them look good in the eye of the interviewer or reports that they think the interviewer is searching for in the process affecting the quality of data. Thirdly, and most importantly, in rural, traditional societies, women are raised to value family, marriage and motherhood. In this context, marriage is a big achievement for girls and their families, and, partly due to the conservative definition of sexuality, a girl who marries as a virgin is a source of pride to her family, husband and herself. This fuels the incidences of early marriage in such types of communities. During interviews, hence, girls who marry early could report to have better self-esteem, based on their subjective assessment of their place in society, than those who marry late, tampering with the quality of data collected. Cumulatively, these factors might have made the results of the comparison between the two categories of respondents on self-esteem non-significant.

In line with the present findings, previous research findings also revealed that early marriage can be rationalized in a traditional society like Ethiopia as a mechanism to avoid the risk of daughters having premarital sex and becoming pregnant outside



marriage (9). Most parents fear that unless their daughters are married early, girls might be exposed to sex, consented or otherwise, with the possibility of disgracing the family and tarnishing girls' reputation and subsequent marriage options.

7.6. Effect of Early Marriage on Women Networking and Social Capital

Key Findings

Women who married before the age of 18 had better opportunities to meet and acquire new friends compared to those who married at or above the age of 18. However, neither category of respondents had a higher amount of friends or greater difficulty in socializing with peers. Furthermore, there was no significant difference between the two in terms of accumulating and creating wider social capital with the single exception of those married above the age of 18 whom mostly avoid contact with neighbours. Two important findings of the study, however, were that those married at or after the age of 18 tended to receive significantly better support from their husbands and engaged in various community activities.

Respondents who married before the age of 18 were found to be more at ease in making new friends as compared to those who married at/after the age of 18 ($\chi^2=5.040$; $\alpha=.080$). Note here that the association was statistically weak. The statistical test of significance did not find a discernible association between age at first marriage, and the number of friends ($\chi^2=3.814$; $\alpha=.148$) or ease in mingling with peers ($\chi^2=2.299$; $\alpha=.317$). The results based on sample survey are indicative of the fact that age at first marriage is statistically irrelevant when it comes to making and retaining friends and the ease with which married women interact with their age-mates.



Table 14: Social Networking with Peers by Respondents' Age of First Marriage.

			Age of First Marriage.		Total
			<18	≥18	
Ease in Making New Friends*	Entirely False	N (%) ¹⁶	103[23.2%]	232[27.8%]	335[26.2%]
	Partially True	N (%)	270[60.8%]	498[59.7%]	768[60.1%]
	Entirely True	N (%)	71[16.0%]	104[12.5%]	175[13.7%]
Total			444[100%]	834[100%]	1278[100%]
Have Many Friends	Entirely False	N (%)	113[25.5%]	255[30.6%]	368[28.8%]
	Partially True	N (%)	232[52.3%]	400[48.0%]	632[49.5%]
	Entirely True	N (%)	99[22.3%]	179[21.5%]	278[21.8%]
Total			444[100%]	834[100%]	1278[100%]
Mix with Peers Easily	Entirely False	N (%)	46[10.4%]	97[11.6%]	143[11.2%]
	Partially True	N (%)	231[52.0%]	397[47.6%]	628[49.1%]
	Entirely True	N (%)	167[37.6%]	340[40.8%]	507[39.7%]
Total			444[100%]	834[100%]	1278[100%]
¹⁶ Percent in cells is calculated within age at first marriage *sig at α=.10 (Source: Survey, 2017)					

The results presented in the table below reveal the fact that age at first marriage did not correlate with many of the indicators of married women's social interactions with members of their immediate neighbourhood. An exception applies to the case of 'avoidance of interactions with neighbours' which held 'entirely true' for 63.2% of those married at/after the age of 18 as compared to 55.0% of those married before they reach the legal age of 18 for marriage ($\chi^2=8.696$; $\alpha=.013$). This result of the study is contrary to reports found in the literature where victims of early marriage were revealed to be socially isolated.



Table 15: Social Networking with Community Members by Age at First Marriage.

			Age at First Marriage.		Total
			<18	≥18	
Comfort in Social Interactions Involving the Elderly	Entirely False	N (%) ^{ic}	61[13.7%]	110[13.2%]	171[13.4%]
	Partially True	N (%)	210[47.3%]	390[46.8%]	600[46.9%]
	Entirely True	N (%)	173[39.0%]	334[40.0%]	507[39.7%]
	Total	N (%)	444[100%]	834[100%]	1278[100%]
Distress in Social Interactions Involving Men	Entirely False	N (%)	47[10.6%]	90[10.8%]	137[10.7%]
	Partially True	N (%)	178[40.1%]	298[35.7%]	476[37.2%]
	Entirely True	N (%)	219[49.3%]	446[53.5%]	665[52.0%]
	Total	N (%)	444[100%]	834[100%]	1278[100%]
Avoidance of Social Interactions with Neighbours**	Entirely False	N (%)	43 [9.7%]	74 [8.9%]	117 [9.2%]
	Partially True	N (%)	157 [35.4%]	233 [27.9%]	390 [30.5%]
	Entirely True	N (%)	244 [55.0%]	527 [63.2%]	771 [60.3%]
	Total	N (%)	444 [100%]	834 [100%]	1278 [100%]
Dissatisfied with Social Interactions with Women	Entirely False	N (%)	76 [17.1%]	135 [6.2%]	211 [16.5%]
	Partially True	N (%)	113 [25.5%]	187 [22.4%]	300 [23.5%]
	Entirely True	N (%)	255 [57.4%]	512 [61.4%]	767 [60.0%]
	Total	N (%)	444 [100%]	834 [100%]	1278 [100%]

^{ic}Percent in cells is calculated within age at first marriage
^{**}sig at α=.05 (Source: Survey, 2017)

Generally speaking, both categories of respondents, those married before 18 and those married at or after 18, were evenly distributed in terms of the response-categories of 'entirely false,' 'partially true' and 'entirely true' in response to statements of 'maintaining open relationship with family members' ($\chi^2=0.865$; $\alpha=.649$) and 'husband's family/kin solicitation of their psychological support' ($\chi^2=0.513$; $\alpha=.774$).

This finding has also been supported by the FGD discussants which revealed that the lower age bracket for marriage for girls could be explained in terms of the huge importance given to children. Children are treated as an indicator of social standing, whereby parents with more children have more respect and status in the community. If a girl marries early, they would most likely have longer reproduction and childbearing years. As a result, they enter into marriage negotiations without much deliberation:



“...What her parents and informal leaders from the community take into account is the chance that the boy promised to educate her but not the health and other risks that may come later as a result of her early marriage. Parents are simply getting their daughter married if they are sure that the boy is economically strong to let her pursue her education” [FGD_R01].

However, in terms of the degree of support respondents received from their husbands, 87.8% of those married at or after the age of 18 reported that this is at least partially true to their reality as compared to 81.2% of those who married before the age of 18. When we break the aggregate statistics to its components, we see the proportion of respondents who think they receive support in their engagements was significantly higher (56.2% vs. 51.4%) for those who married later than age 18 ($\chi^2=13.187$; $\alpha=.001$).

Table 16: Social Networking with Family/Kin Members by Age of First Marriage.

			Age at First Marriage.		Total
			<18	≥18	
Open Relationship with Family Members	Entirely False	N (%) ¹⁶	48[10.8%]	87[10.4%]	135[10.6%]
	Partially True	N (%)	120[27.0%]	246[29.5%]	366[28.6%]
	Entirely True	N (%)	276[62.2%]	501[60.1%]	777[60.8%]
Total			444[100%]	834[100%]	1278[100%]
Receive Support from Husband***	Entirely False	N (%)	88[19.8%]	102[12.2%]	190[14.9%]
	Partially True	N (%)	128[28.8%]	263[31.5%]	391[30.6%]
	Entirely True	N (%)	228[51.4%]	469[56.2%]	697[54.5%]
Total			444[100%]	834[100%]	1278[100%]
Husband's Family/Kin Seek Psychological Support from Me	Entirely False	N (%)	132[29.7%]	247[29.6%]	379[29.7%]
	Partially True	N (%)	224[50.5%]	408[48.9%]	632[49.5%]
	Entirely True	N (%)	88[19.8%]	179[21.5%]	267[20.9%]
Total			444[100%]	834[100%]	1278[100%]

¹⁶Percent in cells is calculated within age at first marriage
***sig at $\alpha=.01$ (Source: Survey, 2017)

As per the results in the table below, both category of women responded similarly to a statement that asks them to personally assess the suitability of their personality character and indicate whether or not it makes working with them easy and enjoyable. Since the test of association did not prove otherwise ($\chi^2=1.099$; $\alpha=.577$), we conclude there is no statistically significant difference in their own assessment of the suitability of their character for others to work with.



However, with regard to their assessment of their degree of participation in relevant aspects of everyday life, we observe from the table above that a higher percentage of respondents take it as their reality that they fully participate in community life ($\chi^2=5.443$; $\alpha=.066$). Though statistically weak, this association shows the gap between those who married before the age of 18, on the one hand, and those who married at or after the age of 18. This works in the latter's favouras. those who married before the age of 18 do not feel as strongly regarding their full participation in social interactions.

Table 17: Own Assessment of Social Character and Participation*Age of First Marriage.

			Age at First Marriage.		Total
			<18	≥18	
<i>Suitability of Character to Work with Others</i>	Entirely False	N (%) ^{1c}	265[59.7%]	522[62.6%]	787[61.6%]
	Partially True	N (%)	83[18.7%]	141[16.9%]	224[17.5%]
	Entirely True	N (%)	96[21.6%]	171[20.5%]	267[20.9%]
Total			444[100%]	834[100%]	1278[100%]
<i>Full Participation in Social Interactions*</i>	Entirely False	N (%)	15[3.4%]	16[1.9%]	31[2.4%]
	Partially True	N (%)	181[40.8%]	305[36.6%]	486[38.0%]
	Entirely True	N (%)	248[55.9%]	513[61.5%]	761[59.5%]
Total			444[100%]	834[100%]	1278[100%]
^{1c} Percent in cells is calculated within age at first marriage *sig at $\alpha=.1$ (Source: Survey, 2017)					

The main reason why tests involving age at first marriage and indicators of social networking resulted in non significant statistical outcomes could be found in the cultural definition of marriage. Married women, regardless of their age at first marriage, have better status in their communities,even more so when they marry early.As status is cumulative, those who marry early have longer reproductive years to bear a higher number of children who, in their own rights, add more leverage for women's status. In other words, marrying early does not necessarily lead to women's isolation and exclusion from community interactions and engagements, but, contrarily, to more respect and status especially when it is attended with fertility.



7.7. Effects of Early Marriage on Women's Education

Key Findings

The study found that about half of all women have interrupted their education due to marriage. One in three early married participants and one in four women who married at 18 years or more had no formal education (Figure 15). About 84% of women who married before the age of 18 and while still in school, interrupted or dropped out of school as early marriage involves adolescent pregnancy, childcare, domestic responsibilities and the like.

In 2013, in the Awi Zone of ANRS, girls remain in school for an average of five years and out of all school girls, nearly one-third cited early marriage as their reason for dropping out (36). In the present study, the current educational status of married women shows that 617 (48.3%) women interrupted or dropped out of formal education due to the direct or indirect influence of marriage. This finding seems to be in line with other researches (8) that conclude the high prevalence of early marriage in Ethiopia as being one of the crucial socio-cultural factors that contribute to high school dropout rates among girls. On the other hand, out of all school girls who have formal school experience, the 30.5% of early married women was low compared to women who married at 18 years and above. A study in South Wollo and East Gojjam Zones of Amhara Region revealed that they become a pointing object of their peers when they resume school after marriage (37).

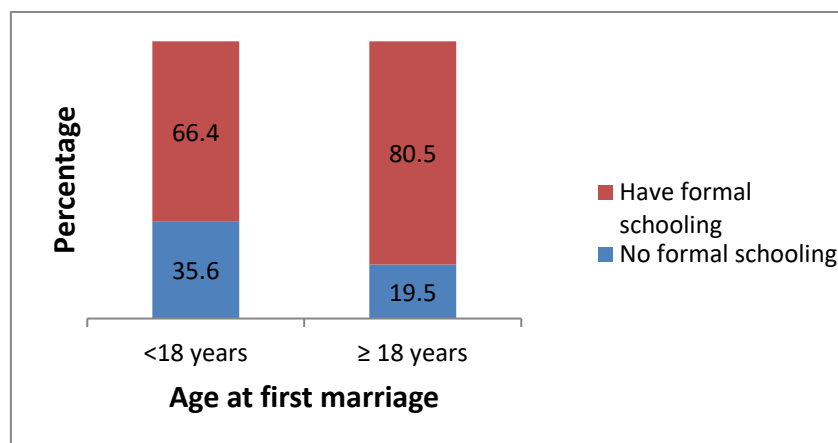


Figure 15: Proportion of formal school experience by age of marriage among women married within the last ten years in Amhara Region, Ethiopia, 2017



Amongst all school girls who attended formal schooling, almost all of married women (married before and after 18) have been engaged in school before marriage. According to literatures (5), marriage at a young age limits a child's opportunities for schooling, skills acquisition and personal development. FGD participants have also noted the same:

"The immediate result of early marriage is dropping out of school, if they were in school at the time of marriage. If they stay in school, they become persistent truants or repeat grades. More than half of them repeat grades. Husbands also want their wives to quit schooling too. They do not get the necessary support they need to stay in school and be successful. They are very much depressed and isolated from the school community and their classmates". [FGD_R06].

Table 18: Number of women who have school experience before and after marriage.

School experience	Age at first marriage		
	<18 years	≥18 years	Total
Before Marriage	287 [97.3%]	665 [99.1%]	952 [98.6%]
After Marriage	8 [2.7%]	6 [0.9%]	14 [1.4%]
Total	295 [100%]	671 [100%]	966 [100%]

Out of all early married women who have been engaged in school before marriage (n=287), only 46 (16%) of them continued their education, while 241 (84%) of them were interrupted or dropped out of school. Of women married at/after 18 years and engaged in school before marriage (n=665), 180 (27%) of them continued their education while 485 (73%) of them interrupted or dropped out of school. This implied that early marriage has more of an adverse impact than marriage at/after 18 on women's education (See Figure 16). According to EDHS, 34% of female students drop out of school due to teenage marriage (15). This confirms that early marriage is a particular problem for young girls in ANRS as it is in most traditional, rural communities as well as developing societies where traditional values are stronger and people are reluctant to allow girls to leave home even for schooling.

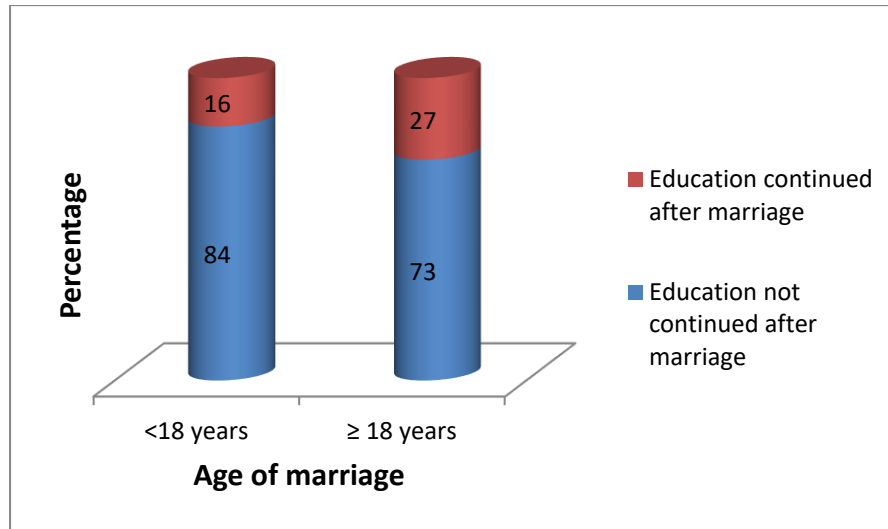


Figure 16: Proportion of continuation of education after marriage by age of marriage among married women within the last ten years in Amhara Region, Ethiopia, 2017

As mentioned by participants of this study, the potential reasons for failure to attend school after marriage include: pregnancy, childbirth, illness, change of residence, lack of school access, school distance, divorce, family conflict, family death, pressures of marriage life itself, lack of personal interest in education, workload at home, etc. Due to its multiple causes, according to reports of program evaluations(17), the prevention of early marriage requires interventions that simultaneously address the socioeconomic and cultural factors that reduce early marriage and increase or create access to schooling.



7.8. Early Marriage as a Risk for Child Labor Exposure

Key Findings

Early marriage is a preponderant practice in traditional, agrarian societies, and it compounds the problems girls face due to early marriage. Hence, this study considers assessing the working conditions under which married women are exposed.

About 376 (84.7%) of women married before the age of 18 have been engaged in activities unlike women married at and after 18. Domestic work at the family in-law's house with wage 77 (20.5 %) and family in-law's work with no wage 42 (11.2 %) had been the activities at which early married women had been engaged before their age of 18th.

As the study revealed, victims of early marriage were found to engage in exploitative, hazardous economic activities that had been characterized as work in workplaces with extreme temperature (209 women, 56.3%), work in the manual handling of materials >7kg (42 women, 11.3%), working for >7 hours daily (203 women, 54.7%), and working for more than 6 days including weekends (251 women, 66.9%).

Also those married below the age of 18 were more likely to be exposed to oppressive situations i.e. 203 women (54%) were not well supported at work from family in-laws and/or their husband at any time, many of them, 144 women (38.2%) reported that they couldn't decide on their daily tasks situation.

It is quite common to see married women engaged in different activities that might expose them to exploitative labor. This problem becomes very serious when it occurs with young married women below the age of 18 years.

Of the total 1278 study participants, 924 (72.3%) respondents had been engaged in any work activity for at least one hour a week before the age of 18. 376 (84.7%) of women married before the age of 18 had been more engaged in activities than the 548 (65.7 %) of women who had been married at/after the age of 18 and were engaged in activities. For these engaged activities, 77 women (20.5%) married before 18 were engaged in domestic work at their family in-law's and 42 women (11.2%) married before 18 were engaged in work at their family in-law's with no wage.



From women who married before 18, 203 (54.7%) had worked for >7 hours a day, 251 (66.9%) worked for more than 6 days a week, 181 (48.1%) worked on weekly rest days, and 151 (40.2%) worked on public holidays. Women also engaged in exploitative/hazardous economic activities: 209 (56.3 %) worked in workplaces with extreme temperature and 42 (11.3 %) worked in the manual handling of materials >7kg for repetitive tasks. This work is hazardous for youth, according to the ILO and MoLSA lists of prohibited activities for young workers. Also, 144 (38.2%) of early married women reported that they had no right to decide when to work and when to take a break if desired before age of 18 and 203 (54%) of them were not able to get support from family in-laws and/or their husband at any time before age of 18th.



Table 19: Labor Exposure for Child (below 18 years) as a result of Early Marriage.

Variables	Age of first marriage		Total (%)
	<18 years Frequency (%)	≥18 years Frequency (%)	
Any activity engaged Before 18 years of age for at least for one hour a week			
Engaged	376 (84.7%)	548 (65.7 %)	924 (72.3 %)
Not Engaged	68 (15.3 %)	286 (34.3 %)	354 (27.7 %)
Types of business activity engaged Before 18th years of age			
Employee – government	0	1 (0.18%)	1 (0.18 %)
Employee –NGO	4 (1.1 %)	10 (1.8 %)	14 (1.5 %)
Family in-law's domestic works(house hold chores)	77 (20.5 %)	91 (16.6 %)	168 (18.2 %)
Self-employed	8 (2.13 %)	21 (3.8 %)	31 (3.4 %)
Family in-law's business with no wage	4 (1.1 %)	15 (2.7 %)	19 (2.1 %)
Employed in private business with wage	0	1 (0.18 %)	1 (0.18 %)
Family in-law's work with no wage	42 (11.2 %)	41 (7.5 %)	83 (9 %)
Private business with wage	8(2.13%)	16 (2.92%)	24 (2.6%)
Others*	2 (0.53 %)	6 (1.1 %)	8 (0.9 %)
Hours worked per day before their 18th			
≤ 7 hours	168 (45.3%)	277 (50.1%)	445 (48.2 %)
>7 hours	203 (54.7%)	276 (49.9%)	479 (51.8 %)
Daysworked perweek before their 18th			
≤ 6 days	124 (33.1%)	211 (38.4%)	335 (36.3 %)
> 6 days	251 (66.9%)	338 (61.6%)	589 (63.7 %)
Hazardous activities engaged before their 18th			
Underground task such as mining, quarries etc.	8 (2.2 %)	17 (3.1 %)	25 (2.7 %)
Construction task that involves work on scaffolding	2 (0.5%)	8 (1.4%)	10 (1.1 %)
Road construction	1 (0.3%)	2 (0.4%)	3 (0.3 %)
Engage in illicit activities: selling drugs, sexual activities	1 (0.3 %)	0 (0.0%)	1 (0.1 %)
Tasks in transport service that involve heavy weight lifting	2 (0.5 %)	3 (0.5 %)	5 (0.5 %)
Metal melting	1 (0.3%)	1 (0.2 %)	2 (0.2 %)
Workplaces where there is extreme temperature (Hot and Cold)	209 (56.3 %)	268 (48.5%)	477 (51.6 %)
Fishing task	1 (0.3%)	2 (0.4%)	3 (0.3 %)
Manual handling of materials >7kg for repetitive tasks	42 (11.3 %)	78 (14.1%)	120 (13 %)
Manual handling of materials >11kg for non-repetitive task	51 (13.7%)	91 (16.5 %)	142 (15.4 %)
Manual handling of materials with one wheel cart on smooth floor >20 kg	3 (0.8 %)	6 (1.1%)	9 (1 %)
Manual handling of materials with one wheel cart	3 (0.8%)	8 (1.5 %)	11 (1.2 %)



on rough floor >16 kg			
Manual handling of materials on elevated working surface >5 kg for repetitive tasks	21 (5.6%)	40 (7.3%)	61 (6.6 %)
Manual handling of materials on elevated working surface >9 kg for non-repetitive task	28 (7.5%)	52 (9.4%)	80 (8.7 %)
The listed conditions were not included in my job	126 (34.1%)	215 (38.7%)	341 (36.9 %)
Conditions under which forced to work before the age of 18years			
Night work (from 10pm to 06 am)	5 (1.3%)	23 (4.2 %)	28 (3 %)
Work for him/herself or his/her family/relatives	33 (8.8 %)	39 (7.1%)	72 (7.8 %)
Work when you are sick or injured	14 (3.7%)	8 (1.5 %))	22 (2.4 %)
Perform hazardous tasks without protection	0	1 (0.2%)	1 (0.1 %)
Work on weekly rest day	181 (48.1%)	254 (46.4%)	435 (47.1 %)
Work on public holidays	151 (40.2%)	198 (36.1%)	349 (37.8 %)
Perform tasks that are not part of the job you agreed to do	12 (3.2%)	10 (1.8%)	22 (2.4 %)
Take drugs, alcohol or other illegal substances	0	1 (0.2%)	1 (0.1 %)
Engage in illicit activities: selling drugs	0	1 (0.2%)	1 (0.1 %)
Have sexual activity with him/ herself, friends, relatives or others	0	1 (0.2%)	1 (0.1 %)
Never forced me	108 (28.7%)	179 (32.7%)	287 (31.1 %)
Had no employer since it was own business	5 (1.3%)	10 (1.8%)	15 (1.6 %)
Had been injured or gotten ill as a result of workbefore the age of 18 years			
Yes	42 (11.3%)	62 (11.2%)	104 (11.3 %)
No	321 (86.3%)	473 (85.7%)	794 (85.9 %)
It doesn't concern me	9 (2.4%)	17 (3.1%)	26 (2.8 %)
Forced to work at a rapid pace before age of 18			
Yes	138 (36.9%)	181 (32.9%))	319 (34.5 %)
No	236 (63.1%)	369 (67.1%)	605 (65.5 %)
Forced to work too difficult tasks before age of 18			
Yes	106 (28.3%)	148 (26.9%)	254 (27.5 %)
No	268 (71.7%)	402 (73.1%)	670 (72.5 %)
Have the right to decide at work when to take a break if desired before age of 18			
Yes	225 (59.8%))	348 (62.7%)	573 (62 %)
No	144 (38.2%)	207 (37.3%)	351 (38 %)
The Job involved tasks that are in conflict with personal values before age of 18			
Yes	60 (16%)	96 (17.5%)	156 (16.9 %)
No	314 (84%)	454 (82.5%)	768 (83.1 %)
Able to get support from family in-laws and or husband at any time before age of 18			
Yes	173 (46%)	242 (44.2%)	415 (44.9 %)
No	203 (54%)	306 (55.8%)	509 (55.1 %)



42 (11.3%) of early married women had faced injury or gotten ill as a result of their work before the age of 18, where the effect of injuries was a minor injury for the majority (65%) of respondents (Figure 17).

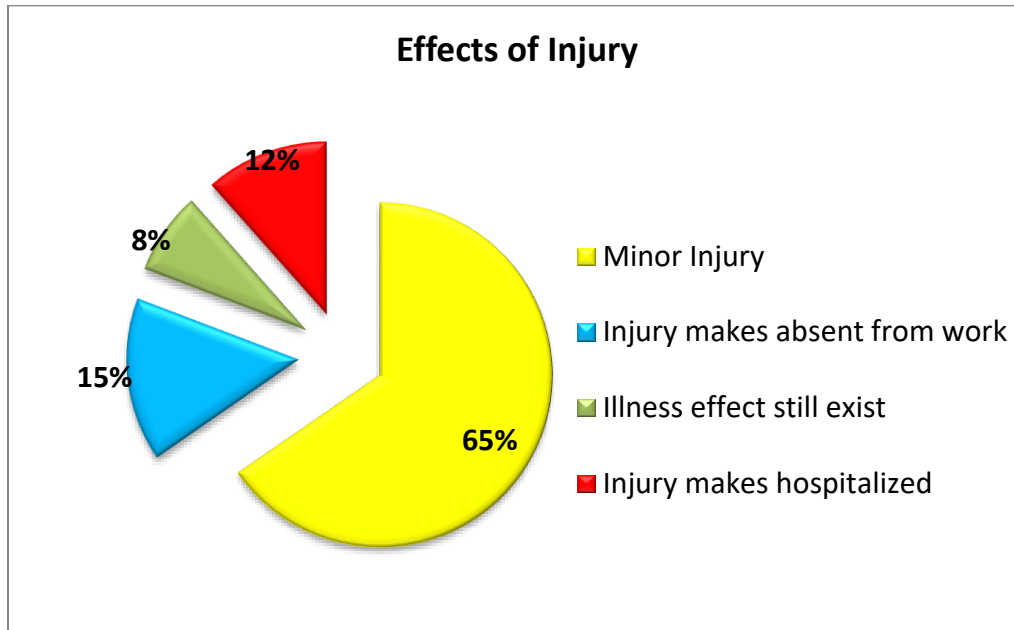


Figure 17: *Effect of Work Related Injuries on Women before their age of 18.*



7.8 Legal Frameworks Effectiveness and Necessary Actions to Address Early Marriage

Ethiopia has ratified major international, continental and regional conventions that aim to protect and promote the interest and welfare of children and women. The Criminal Code and Family Law have been revised to promote the welfare of women and protect and/or advance their rights whether in the public or domestic sphere. Specifically, the Ethiopian government has ratified various conventions that treat early marriage as a human rights violation in addition to passing policies and enforcing laws that protect the right to an education for children and girls to and protect from exposure to harmful traditional practices such as early marriage and some strides have been made for years.

Against this backdrop, this study has aimed to assess the performance of legal frameworks or policy instruments and their effectiveness to deal with early marriage. This study did this by analyzing data gathered through desk review and qualitative approaches which gathered relevant information from survivors of early marriage and representatives of different stakeholders. Interviewees and discussants were asked to assess the extent that existing legal or policy instruments were able to address the problem of early marriage in their communities. There have been some contrasting results from their responses. Some argued that the existing legal system is adequate to deal with the problem of early marriage in the community.

“Existing legal instruments are adequate to tackle the problem. The problem, however, is in the attitude and belief system of the community members. This requires serious intervention.... There are such mechanisms as anonymous reporting for early marriage, training religious leaders to help halt early marriage. But, religious leaders do not play their expected role in raising the awareness of the community on the sufferings of children marrying early. Many agree with the community’s valuation that marrying girls will ensure their virginity/purity at the time of their marriage, etc. This is the challenge in the prevention of early marriage in this community. Otherwise, the government’s initiatives and actions could have solved the problem at the legal level. In effect, working on religious leaders, we believe, will bring the desired effects.” [GD_R06].

However, the same discussants recommended any intervention do more than commit violators of the law to prison. They stressed, for instance, the need for a serious,



continuous work that requires adequate planning and implementation structure to raise the awareness of the community regarding the negative consequences of early marriage which is necessary if they are to respect the law.

On the other hand, other discussants mentioned procedural bottlenecks to put the law in practice and effectively deal with offenders. The requirement for material evidence has put pressure on the prosecutors to take and win cases in the court system. For instance, representatives of community/religious leaders and stakeholders mentioned the pressure on law enforcement officers by economically well-to-do families during detection and prosecution. This situation creates discrepancy in the application of the law for social and economically unequal families that undermine the rule of law i.e. equality before the law:

“There is gap in the application of the law. It does not provide protection for those who reported and stopped early marriage. Families would be retributive if anyone stops them from marrying their daughter. Her prospective husband and parents consider it offensive as well as intrusive. This is especially the case when the groom has a difficult character or the marrying families are either well regarded or well to do. There are many who reported against these people and suffer the consequences, as they did not receive protection from the law.” [FGD_R07]

According to discussion with participants, the responsibility of tackling the problem of early marriage requires the coordinated efforts of various stakeholders and members of the community including the school, the justice department, the police, the court, the priest/church/mosque, parents, community leaders, etc. Yet, there is also a stark finding that tackling the problem of early marriage is the role of the survivors of early marriage. Many of the discussants agreed that it would be difficult under the prevailing legal environment for parents to give away their children in marriage if the children seriously resisted it.

Though tackling the problem of early marriage requires concerted efforts of various organizations and community members, FGD participants were asked to assess the roles of each and how functional they are in their communities:



“Addressing the problem isn’t a one-party responsibility. It requires a concerted effort amongst the different stakeholders. For instance religious leaders can educate the laity under them about the dangers of early marriage...“We need to engage the community in conversations focusing on mothers to create and increase their awareness about the consequences of early marriage.” [FGD_R01]

Others have mentioned the enormous and demanding role the government should assume in the fight against early marriage:

“I suggest the government to use its structures and focus on education, as it will equip children to influence their parents’ beliefs and practices on early marriage.... Health extension workers should have the added responsibility of raising mothers’ awareness regarding the negative health impacts of early marriage on girls.... The government should also bring the efforts of its sectoral offices to address the problem in a sustained manner. They have to identify the gap in the resources and solutions implemented by the government and make planned interventions.” [FGD_R05]

The law, according to discussants, has limits in what it could achieve in stopping early marriage from destroying the life of many children. In rural communities, for instance, people seem resistant to proactive actions, enforcements and collaborations to mitigate the problem. Due to such a resilient culture and resistance, many improvise and use different mechanisms to avoid the detection:

“We need to enforce the law and punish the offenders. However, this all has limits. Teachers at school ask us to report incidents or plans of early marriage; and, those caught could be punished, while, on the other hand, many others avoid detection by wedding their children under the cover of religious and/or cultural events such as Mahibere, MutAmet... girls are the ones who can stop early marriage. By organizing events, meetings and discussion forums we can raise their awareness about effects of early marriage on their health, education, etc. Government should continue checking whether parents have sent all their school-age children to school...” [FGD_S05]

However, in addition to the strong political commitment to alleviate the problem, the role of girls themselves shouldn’t be ignored as they can educate their families about the negative effects of early marriage and protect themselves from its associated impacts on their life chances.



8. Conclusion

Early marriage is a violation of human rights, and as such, international, regional and national actors have aimed at eliminating this harmful traditional practice with proactive conventions and binding laws. The effects of early marriage, commensurate with its blatant violation of human rights, are wide-ranging. This research report, hence, is a result of a fieldwork undertaken by an interdisciplinary team of researchers with the financial support of WV-E in ANRS, one of the regions with the highest rate of early marriage. This study covered 1278 married women with a mean age of 23.61.

One in three women married in the past 10 years in ANRS married before they celebrate their 18th birthday. This reflects the fact that early marriage is a female-specific risk and burden for society, especially in the Amhara region. The findings also reflected poor economic status of families, being rural residents and having low education access for the entire family are key leading factors that expose girls to engage in married life before the legal age.

The study finding indicated that a huge portion (94%) of women, married before 18 had an early sexual initiation with consequences related to adolescent pregnancy, multiple sexual partners and/or repeated marriage, higher divorce rate, higher probability of pregnancy complications, higher probability of unplanned pregnancy, lower attendance for ANC and PNC, lower child birth weight, etc.

Although girls managed to start or continue schooling after marriage, 85% of them did not manage to get past Grade 10. As a result of a low level of educational attainment among married women, a significant portion (41%) of married women ultimately became, after marriage, housewives which has an impact on their level of independency to lead their future life.

The result of this study revealed that the educational status of the decision making family members of married women (highest effect among those with no formal schooling) affects the educational attainment of girls who marry early. Early marriage



leads girls to adolescent pregnancy, childcare and domestic responsibility affecting their childhood developmental progress and their study success.

Victims of early marriage were also more likely to suffer from various types of abuses by their husbands including verbal abuse, beating, non-consensual sex, etc. while maintaining a subordinate position in various relevant decision making processes involving the family and relatives.

Women who married before the age of 18 had better opportunities to meet and make new friends with an indication that being married at an early age doesn't affect women's social networking as the society gives great value to their married status. However, those married at or after 18 received significantly better support from their husbands and engaged in various community activities which can be linked with the decision making power of women as they have a matured age for the selection of their husband.

Girls married before 18th found to be engaged in different activities unlike those married at and after 18th, mainly in tasks that are characterized by being exploitative i.e. household chores, extreme thermal condition, tasks that involve heavy manual handling, working for more than 7 hours per day, and work on weekends and public holidays which . These are the typical indicators for forced labour conditions where the effects can be more severe as the findings indicate that early married girls do not receive enough support from their husband and family in-laws and have poor decision making power to decide about their working condition. The overall impact of such exposure could greatly affect women's success in life.

Generally, early marriage still remains a burden for girls and to the general society due to its subsequent negative effects on their health, educational attainment, socio-economic and psycho-social wellbeing despite current national and international laws.



9. Recommendations

The findings of this study urge the government and general society to take appropriate actions supported by legal enforcements at all levels by all stakeholders for '*strictly forbidden cultural change*' in Amhara region and beyond to eliminate societal practices of early marriage.

Moreover, rehabilitative and corrective actions are required for arranging supportive services for girls at risk and victims of early marriage. These actions should be supported by a strong and sustainable monitoring system that can trace such illegal actions at its inception level. Continuous awareness creation for cultural/value transformation should be at the center of all preventive and corrective actions. All members of the society should have a stake in the protection of girls from the effects of early marriage.

I. Education sectors with a point of access at local schools should develop a functional system for:

- Early identification and protection of girls at risk/targeted once;
- Girls empowerment actions including self determination and resilience mechanisms to protect themselves from early marriage and associated effects;
- Awareness creation and information dissemination for school communities including students;
- Action implementation in different approaches, i.e. girls club, early marriage fighter club, etc., can be established and strengthened as a tool to empower girls, to raise awareness in the community and to establish a network for peer support;
- Establishment of supportive system for girls to ensure they continue their study by all means, in the case that actions for protection failed;

II. The health sectors should take action both with awareness creation on health and RH risks of early marriage and with the establishment of a supportive system for rehabilitative and curative services in case of any health risks and complications associated with early marriage. Specifically, the Health Agents/Army should stay



abreast of new advancements in the scientific circle to gather information and sensitize the community about the negative impacts of early marriage on girls' and their children's health. Taking advantage of their knowledge of the local reality courtesy of working with the community, they could play invaluable role in identifying girls at risk and link them with available systems – such as the Police, Justice Department, Schools, etc. – for support or work with these systems to prevent and/or take early mitigation procedures to deal with the undesirable effects of early marriage. Moreover, the healthcare system should be user friendly especially with regard to supporting the victims in age determination, healthcare advice and RH service provisions.

III. The Labour and Social Affairs office and Women and Children Affairs office with their functional organ at all level and district and kebele administrations should:

- Establish and/or strengthen the use of the local community structures, i.e. youth league, females alliance, the community care coalitions (CCCs), One-to-Five structures and religious institutions, to detect and prevent early marriage from girls at risk and to take action for the curative and rehabilitative measures.
- Develop integrated system to trace girls at risk and create awareness on early marriage legal frameworks and the associated effects on girls' and women's future lives;
- Collaborative approaches to work with community leaders, religious leaders and families for protection of girls, elimination of the practice and finally for cultural transformation.
- Coordinate local development agents and NGO's to take action in both protection and rehabilitation;
- Design creative and effective means for socioeconomic development of the society as the root cause of early marriage is closely linked with economic status of families;
- Prioritize early marriage as its intervention areas and link up with the Women and Children Affairs to early detect and/or mitigate the problem.



IV. The police and justice sectors need to be highly committed on:

- Taking part in community awareness creation activities, giving emphasis on the prevention of early marriage by showing its multidimensional sequelae;
- Building awareness in the community about children's rights, family obligations, and settled measures to be implemented on those who participate in early marriage;
- Scanning for families who are at the preparation phase for early marriage and those who already participated in the marriage and then taking appropriate administrative measures as per the legislation or family law;
- Working together with the community in identifying families who practice or will practice early marriage.

V. Girls and women, including victims and those at risk should closely work

- On the preventive actions to protect those at risk;
- On the rehabilitative actions to protect girls from consecutive effects;
- On enforcement support to strengthen the protective actions;
- On establishing role modeling for others either to prevent an/or rehabilitate girls so that they will have good skills of resilience for challenges in their life;

VI. Researchers; need to give good emphasis to;

- Generate evidences on the issue to show up its magnitude and associated effects on girls and women future;
- Work in a direction to include the matter in educational curriculums so as to ensure sustainable efforts to bring social transformation in this regard;
- Contribute in policy design and implementation actions to prevent early marriage at all level;
- Identify the possible reasons & attributing factors, and roles of sectors & stake holders (for example, Health extension workers, Girls club in school, health development army etc) for the decreasing trend of early marriage.

Government should take the lead with strong commitment for actions that can be implemented through its sector offices according to their mandate given.



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11. Annex

11.1 Data collection Tools

11.1.1 English Version Questionnaire for Quantitative Study

Community Survey Questionnaire -English Version

Questionnaire Identification Code	District Code	Kebele Code	Household Code

Consent Form

INTRODUCTION

Note for Enumerator: Please make sure the respondent had her first marriage within the past 10 years. Otherwise, thank her and conclude the data collection process.

Hello! My name is I am here on behalf of Mrs. Ansha Nega and her research team, Staff members at different faculty of University of Gondar. We are conducting a research project entitled **"The Effects of Early Marriage on Girls' Education, Health and Women Empowerment in Ethiopia – with Particular Emphasis on Amhara National Regional State, Ethiopia"**. The team obtained ethical clearance from the Institutional Review Board of University of Gondar to conduct this study. The objective of this study is to assess the effects of early marriage on girls' education, health and women empowerment in Ethiopia – with particular emphasis on the Amhara National Regional State, Ethiopia. You are selected to participate in the study. The choice is made randomly. The information you will give us is confidential and will be used only for this study purpose. A code number will identify every participant and no names will be used. If a report of the result is published, only summarized information of the total group will appear. Participation in the study is voluntary; you have the right to participate, or not to participate or withdraw from the study at any time. Similarly, there is no incentive for those who participated in the study. Results of this study will benefit the region and the country in the future by identifying the magnitude of the problem, factors that contribute to early marriage, and undue consequences of early marriage. It will then present recommendations for the concerned bodies by designing strategies to reduce the magnitude of the problem. If there are things that require clarification please don't hesitate to ask the facilitators for clarification.

Do you wish to participate in the study?

Yes, _____;

No, I do not want to participate. _____ (Thank the respondent and end the enumeration.)

Enumerators' Name: _____ Signature: _____ Date: _____



Supervisors' Name: _____ Signature: _____ Date: _____

Part I: Socio-demographic characteristics			Note
101	What is your age? (State in full years)	___ years	
102	Place of birth	01. Urban 02. Rural	
103	Current place of residence	01. Urban 02. Rural	
104	Your religious affiliation	1. Orthodox Christian 2. Muslim 3. Protestant 4. Catholic 5. Others (Please specify) _____	
105	What is your current marital status?	1. Married 2. Divorced 3. Widowed 4. Others (Please specify) _____	
106	If you have been married, what was your age at first marriage?	_____	
107	If have been married, how old were you when you started living with your first husband?	_____	
108	How many times have you been married?	_____	
109	What level of education had you completed at the time of your first marriage?	01. No formal education 02. Primary school (grade 1-6) 03. Junior school (grade 7-8) 04. High school (grade 9-10) 05. Preparatory school (grade 11-12) 06. Certificate or diploma 07. First degree and above	
110	What is your current level of education?	01. No formal education 02. Primary school (grade 1-6) 03. Junior school (grade 7-8) 04. High school (grade 9-10) 05. Preparatory school (grade 11-12) 06. Certificate or diploma 07. First degree and above	If "No formal education," proceed to Q.113.
111	What is your current educational status?	01. On study 02. Interrupted 03. Others (Please specify) _____	



112	If interrupted, what was the main reason?	01. Economic reason 02. Disapproval of husband and/or his family 03. Inability 04. Others, specify _____	
113	At the time of your first marriage, what was your mother's level of education?	01. No formal education 02. Primary school (grade 1-6) 03. Junior school (grade 7-8) 04. High school (grade 9-10) 05. Preparatory school (grade 11-12) 06. Certificate or diploma 07. First degree and above 08. Others (Please specify) _____	
114	At the time of your first marriage, what was your father's level of education?	01. No formal education 02. Primary school (grade 1-6) 03. Junior school (grade 7-8) 04. High school (grade 9-10) 05. Preparatory school (grade 11-12) 06. Certificate or diploma 07. First degree and above 08. Others (Please specify) _____	
115	At the time of your first marriage, what was your husband's level of education?	01. No formal education 02. Primary school (grade 1-6) 03. Junior school (grade 7-8) 04. High school (grade 9-10) 05. Preparatory school (grade 11-12) 06. Certificate or diploma 07. First degree and above 08. Others (Please specify) _____	
116	What is your husband's current level of education?	01. No formal education 02. Primary school (grade 1-6) 03. Junior school (grade 7-8) 04. High school (grade 9-10) 05. Preparatory school (grade 11-12) 06. Certificate or diploma 07. First degree and above 08. Others (Please specify) _____	
117	What is your occupation?	_____	
118	If you are currently married, what is husband occupation?	_____	
119	Prior to your first marriage, how did your family's socioeconomic status fare in comparison to other families in	01. Poor 02. They were doing alright 03. Rich 04. Very rich or wealthy	



	the neighborhood?		
120	Currently, how does your family's socioeconomic status fare in comparison to other families in the neighborhood?	01. Poor 02. They were doing alright 03. Rich 04. Very rich or wealthy	
121	What is your household annual income from all sources (consider all agricultural products including cattle, honey production)?	_____ETB	
Part II. Obstetrics and sexual characteristics			
201	At what age did you first have sexual intercourse?	1. ____year 2. I don't remember/I don't know	
202	What type of marriage was the first marriage?	1. Family arranged marriage without your approval 2. Family arranged marriage with your approval 3. Self-initiated marriage without family approval 4. Self-initiated marriage with family approval 5. Other, specify _____	
203	What was your first husband's age when he married you?	1. _____years 2. Don't know	
204	What is the status of the first marriage?	1. Still living together 2. Divorced 3. Widowed 4. Other, specify _____	
205	Have you ever been pregnant?	1. Yes 2. No	If no, skip to Q 316
206	If yes, at what age was your first pregnancy?	_____years	
207	Were you attending ANC during your first pregnancy?	1. Yes 2. No 3. Don't remember	If yes, skip to Q 209
208	If no, what was your reason for not attending ANC?	1. Lack of awareness on service availability 2. Financial reason 3. Distance 4. My husband didn't permit me 5. Others(specify)_____	
209	What was your age when you conceived your first child?	1. _____years 2. Not applicable	



210	How many times have you ever been pregnant?	_____	
211	What was the outcome of your first pregnancy?	1. Live birth 2. Still birth 3. Spontaneous abortion 4. Induced abortion 5. I am currently pregnant 6. Others(specify)_____	If the answer is not 1, skip to Q 213
212	If the outcome of the first pregnancy is live birth, how is the baby's current condition?	1. Currently alive 2. Died when its age is less than 1 week 3. Died when its age is b/n 7 & 28 days 4. Died when its age is b/n 28 days & 1 year 5. Died when its age is b/n 1 & 5 years 6. Others(specify)_____	
213	What was the duration of labor for your first delivery?	1. _____ hours 2. Don't remember	
214	Where did you deliver your first baby?	1. Home 2. Health center 3. Hospital 4. Others(specify)_____	
215	What was the mode of delivery for your first baby?	1. Spontaneous delivery 2. Cesarean section 3. Assisted delivery	
216	At what gestational age was the first baby delivered?	1. _____ Months and _____ weeks 2. Don't remember	
217	What was the birth weight of the first baby?	1. _____ gram 2. Not measured 3. Don't remember	
218	Did you have postnatal follow up for the first baby?	1. Yes 2. No 3. Don't remember	
219	What was your first baby's immunization status?	1. Completely immunized 2. Up-to-date 3. Defaulted 4. Not initiated 5. Don't remember 6. Not applicable	
220	Was your first baby sick till age of one year?	1. Yes 2. No 3. Don't remember	If the answer is no, skip to Q 223
221	If yes, what was the characteristic of the illness? (Multiple answer is possible)	1. I don't remember 2. Asphyxia (immediately after birth) 3. Unable to suck breast milk	



		4. Fever/Hypothermia 5. Bulged fontanel 6. Rigidity of body 7. Diarrhea 8. Cough or difficulty of breathing 9. Other (specify)_____	
222	Did you seek medical help for the above illness/s?	1. Yes 2. No 3. Some times	
223	If your first child is not alive now, by what age dids/he die?	_____Years _____moths _____days	
224	What was the cause of death?	1. Medical illness 2. Accident 3. Other (specify)_____	
225	If it was due to medical illness, what was the characteristic of the illness? (Multiple answer is possible)	1. I don't know 2. Asphyxia (immediately after birth) 3. Unable to suck breast milk 4. Fever/Hypothermia 5. Bulged fontanel 6. Rigidity of body 7. Diarrhea 8. Cough or difficulty of breathing 9. Other (specify)_____	
226	Did you take the baby to a health institution for medical help for the illness?	1. Yes 2. No	
227	If you have given two or more births, What was the interval between your first and second baby/birth?	_____years and/or_____months	
228	Did you have ANC for the rest of your pregnancies?	1. Not applicable (only have one baby) 2. Yes, I had for all pregnancies 3. Yes but not for all babies 4. No, I didn't have at all	
Part III. Maternal health problems and related information			
301	Did you encounter any of the following problems during pregnancy? (Multiple response is possible)	1. 2. Hypertension 3. Anemia 4. Abortion 5. Intrauterine fetal death 6. Don't remember	If the answer is 1 &/or 7, skip to Q 303



		7. Others(specify)_____	
302	If yes, did you get medical help for the illness	1. Yes 2. No	
303	What complication/s did you experience during labor or abortion? (Multiple response is possible)	1. No, I didn't experience health problem 2. Prolonged labor (>18 hours) 3. High blood pressure 4. Convulsion 5. Intra-partum Hemorrhage 6. Fistula 7. Don't remember 8. Not applicable 9. Other (specify)_____	If the answer is 1 &/or 7, skip to Q 305
304	If yes, did you get medical help for the illness	1. Yes 2. No	
305	What complication/s did you experience within the first two weeks after delivery? (Multiple response is possible)	1. No, I didn't experience health problem 2. Hemorrhage 3. High blood pressure (within 24 hours) 4. Convulsion (within 24 hours) 5. Anemia 6. Infection /Fever and/or foul smelling vaginal discharge/ 7. Other (specify)_____	If the answer is 1 &/or 8, skip to Q 307
306	If yes, did you get medical help for the illness	1. Yes 2. No	
307	Do you have a previous history of Abortion?	1. Yes 2. No	If the answer is 2 (No), skip to Q 312
308	If you have ever had an abortion, what type of abortion was it?	1. Spontaneous 2. Induced	If 1, spontaneous, skip to Q 311
309	Where was the location for the induced abortion?	1. Public health facility 2. Private health facility 3. In a community by non-health personnel 4. In a community by health personnel 5. Others(specify)_____	
310	If the answer for Q 309 is not 1 or 2, what was your reason for abortion made outside of a health facility?	1. Lack of awareness 2. Unavailability of service 3. Provider refusal 4. Others(specify)_____	



311	Did you have any complications if you had an abortion? (Multiple answer is possible)	1. Fever/foul smelling vaginal discharge 1. Yes 2. No 2. Bleeding 1. Yes 2. No 3. Others(specify)_____	
312	Have you ever had leakage of urine/feces after delivery?	1. No 2. Yes	the answer is 1 (no), skip to Q 316
313	If yes, with which birth did the leakage happened?	_____	
314	Have you visited a health institution for the leakage?	1. Yes 2. No	
315	What was the outcome of your pregnancy for the birth which causes leakage of urine/feces?	1. Live birth 2. Still birth 3. Other(specify)_____	
316	Have you ever been screened for HIV?	1. Yes 2. No	If no, skip to Q 318
317	If yes, What was the result?	1. HIV positive 2. HIV negative	
318	Have you ever had a history of STIs (vaginal discharge/lower abdominal pain, genital ulcer)?	1. Yes 2. No	If no, skip to Q 318
319	If yes, did you visit health institution for the above symptoms or STIs?	1. Yes 2. No	
320	Do you feel pain during/after sexual intercourse?	1. Yes 2. No	
Part IV: Information on contraceptive utilization			
401	Was the first pregnancy planned?	1. Yes 2. No 3. 3. Not applicable	
402	Have ever you received FP counseling?	1. Yes 2. No	
403	Have you ever used any modern contraceptive method?	1.Yes 2.No	If no, skip to Q 407
404	If yes, which contraceptive method(s) have you ever used? (multiple answers are possible)	1. Injectable 2. Pills 3. Implants 4. IUD 5. 5.Male condoms	



		6. Female Sterilization 7. Male sterilization 8. other specify_____	
405	Where did you get the Contraceptives?	1. Hospital 2. health center 3. health post 4. private health institution 5. others(specify)_____	
406	Which contraceptive method(s) are you currently using?	1. I am not currently using modern contraceptives 2. Injectable 3. Pills 4. Implants 5. IUD 6. Male condoms 7. Female Sterilization 8. Male sterilization 9. Other specify_____	
407	If you are not currently using contraceptives What are your reasons?	1. Want to give birth 2. My Husband opposed me 3. My family opposed me 4. My religion restrict me 5. Far distance to get the service 6. Have no money to buy 7. Other (specify)_____	

Part V: Violence and women decision making power

501	Are you living with your first husband?	1. Yes 2. No	If "Yes," proceed to Q.503.
502	If you are not currently living with your husband, why?	01. Divorced 02. Divorced and remarried 03. Widowed 04. Annulment	
503	Has your first husband ever insulted you?	01. Yes 02. No	
504	Has your first husband ever beaten/assaulted you?	01. Yes 02. No	
505	Has your first husband ever had sex without your consent?	1. Yes 2. No	
506	In your first marriage, who usually decides how the money you or your husband earns is spent?	01. I 02. Husband 03. Together/Jointly	



507	If you are currently married, who usually makes the decisions on big purchases for the homelike Radio/Tape, TV, furniture, cattle and alike?	01. I 02. Husband 03. Together/Jointly 04. Not applicable _____	
508	If you are currently married, who decides to buy food items?	01. I 02. Husband 03. Together/Jointly 04. Not applicable _____	
509	If you are currently married, who decides to buy clothes for children?	01. I 02. Husband 03. Together/Jointly 04. Not applicable _____	
510	If you are currently married, who usually makes decisions about visits to your family or relatives?	01. I 02. Husband 03. Together/Jointly 04. Not applicable _____	
511	If you are currently married, who usually make decisions to have a child?	01. I 02. Husband 03. Together/Jointly 04. Not applicable _____	
512	If you are currently married, who decides for medical help when you get sick?	01. I 02. Husband 03. Together/Jointly 04. Not applicable _____	
513	If you are currently married, who decides for medical help when your baby gets sick?	01. I 02. Husband 03. Together/Jointly 04. Not applicable _____	
514	If you are currently married, who usually makes decisions to use contraceptive methods?	01. I 02. Husband 03. Together/Jointly 04. Not applicable _____	
515	If you are currently married, who usually makes decisions to get antenatal care services?	01. I 02. Husband 03. Together/Jointly 04. Not applicable _____	
516	If you are currently married, who usually makes decisions for place of delivery (Home, H/facility etc.)?	01. I 02. Husband 03. Together/Jointly 04. Not applicable _____	
517	If you are currently married, who usually makes decisions for child	01. I 02. Husband	



immunization?	03. Together/Jointly 04. Not applicable _____	
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Part VI: Rosenberg Self-Esteem Scale

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D** and if you strongly disagree, circle **SD**.

No.	Statements	Response Category			
601	On the whole, I am satisfied with myself.	SA	A	D	SD
602	At times, I think I am no good at all.	SA	A	D	SD
603	I feel that I have a number of good qualities.	SA	A	D	SD
604	I am able to do things as well as most other people.	SA	A	D	SD
605	I feel I do not have much to be proud of.	SA	A	D	SD
606	I certainly feel useless at times.	SA	A	D	SD
607	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
608	I wish I could have more respect for myself.	SA	A	D	SD
609	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
610	I take a positive attitude toward myself.	SA	A	D	SD

Part VII: Social Networking Scale

Instruction: Please encircle your answer on the box provided below to each item. Note that **3= Always true, 2= Sometimes true, and 1=Not true at all.**

No.	Items	Response Category		
701	It is easy for me to make new friends.	3	2	1
702	I have many friends.	3	2	1
703	I have the opportunity to mix socially with peers.	3	2	1
704	I feel relaxed when I meet older people.	3	2	1
705	I am unhappy if I am making social contacts with males.	3	2	1
706	I try to avoid situations which force me mix socially with neighbors.	3	2	1
707	I get much dissatisfaction from the group of females I attend.	3	2	1
708	I have a deep sharing relationship with my family.	3	2	1
709	My husband gives me the support I need.	3	2	1
710	My husband's family comes to me for emotional support.	3	2	1
711	I am not good at working with others.	3	2	1
712	I go to social gatherings.	3	2	1



Part VIII: Educational Issues

Instruction: Please encircle your answer on the response category provided below to each item regarding your education.

Note that **3= Always true, 2= Sometimes true, and 1=Not true at all.**

No.	Questions	Response	Remark
801	Have you ever been engaged in school?	01. Yes 02. No	If the answer is 02 (No), go to Q. No. 806
802	If you have been engaged in school, was it before or after your first marriage?	01. Before marriage 02. After marriage	If the answer is 02 (after marriage), go to Q. No. 805
803	If your answer for Q. No. 802 is before marriage, do you continue your study after marriage?	01. Yes 02. No	
804	If your answer for Q. No. 803 is No, what was the reason?	_____	
805	If your answer for Q. No. 803 is yes, how was your academic success?	01. Interrupted 02. 10 th completed 03. 12 th completed 04. On study 05. Other, specify ____	
806	If your answer for Q. No. 801 is No, what was the reason?	_____	

Part IX: Questions for Child (below 18 years) Labor Exposure as a result of Early Marriage

No.	Questions	Response	Remark
901	Before your age of 18, have you been engaged in any activity for at least one hour in a week?	1. Engaged 2. Not Engaged	If the answer is 02 (not engaged), go to Q. No. 914
902	Before your age of 18, in what type of work did you spend most of your working time?	_____	
903	Before your age of 18, in what type of business activity have you been engaged?	1. Employee – government 2. Employee –NGO 3. Family in-law's domestic works(house hold chores) 4. Member of co-operatives 5. Self-employed business 6. Family in-law's business with wage 7. Family in-law's business with no wage 8. Employed in private business with wage 9. Family in-law's work with no wage	



		10. Others (please specify) _____	
904	Before your age of 18, how many hours do/ did you typically work each day? In a week?	_____ hours/day _____ days/week	
905	Before your age of 18, did your work involve any of the following activities? (Notice for data collectors: please read each alternative for interviewee; and more than one response is possible).	<ol style="list-style-type: none"> 1. Underground task such as mining, quarries etc. 2. Construction task that involve work on scaffolding 3. Road construction 4. Activities linked to electricity installation 5. Engage in illicit activities: selling drugs, sexual activities 6. In sewers and digging tunnels 7. Tasks in transport service that involve heavy weight lifting 8. Metal melting 9. Workplaces where there is extreme temperature (Hot and Cold) 10. With toxic chemicals and pesticides 11. Fishing task 12. Manual handling of materials >7kg for repetitive task 13. Manual handling of materials >11kg for non-repetitive task 14. Manual handling of materials with one wheel cart on smooth floor >20 kg 15. Manual handling of materials with one wheel cart on rough floor >16 kg 16. Manual handling of materials with on elevated working surface >5 kg for repetitive task 17. Manual handling of materials with on elevated working surface >9 kg for non-repetitive task 18. The listed conditions were not include in my job 	
906	Before your age of 18, have you ever been forced to work in any of the following conditions? (Notice for data collectors: please read each alternative for interviewee; and more than one response is possible)	<ol style="list-style-type: none"> 1. Night work (from 10pm to 06 am) 2. Work for him/herself or his/her family/relatives 3. Work when you are sick or injured 4. Perform hazardous tasks without protection 5. Work on weekly rest day 6. Work on public holidays 7. Perform tasks that are not part of 	



		<p>the job you agreed to do</p> <p>8. Take drugs, alcohol or other illegal substances</p> <p>9. Engage in illicit activities: selling drugs, arms, etc.</p> <p>10. Have sexual activity with him/herself, friends, relatives or others</p> <p>11. Never forced me</p> <p>12. Had no employer since it was own business</p>	
907	If you had been engaged at work before the age of 18, have you ever been injured or gotten ill as a result of your work?	<p>01. Yes</p> <p>02. No</p> <p>03. It doesn't concern me</p>	
908	If your answer for Q. No. 907 is yes, what was the effect of that injury /illness? (Select and specify the type of injury /illness)	<p>01. Minor injury/illness (when not absent from work) _____</p> <p>02. Major injury/illness that make absent from work. _____</p> <p>03. Major injury/illness that make hospitalized. _____</p> <p>04. Major injury/illness that its effect still exist. _____</p> <p>05. Please specify _____</p>	
909	Before your age of 18, have you been forced to work at a rapid pace?	<p>1. Yes</p> <p>2. No</p>	
910	Before your age of 18, have you been forced to work tasks too difficult for you?	<p>1. Yes</p> <p>2. No</p>	
911	Before your age of 18 ^t did you have the right to decide at work when to take a break if desired?	<p>1. Yes</p> <p>2. No</p>	
912	Before your age of 18, did your job involve tasks that are in conflict with your personal values?	<p>1. Yes</p> <p>2. No</p>	
913	Before your age of 18, were you able to get support from your family in-laws and or husband if you need at any time?	<p>1. No</p> <p>2. Yes</p>	
914	Before your age of 18, have you been/are you encouraged by your husband and/or family in-laws or the local society to participate in important decisions at home and in the community?	<p>1. No</p> <p>2. Yes</p>	

Thank you for your cooperation!!



11.1.2 English Version Qualitative Study Guides

QUESTIONNAIRE IDENTIFICATION CODE:	District Code		Kebele Code	

CONSENT

Introduction:

I'm _____ (Name of Moderator) and he/she is _____ (Name of Note-taker). I'm the moderator or facilitator of this discussion and he/she will be taking notes and will record the discussion using an audio-recorder. The discussion is one of the methods employed in this study to collect relevant data to shedlight on the current status of early marriage and its consequences on girls' education, health and psychosocial wellbeing in the study area. The study is sponsored by World Vision Ethiopia which designed various intervention projects to address the problem and consequences of child marriage.

Your participation in this discussion is fully consensual and you can withdraw anytime if you do not wish to take part or continue taking part. The information you share with the group during the discussion is confidential and we request all the participants to refrain from divulging any information to non-participants under any circumstance.

This is how we are going to do the discussion. I will ask the group one question. Everyone will have a chance to share their ideas. You can speak from your personal or others' experiences. After we've reached a consensus, we will proceed to the next question.

Rules of Discussion:

- Switch off your cell phone or put it on silent mode;
- Refrain from side-talk as it will disrupt the smooth flow of the discussion;
- Speak one at a time so that everyone will be able to listen and react to ideas shared; and,
- Speak as loud and clearly as possible for everyone to hear your idea.

Do you have any question? (**Note for Moderator:** Please address (or direct to responsible bodies) any question participants might have before beginning the discussion.)

If you have any question, you can also address it to the following address:

Mrs. AnshaNega +251 918 151073 &/or Abebaw Addis +251 910 905 798



S.N.	Main Questions	Probing Questions
1	What is the current status of early marriage in this community?	<ul style="list-style-type: none"> Does early marriage happen in this community? Who marries early? Boys or girls? Who decides when children get married? Why What is the mean age of child marriage in this community?
2	What do you think are the main causes and impacts of early marriage?	<ul style="list-style-type: none"> Does economy of the household affect the incidence of early marriage? How? Does culture of the community affect the incidence of early marriage? How? Does education affect the occurrence of early marriage? How? What do you perceive about the key causes and effects of early marriage on girls' life fate?
3	What are the health consequences of early marriage?	<ul style="list-style-type: none"> What about: <ul style="list-style-type: none"> Fistula among child brides? Still birth among child brides? Deaths among child brides?
4	What are the socioeconomic consequences of early marriage?	<ul style="list-style-type: none"> What about: <ul style="list-style-type: none"> Lack of educational opportunities i.e. schooling and educational attainment? Lack of occupational opportunities? Lack of opportunity for economic empowerment? Isolation and alienation?
5	What are the psychosocial consequences of early marriage?	<ul style="list-style-type: none"> What about: <ul style="list-style-type: none"> Anxiety; Depression; Isolation; Alienation;
6	What are other consequences of early marriage?	<ul style="list-style-type: none"> How do you describe the effect of early marriage on girls' education? Any other effect that can be described here due to girls' early marriage?
7	How do you best describe the effectiveness of legal and/or policy instruments to address the problem of early marriage?	<ul style="list-style-type: none"> Any enforcement policies to eliminate or reduce early marriage and associated impacts. What actions are implemented Any challenges faced in order to implement
8	What should be done to address the problem of early marriage?	<p>With regard to:</p> <ul style="list-style-type: none"> Policy and legal instruments? Project interventions? Community members?
9	<p>Please take some time and explain your feelings about early marriage and its impact for girls like you:</p> <hr/> <hr/> <hr/>	



11.1.3 Amharic Version Questionnaire for Quantitative Study

የመጠይቅመለያቁጥር	የወረዳኮድ		የቀበሌኮድ		የቤትኮድ		

መግቢያ፤

(ለመረጃስብሳቢዎማስታወሻ፤ መረጃስጪ የመጀመርያትዳራቸውን የመሰረቱት ከ1999

ዓ.ም. በኋላ መሆኑን አረጋግጧል፡፡ ካልሆነ፤ አመስግነሽ የውይይቱ ፍፃሜ ይሆናል፡፡)

ጤናይስጥልኝ፡፡ ስሜ _____ ያባላል፡፡ በጎንደር ዩኒቨርሲቲና ወርሃድ ቪዥን-ኢትዮጵያት-ብብር በአማራ ብሄራዊ ክልላዊ መንግስት ያለፈው ጋብቻና በሴቶች ላይ ያለው የጤና፣ የትምህርትና የስለልቦና ዊማህበራዊ አሉታዊ ተፅዕኖዎች በሚል ርዕስ ለሚካሄደው ጥናት ግብዓት የሚሆን መረጃ በማስባስብ ላይ እገኛለሁ፡፡ ጥናቱም ከአይነት ችግር በተሳታፊዎች ላይ እንደሚያስከትል በሚመለከተው አካል የተረጋገጠህህን፤ የእርሶም ተሳትፎ በአጋጣሚ መሆኑን መግለፅ አወዳለሁ፡፡ ነገር ግን በዚህ ጥናት በመሳተፍ ምንም አይነት የገንዘብ፣ የቁሳቁስ፣ ወ.ዘ.ተ. ጥቅም አያገኙም፤ የእርስዎ ተሳትፎ ሙሉ በሙሉ በፍቃደኝነት ያለ የተመሰረተ ይሆናል፡፡ የሚሰጡት መረጃ በሚስጥር የሚጠበቅ ሲሆን የጥናቱ ጤነክ በቀጣይነት ለሚሰሩ የተለያዩ ያለፈው ጋብቻና አሉታዊ ተፅዕኖዎችን ለመቀነስ/ለማስቀረት ለሚታቀዱ ስራዎች እንደግብዓት የሚያገለግል ይሆናል፡፡ ለዚህም የእርስዎ መረጃ የሰጡበት መጠይቅ መለያ ቁጥር (ወይም ኮድ) ብቻ ይዘላል፤ ለምንም እንኳን በማያመለክትና ጠቅላላ የማህበረሰቡን አመለካከትና ባህሪ ይሰራጫል፤ ይህም በታወቀበት ይሆናል፡፡

ስለጥናቱ ወይም ቃለመጠይቁ ግልፅ ያልሆነ ጉዳይ ካለ እኔን ወይም የጥናቱን አመቻች/አስተባባሪዎች መጠየቅ ይችላሉ፡፡ በዚህ ጥናት መረጃ በመስጠት ለመሳተፍ ፈቃደኝነት?

ፈቃደኝ ነኝ ☐ ፈቃደኝ አይደለሁም ☐ (ፈቃደኝ ካልሆኑ፤ አመስግነሽ የመጠይቁ ፍፃሜ ይሆናል)፡፡
የመረጃስብሳቢስም፤ _____ ፊርማ _____ ቀን _____

የተቆጣጣሪስም፤ _____ ፊርማ _____ ቀን _____



ክፍል 1፤ መሠረታዊ መረጃ፤ (ከዚህ በታች ለተዘረዘሩት ጥያቄዎች የመረጃ ሰጪዎችን መልስ በመስጠት በብድር መጠቀም ይቻላል፡፡)

101. የእርስዎ እድሜ ስንት ነው? (በሙሉ አመት ይግለጹ) _____

102. የእርስዎ የትውልድ ቦታ የትኛው?

01. ከተማ፤

02. ገጠር፤

103. የአሁኑ የእርስዎ የመኖሪያ አድራሻ የትኛው?

01. ከተማ፤

02. ገጠር፤

104. የእርስዎ ሐይማኖት ምንድን ነው?

01. ኦርቶዶክስ ክርስቲያን፤

02. ሙስሊም፤

03. ፕሮቴስታንት፤

04. ካቶሊክ፤

05. ሌላ (እባክዎን ይግለጹ) _____

105. በአሁኑ ጊዜ የእርስዎ የትዳር ሁኔታ ምንድን ነው?

01. ያገባች፤

02. የፈታች፤

03. ባለፈው የጥበብ ዓመት፤

04. ሌላ

(እባክዎን ይግለጹ) _____

106. ትዳር ይዘው የሚያውቁከሆነ/ከነበረ፤ ለመጀመሪያ ጊዜ ሲያገቡ እድሜዎ ስንት ነበር? _____ ዓመት

107. ከመጀመሪያ ባለቤትዎ ጋር አብረው መኖር ሲጀምሩ እድሜዎ ስንት ነበር?

01. _____ ዓመት

02. አላውቅም/አላስታውስም

108. _____ አሁን ያሉበት ትዳር ስንት ነው? _____

(መልሳቸው የመጀመሪያ ካልሆነ ምክንያቱ ምንድን ነው? _____)

109. በመጀመሪያ ጋብቻ ያወቁት የትዳር ስንት ደረጃ፤

01. መደበኛ ትምህርት ያልገቡ

02. የመጀመሪያ ደረጃ (1-6 ክፍል)፤

03. መለስተኛ 2ኛ ደረጃ (7-8)፤

04. ሁለተኛ ደረጃ (9-10)፤

05. መስናዶ (11-12)፤

06. ስርተፍኬትና ዲፕሎማ፤

07. የመጀመሪያ ዲግሪና በላይ፤

110. አሁን የደረሱበት የትምህርት ደረጃ፤

01. መደበኛ ትምህርት ያልገቡ

02. የመጀመሪያ ደረጃ (1-6 ክፍል)፤

03. መለስተኛ 2ኛ ደረጃ (7-8)፤

04. ሁለተኛ ደረጃ (9-10)፤

05. መስናዶ (11-12)፤

06. ስርተፍኬትና ዲፕሎማ፤

07. የመጀመሪያ ዲግሪና በላይ፤

መልሳቸው መደበኛ ትምህርት ያልገቡ ከሆነ ወደ ጥቁር 113 ይሂዱ

111. አሁን ያሉበት የእርስዎ የትምህርት ሁኔታ፤

01. በትምህርት ላይ

02. ያቋረጡ

03. ሌላ (እባክዎን ይግለጹ) _____

112. የእርስዎ የትምህርት ሁኔታ “ያቋረጡ” ከሆነ፤ ያቋረጡበት ዋናው ምክንያት ምንድን ነው፤

01. በኢኮኖሚያዊ ጥራት፤

02. _____



03. በብቃትችግር፤

የባለቤት/የባለቤትቤተሰብፍቃደኛአለመሆን

04. ሌላ

(እባክዎይግለፁ)_____

113. በመጀመርያጋብቻዎወቅትየእናትዎየትምህርትደረጃ፤

01. መደበኛትምህርትያልገቡ

02. የመጀመሪያደረጃ (1-6 ክፍል)፤

03. መለስተኛ 2ኛደረጃ (7-8)፤

04. ሁለተኛደረጃ (9-10)፤

05. መስናዶ (11-12)፤

06. ስርተፍኬትናዲፕሎማ፤

07. የመጀመሪያዲግሪናበላይ፤

08. ሌላ

(እባክዎይግለፁ)_____

114. በመጀመርያጋብቻዎወቅትየአባትዎየትምህርትደረጃ፤

01. መደበኛትምህርትያልገቡ

02. የመጀመሪያደረጃ (1-6 ክፍል)፤

03. መለስተኛ 2ኛደረጃ (7-8)፤

04. ሁለተኛደረጃ (9-10)፤

05. መስናዶ (11-12)፤

06. ስርተፍኬትናዲፕሎማ፤

07. የመጀመሪያዲግሪናበላይ፤

08. ሌላ

(እባክዎይግለፁ)_____

115. ስትጋቡየመጀመሪያባለቤትዎየትምህርትደረጃ፤

01. መደበኛትምህርትያልገቡ

02. የመጀመሪያደረጃ (1-6 ክፍል)፤

03. መለስተኛ 2ኛደረጃ (7-8)፤

04. ሁለተኛደረጃ (9-10)፤

05. መስናዶ (11-12)፤

06. ስርተፍኬትናዲፕሎማ፤

07. የመጀመሪያዲግሪናበላይ፤

08. ሌላ

(እባክዎይግለፁ)_____

116. የአሁኑባለቤትዎየትምህርትደረጃ፤

01. መደበኛትምህርትያልገቡ

02. የመጀመሪያደረጃ (1-6 ክፍል)፤

03. መለስተኛ 2ኛደረጃ (7-8)፤

04. ሁለተኛደረጃ (9-10)፤

05. መስናዶ (11-12)፤

06. ስርተፍኬትናዲፕሎማ፤

07. የመጀመሪያዲግሪናበላይ፤

08. ሌላ(እባክዎይግለፁ)_____

117. የእርስዎዋናየስራመስክ፤_____

118. በአሁኑጊዜበትዳርውስጥካሉ፤የባለቤትዎየስራመስክ፤_____

119.

ወደትዳርከመግባትዎበፊትየወላጆችዎ/የአሳዳጊቤተሰብዎየኢኮኖሚሁኔታበአካባቢውከሚኖሩቤተሰቦችጋርሲነፃፀር ምንይመስላል?

01. ድሃነብሩ፤

02. ለራሳቸውአያንሱም፤

03. ሀብታሞችነብሩ፤

04. በጣምሀብታምነብሩ፤



120. በአሁኑጊዜየራስዎቤተሰብየኢኮኖሚሁኔታበአካባቢውከሚኖሩቤተሰቦችጋርሲነፃፀርምንይመስላል?

- | | |
|-------------|-----------------|
| 01. ድሃነን፤ | 02. ለራሳችንአኖንስም፤ |
| 03. ሀብታምነን፤ | 04. በጣምሃብታምነን፤ |

121. አመታዊየቤተሰብገቢከሁሉምየገቢምንጮችበብርሰንትይሆናል? _____

ክፍል 2. ከሰኩተዋልዶጤናየተመለከተመጠይቅ፤ (በዚህክፍልስለሰኩተዋልዶጤናናተያያዥጉዳዮችእንወያያለን፡፡)

201. ለመጀመሪያጊዜጾታዊግንኙነትሲያደርጉእድሜዎስንትነበር?

- | | |
|---------------|-------------------|
| 01. _____ ዓመት | 02. አላውቅም/አላስታውስም |
|---------------|-------------------|

202. ለመጀመሪያጊዜሲያገቡበምንአይነትሁኔታነበር?

- | | |
|--------------------------|--------------------------|
| 01. ያለኔፍቃድቤተሰቦቼድረውኝ | 02. የኔፍቃድታክሎበትቤተሰቦቼድረውኝ |
| 03. ያለቤተሰብፍቃድበእኔፍላጎትያገባሁ | 04. ቤተሰቤንአሳውቄበእኔፍላጎትያገባሁ |
| 05. ሌላ (እባክዎይጠቀሱ) _____ | |

203. ለመጀመሪያጊዜሲያገቡበባለቤትዎእድሜስንትነበር?

- | | |
|---------------|-------------------|
| 01. _____ ዓመት | 02. አላውቅም/አላስታውስም |
|---------------|-------------------|

204. ከመጀመሪያባልዎጋርያለውየጋብቻሁኔታምንድነው?

- | | |
|----------------------|-------------------------|
| 01. እስከአሁንአብረንእንኖራለን | 02. ተፋተናል |
| 03. ሙቶብኛል | 04. ሌላ (እባክዎይጠቀሱ) _____ |

205. ፀንሰውወይምአርግዘውያውቃሉ?

- | | | |
|--------|-----------|------------------------------------|
| 01. አዎ | 02. አላውቅም | መልሳቸውአላውቅምከሆነ፤
ወደጥ. ቁ. 316ይለፉ፡፡ |
|--------|-----------|------------------------------------|

206. ፀንሰውወይምአርግዘውከነበረ፤ለመጀመሪያጊዜሲያረግዘውእድሜዎስንትነበር? _____ ዓመት

207. ፀንሰውወይምአርግዘውከነበረ፤በመጀመሪያውእርግዝናየነፍሰጡር/የእርግዝናክትትልድርገውነበር?

- | | | | |
|--------|-------------|-------------|-----------------------------|
| 01. አዎ | 02. አላደረግሁም | 03. አላስታውስም | መልሳቸውአዎከሆነ፤ወደጥ. ቁ. 209ይለፉ፡፡ |
|--------|-------------|-------------|-----------------------------|

208. የነፍሰጡር/የእርግዝናክትትል “አላደረግሁም” ካሉ፤ያላደረጉበትምከንያትምንድንነበር?
(ከአንድበላይመልስይቻላል፡፡)

- | | |
|------------------------|----------------------|
| 01. አገልግሎትመኖሩንአላውቅምነበር | 02. የገንዘብእጥረትስለነበረብኝ |
| 03. ጤናድርጅቱእኔቅስለነበር | 04. ባለቤቴስላልፈቀደልኝ |
| 05. ሌላካለይጥቀሱ _____ | |

209. የመጀመሪያልጅዎንሲፀንሱእድሜዎስንትነበር?

- | | |
|---------------|--------------|
| 01. _____ ዓመት | 02. አይመለከተኝም |
|---------------|--------------|

210. ለምንያህልጊዜፀነሱ?(የጽንሱእድሜ 28 ሳምንትከሞላውበኋልየነበረውርጃንምያካትታል) _____

211. ፀንሰውወይምአርግዘውየሚያውቁከነበረ፤የመጀመሪያውእግዝናዎውጤቱምንነበር?

- | | | |
|-----------------|-----------------------|-------------|
| 01. በህይወትየተወለደ | 02. ሞቶየተወለደ (7ወርናበላይ) | መልሳቸው 01 |
| 03. በተፈጥሮውርጃሁኗል | 04. በፍላጎቴአስወርጀዋለሁ | ካልሆነ፤ወደ 213 |



ይለፉ፡፡

(7ወርያልሞላው)

05. በአሁኑሰዓትነፍሰ-ጡር

06. ሌላካለይጥቀሱ _____

212. የመጀመሪያእርግዝናውጤትበሕይወትየተወለደከሆነ፣የልጅዎሁኔታእንዴትነው?

01. በሂዎትአለ

02. በተወለደአንድሳምንትሳይሞላውየሞተ

03. በተወለደከ7-28 ቀንውስጥየሞተ

04. በተወለደከ28 ቀንእስከ 1

ዓመትውስጥየሞተ

05. በተወለደከ1-5 ዓመትውስጥየሞተ

06. ሌላካለይጠቀስ _____

213. የመጀመሪያልጅዎሲወልዱምጡምንያህልሰዓትቆየ? (በህይወትየተወለደንናሞቶየተወለደንይመለከታል)

01. _____ሰዓት

02. አላስታውስም

214. የመጀመሪያልጅዎየትባታወለዱ? (በህይወትየተወለደንናሞቶየተወለደንይመለከታል)

01. ቤት

02. ጤናጣቢያ

03. ሆስፒታል

04. ሌላካለይጠቀስ _____

215. የመጀመሪያልጅዎየወለዱትእንዴትነው? (በህይወትየተወለደንናሞቶየተወለደንይመለከታል)

01. በተፈጥሮ

02. በአፕሬሽን/በቀዶጥገና

03. በመሳሪያበመታገዝ

216. የመጀመሪያልጅዎበስንትወርናቀንየእርግዝናጊዜወለዱት?

(በህይወትየተወለደንናሞቶየተወለደንይመለከታል)

01. _____ወር፣ከ_____ ቀን

02. አላስታውስም

217. የመጀመሪያልጅዎየውልደትከብደትስንትነበር? (በህይወትለተወለደህጻንብቻ)

01. _____ግራም

02. አልተለካም

03. አላስታውስም

218. ለመጀመሪያውልጅዎየድህረወሊድከትትልአድርገውነበር? (በህይወትለተወለደህጻንብቻ)

01. አዎ

02.

03. አላስታውስም

አላደረግሁም

219. የመጀመሪያልጅዎየከትባትሁኔታምንይመስላል? (በህይወትለተወለደህጻንብቻ)

01. ከትባቱን(ቷን)

02. ከትባቱን(ቷን) በቀጠሮውእየተከታተለ(ች)

የጨረሰ(ች)

ያለ(ች)

03. ያቋረጠ(ች)

04. ያልጀመረ(ች)

05. አላስታውስም

06. አይመለከተኝም

220. የመጀመሪያልጅዎከውልደትጀምሮአንድአመትእስኪሞላው(ት) ታሞ(ማ) ያውቃል(ታውቃለች)?

(በህይወትለተወለደህጻንብቻ)

01. አዎ

02.

03. አላስታውስም

መልሳቸውታሞ

አያውቅም/አታውቅም

(ታማየማታውቅከሆነ፣ወደ

ጥ.ቁ. 223 ይሂዱ፡፡

221. የመጀመሪያልጅዎታሞ(ማ) የሚያውቅ(የምታውቅ)ከሆነ፣የህመሙአይነትምንድንነበር?

(ከአንድበላይመልስይቻላል)

01. አላስታውስም

02. በወሊድሰዓትመታፈን

03. ጡትመጥባትአለመቻል ,

04.

05. የአራስእርግብግቢትማበጥ

06. የሰውነትመግረር



የሰውነት መቀት መጨመር/መቀነስ

ስ

07. ተቅማጥ

08. ሣል/የመተንፈስ ችግር

09. ሌላ ካለ ይጠቀስ

222. የመጀመሪያ ልጅዎ ታሞ(ማ) የሚያውቅ/የምታውቅ ከሆነ፣ ለህክምና ወደ ጤና ድርጅት ወስደውት (ዋት) ነበር?

01. አዎ

02. አልወሰድኩትም
(አልወሰድኳትም)

03. አላስታውስም

223. የመጀመሪያ ልጅዎ በህይወት ከሌለ(ች)፣ የሞተው(ችው) በስንት አመቱ(ቷ) ነው? _____ አመት፣ _____ ወር፣ _____ ቀን

224. የመጀመሪያ ልጅዎ በህይወት ከሌለ(ች)፣ የሞት ምክንያት ምን ነበር?

01. በሽታ/ህምም

02. ጉዳት/አደጋ

03. ሌላ (እባክዎን ይጠቀሱ _____)

225. የመጀመሪያ ልጅዎ የሞተው(ችው) በበሽታ/በህመም ከሆነ፣ የህመሙ ሁኔታ ምን ይመስላል? (ከአንድ በላይ መልስ ይቻላል)

01. አላውቅም/አላስታውስም

02. በወሊድ ጊዜ በመታፈን

03. ጡት መጥባት አለመቻል

04. የሰውነት ትኩሳት/መቀዝቀዝ

05. የአራስ እርግብ ግቢት ማበጥ

06. የሰውነት መግረር

07. ተቅማጥ

08. ሳል/የአተነፋፍስ ችግር

09. ሌላ ካለ ይጠቀስ _____

226. የመጀመሪያ ልጅዎ በታመመ ወቅት ለህክምና እርዳታ ወደ ህክምና ተቋም ወስደውት ነበር?

01. አዎ

02. አልወሰድኩትም

227. ሁለት ከዛ በላይ ጊዜ ከወለዱ፣ በመጀመሪያውና በቀጣዩ ልጅ መሀከል ያለው የእድሜ ልዩነት ምን ያህል ነው? _____ አመት እና _____ ወር

228. ለሌሎች ልጆች ዎሮ የነፍሰ ጡር/የቅድመ ወሊድ ምርመራና ክትትል ያደርጉ ነበር?

01. አይመለከተኝም

02.

አዎ፣ ለሁሉም እርግዝና ክትትል ነበረኝ

03. አዎ፣ ነገር ግን ለሁሉም እርግዝና አይደለም

04.

ለሁሉም እርግዝና ክትትል አልነበረኝም

ክፍል 3: እናቶች በእርግዝናና ወሊድ ምክንያት ያጋጠሟቸው የጤና ችግሮችና ተያያዥ ጉዳዮች (ፀንሰው/ወልደው ማያው ቁከሆነ ወደጥ.ቁ. 316 ይለፉ።)

301. ከተዘረዘሩት እርግዝና ጋር የተያያዙ የጤና ችግሮች ውስጥ የትኞቹ ታይተዋል? (ከአንድ በላይ መልስ ይቻላል)

01.

02. የደም ግፊት መጨመር

03. የደም ማነስ

መልስዎ 1 ወይም

የጤና ችግር አላጋጠመኝም

7 ከሆነ፣ ወደጥ.ቁ.

04. ውርጃ

05. ማህጸን ውስጥ ሞቶተ ወለደ

303 ይለፉ።

07. አላስታውስም

08. ሌላ ካለ ይጠቀስ _____

302. በእርግዝና ጊዜ የጤና ችግር አጋጥሞዎት ከነበረ፣ ለህክምና ወደ ጤና ድርጅት ሄደው ነበር?

01. አዎ

02. አልሄድሁም

303. በምጥ/በወሊድ/በውርጃ ጊዜ ምን ዓይነት የጤና ችግር አጋጥሞዎት ነበር? (ከአንድ በላይ መልስ ይቻላል)

01. ምንም የጤና ችግር አላጋጠመኝም

02. ምጡቆ ይቶ በኝ ነበር (ከ18 ሰዓት በላይ የቆየምጥ)

መልሳቸው 1 ወይም



03. የደምግፊቴጨምሮብኝነበር
05. ህጻኑከመወለዱበፊትደምመፍሰስ
07. አላሰታውስም
09. ሌላካለይጠቀስ _____
04. አንቀጥቅጦኝ/አንዘፍዝፎኝነበር
06. ፊስቱላወይምሽንትናሰገራመቆጣጠርአለመቻል
08. አይመለከተኝም
- 7ከሆነወደጥ.ቁ. 305 ይለፉ::
- 304. በምጥ/በወሊድ/በውርጃጊዜየጤናችግርኢጋጥሞዎትከነበረ፣ለህክምናወደጤናድርጅትሂደውነበር?**
01. አዎ
02. አልሄድሁም
- 305. ከወሊድ/ውርጃበኋላበ2 ሳምንትጊዜውስተየትኛውአይነትየጤናችግርኢጋጥሞዎትነበር?(ከአንድበላይመልስይቻላል)**
01. ምንምየጤናችግርኢጋጣመኝም
02. ከመጠንበላይደምመፍሰስ
03. በወሊድሁበ24
04. በወሊድሁበ24
05. የደምማነስ
06. የሰውነትትኩሳት፣ሽታያለውየማህጸንፈሳሽ (ኢንፌክሽን)
07. ሌላካለይጠቀስ _____
08. አላሰታውስም
- መልሳቸው 1 ወይም 8 ከሆነ፣ወደጥ.ቁ. 307 ይለፉ::
- 306. ከወሊድ/ውርጃበኋላበ2 ሳምንትጊዜውስተየትኛውአይነትየጤናችግርኢጋጥሞዎትከነበረ፣ለህክምናወደጤናድርጅትሂደውነበር?**
01. አዎ
02. አልሄድሁም
- 307. በህይወትዎፅንሰማቋረጥኢጋጥመዎትያውቃል?**
01. አዎ
02. አያውቅም
- መልሳቸው**02 (አያውቅም)**ከሆነ፣ወደጥ.ቁ. 312 ይለፉ::
- 308. በህይወትዎፅንሰአቋጠውየሚያውቁከነበረ፣የፅንሰማቋረጥአይነቱምንነበር?**
01. በተፈጥሮ
02. ታስቦበት/በፍላጎትየተደረገ
- መልሳቸው**01 (በተፈጥሮ)**ከሆነ፣ወደጥ.ቁ. 311 ይለፉ::
- 309. ፅንሰያቋረጠትበፍላጎት/አስበውበትከነበረ፣የፅንሰማቋረጠትንያካሄዱትቦታየትነበር?**
01. ከመንግስትጤናተቋም
02. ከግልጤናተቋም
03. በአከባቢ/በሰፈርሆኖጤናባለሙያያልሆነ
04. በአከባቢ/በሰፈርሆኖጤናባለሙያየሆነ
05. ሌላካለይጠቀስ _____
- 310. ፅንሰያቋረጠትከጤናተቋምውጭከነበረ፣ምክንያትዎምንድንነበር?**
01. የግንዛቤማነስ
02. አገልግሎቱበቅርብስለማይገኝ
03. ጤናሙያተኞችፍቃደኛስላልሆኑ
04. ሌላካለይጠቀስ _____
- 311. ፅንሰማቋረጥኢጋጥመዎትከነበረ፣ምንአይነትየጤናችግርኢስከትሎበዎትነበር?(ከአንድበላይመምረጥይቻላል::)**
01. የሰውነትትኩሳትወይምሽታያለውየማህጸንፈሳሽ
01. አዎ
02. አይደለም
02. ብዙደምመፍሰስ
01. አዎ
02. አይደለም
03. ሌላካለይጠቀስ _____
- 312. ከወሊድወይምፅንሰማቋረጥበኋላሽንትንወይምሰገራንያለመቆጣጠርችግርኢጋጥሞዎትነበር?**
- መልሳቸውአላጋጠመኝ



01. አጋጥሞኛል

02. አላገጠመኝም

ምክሆነ፣ወደጥ.ቁ. 316
ይለፉ፡፡

313. ለጥያቄቱር 312 መልስዎ “አጋጥሞኛል” ከሆነ፣በስንተኛውልጅዎነውይሄችግርያጋጠመዎት?

314. ለጥያቄቱር 312 መልስዎ “አጋጥሞኛል” ከሆነ፣ለህክምናወደጤናተቋምሄደውነበር?

01. አዎ

02. አልሄድኩም

315. ለጥያቄቱር 312 መልስዎ “አጋጥሞኛል” ከሆነ፣ይህንችግርያስከተለብዎትወሊድየልጁ (የልጅቷ) ሁኔታምንሆነ?

01. በሂዎትየተወለደ

02. ሞቶየተወለደ

03. ሌላካለይጠቀስ _____

316. የኤች.አይ.ቪ. ምርመራአድርገውያውቃሉ?

01. አዎ

02. አላውቅም

መልሳቸው-02
(አላውቅም)ካሉ፣ወደ
ጥ.ቁ. 318 ይለፉ፡፡

317. የኤች.አይ.ቪ. ምርመራአድርገውየሚያውቁከሆነውጤቱምንነበር?

01. ኤች.አይ.ቪ. ፖዘቲቭ

02. ኤች.አይ.ቪ. ነጋቲቭ

318. በህክምናየታወቀየአባላዘርበሽታታመውያውቃሉ (የማህጸንፈሳሽ፣የብልትቁስለት/ማበጥ....)?

01. አዎ

02. አላውቅም

መልሳቸው-02
(አላውቅም)
ከሆነ፣ወደጥ.ቁ. 320
ይለፉ፡፡

319. የአባላዘርበሽታታመውከነበረ፣ለህክምናወደጤናድርጅትሂደውነበር?

01. አዎ

02. አልሄድሁም

320. ጾታዊግንኙነትሲያደርጉምሆነከግንኙነትበኋላህመምይሰማዎታል?

01. አዎ

02. አይሰማኝም

ክፍል 4: የእርግዝናመከላከያዘዴአጠቃቅምንበተመለከተ (በዚህክፍልስለፅንሰ/እርግዝናመከላከያዘዴንአጠቃቅምበተመለከተእንወያየለን)፡፡

401. የመጀመሪያእርግዝናዎየታቀደነበር?

01. አዎ

02. አይደለም

03. አይመለከተኝም

402. ስለቤተሰብእቅድአገልግሎትየምክርአገልግሎትአግኝተውያውቃሉ?

01. አዎ

02. አላውቅም

403. የእርግዝናመከላከያተጠቅመውያውቃሉ?

01. አዎ

02. አላውቅም

መልሳቸው-02
(አላውቅም)ከሆነ፣ወደ
ጥ.ቁ. 407 ይለፉ፡፡

404. የእርግዝናመከላከያተጠቅመውየሚያውቁከሆነ፣የትኛውንዘዴተጠቅመውያውቃሉ?
(ከአንድበላይመልስይቻላል፡፡)



- | | |
|-------------------|-----------------------------|
| 01. መርፌ | 02. መደበኛ የሚዋጥክኒን |
| 03. ክንድላይ የሚቀበረውን | 04. ማህጸን ውስጥ የሚቀመጠውን |
| 05. ኮንዶም | 06. የሴት አፕሬሽን (የመሃፀን ማስቋጠር) |
| 07. የወንድ አፕሬሽን | 08. ሌላ ካለ ይጠቀስ _____ |

405. የእርግዝና መከላከያ ዘዴውን ከየት አገኙ? (ከአንድ በላይ መልስ ይቻላል)

- | | |
|----------------------|----------------|
| 01. ሆስፒታል | 02. ጤና ጣቢያ |
| 03. ጤና ኬላ | 04. ከግል ጤና ተቋም |
| 05. ሌላ ካለ ይጠቀስ _____ | |

406. የትኛውን እርግዝና መከላከያ ዘዴ ነው አሁን የሚጠቀሙት?

- | | |
|-----------------------------|-------------------|
| 01. አሁን አልጠቀምም | 02. መርፌ |
| 03. መደበኛ የሚዋጥክኒን | 04. ክንድላይ የሚቀበረውን |
| 05. ማህጸን ውስጥ የሚቀመጠውን | 06. ኮንዶም |
| 07. የሴት አፕሬሽን (የመሃፀን ማስቋጠር) | 08. የወንድ አፕሬሽን |
| 09. ሌላ ካለ ይጠቀስ _____ | |

407. የእርግዝና መከላከያ ዘዴ የማይጠቀሙ ከሆነ፣ ለምን?

- | | | |
|------------------------------|---------------------|----------------------|
| 01. መውለድ ስለፈለግሁኝ | 02. ባለቤቴ ስለማይፈቅድልኝ | |
| 03. ቤተሰቦቼ ስለማይፈቅዱልኝ | 04. ሃይማኖቴ ስለማይፈቅድልኝ | |
| 05. አገልግሎቴ የሚሰጥበት ቦታ ርቅቦ መሆኑ | 06. የገንዘብ እጥረት | 07. ሌላ ካለ ይጠቀስ _____ |

ክፍል

5፤ የሴቶች ጥቃትና ወሳኝ ስጦታ ከዚህ በታች ለተዘረዘሩት ጥያቄዎች የመረጃ ሰጪውን መልስ በመክበብ እና ለአይመለከተኝም አማራጭም ከንድፍ ከጎነብ ተዘጋጅው ስፍራ በመጻፍ ይግለፁ፡፡

501. ከመጀመርያ ባለቤትዎ ጋር አሁን አብረው በትዳር እየኖሩ ነው?

- | | |
|---------|------------|
| 01. አዎ፤ | 02. አይደለም፤ |
|---------|------------|

መልሳቸው 01 (አዎ)
ከሆነ ወደ ጥ.ቁ 503
ይሂዱ

502. ከመጀመሪያው ባለቤትዎ ጋር አብረው የማይኖሩ ከሆነ፣ ለምን?

- | | |
|-----------------------|------------------|
| 01. ስለፈታሁ | 02. ፈትፍሌ ላልላኝ |
| 03. የትዳር አጋሬሽን ሌላ ምት፤ | 04. በፍርድ ቤት እንዳ፤ |

503. የመጀመርያ ባለቤትዎ ስድስት ወር ያወቃል?

- | | |
|---------|------------|
| 01. አዎ፤ | 02. አያውቅም፤ |
|---------|------------|

504. የመጀመርያ ባለቤትዎ የአካል ጉዳት ወይም ድብደባ አድርሶባቸዋል?

- | | |
|---------|------------|
| 01. አዎ፤ | 02. አያውቅም፤ |
|---------|------------|

505. የመጀመርያ ባለቤትዎ ያለፈ ቃድዎ/ያለፈ ላንት ያለ ግብረ ስጋ ግንኙነት አስገድዶታል?

- | | |
|---------|------------|
| 01. አዎ፤ | 02. አያውቅም፤ |
|---------|------------|

506. በመጀመርያው ትዳርዎ የቤትን ብረት ወይም ገንዘብ የሚያስተዳድረው ማኑ?

- | | | |
|--------|-----------|-----------------|
| 01. እኔ | 02. የባለቤቴ | 03. የሁለታችንም/የጋራ |
|--------|-----------|-----------------|



507. አሁንባለትዳርከሆኑ፤ከቢድያሉውሳይዎችን (ለምሳሌቴሌቪዥንመግዛት፣ከብትመግዛት/መሸጥ፣የቤትእቃመግዛት፣ወ.ዘ.ተ.) በአብዛኛውየሚወስነውማነው?

01. እኔ 02. ባለቤቴ 03. ሁለታችንም/በጋራ 04. አይመለከተኝም _____

508. አሁንባለትዳርከሆኑ፤የምግብግብዐቶችግዢ እንዲፈፀምውሳይየሚያስተላልፈውማነው?

01. እኔ 02. ባለቤቴ 03. ሁለታችንም/በጋራ 04. አይመለከተኝም _____

509. አሁንባለትዳርከሆኑ፤ለልጆቻልብስእንዲገዛየሚወስነውማነው?

01. እኔ 02. ባለቤቴ 03. ሁለታችንም/በጋራ 04. አይመለከተኝም _____

510. አሁንባለትዳርከሆኑ፤ወደእርስዎቤተሰቦችጉብኝትእንዲደረግየሚወስነውማነው?

01. እኔ 02. ባለቤቴ 03. ሁለታችንም/በጋራ 04. አይመለከተኝም _____

511. አሁንባለትዳርከሆኑ፤ልጅለመውለድውሳይበአብዛኛውየማነው?

01. እኔ 02. ባለቤቴ 03. ሁለታችንም/በጋራ 04. አይመለከተኝም _____

512. አሁንባለትዳርከሆኑ፤እርስዎሲታመሙየህክምናአገልግሎትእንዲያገኙየሚወስነውማነው?

01. እኔ 02. ባለቤቴ 03. ሁለታችንም/በጋራ 04. አይመለከተኝም _____

513. አሁንባለትዳርከሆኑ፤ልጆቻችሁሲታመሙየህክምናአገልግሎትእንዲያገኙየሚወስነውማነው?

01. እኔ 02. ባለቤቴ 03. ሁለታችንም/በጋራ 04. አይመለከተኝም _____

514. አሁንባለትዳርከሆኑ፤የወሊድመቆጣጠሪያዘዴዎችንእንዲያገኙ/እንዲጠቀሙወይምእንዳያገኙ/እንዳያጠቀሙየሚወስነውማነው?

01. እኔ 02. ባለቤቴ 03. ሁለታችንም/በጋራ 04. አይመለከተኝም _____

515. አሁንባለትዳርከሆኑ፤የቅድመናድህረወሊድህክምናአገልግሎትናከትትልእንዲያገኙየሚወስነውማነው?

01. እኔ 02. ባለቤቴ 03. ሁለታችንም/በጋራ 04. አይመለከተኝም _____

516. አሁንባለትዳርከሆኑ፤ልጅየመውለጃቦታንየሚወስነውማነው(ለምሳሌቤትውስጥ፣በጤናተቋም፣ወ.ዘ.ተ.)?

01. እኔ 02. ባለቤቴ 03. ሁለታችንም/በጋራ 04. አይመለከተኝም _____

517. አሁንባለትዳርከሆኑ፤ልጅየማስከተብውሳይንየሚሰጠውማነው?

01. እኔ 02. ባለቤቴ 03. ሁለታችንም/በጋራ 04. አይመለከተኝም _____



ክፍል 6: ለራስግምት መስጠት ያየው መለኮታዊ መጠቀሚያ

ይህ የመጠቀሚያ ክፍል በአራት ደረጃ ለመለሰ የሚችሉ አስርዐረፍተነገሮች ያያዘው፡፡ ስለዚህ እያንዳንዱን ጥያቄ በትክክል ለመረጃ ሰጪ ካነበብሽ በኋላ የረሳቸውን አመለካከት በትክክል ይገልጻል ብለው በሚያምኑበት ደረጃ ላይ “በጣም እስማማለሁ” ላሉት “4”ን፤ “እስማማለሁ” ላሉት “3”ን፤ “አልስማማም” ላሉት “2”ን እና “ፈፅሞ አልስማማም” ላሉት “1”ን በማክበብ መልሳቸውን ይመዝግቡ፡፡

ተ/ቁ	መጠቀሚያ	አማራጭ መልሶች			
		በ. እስማማለሁ	እስማማለሁ	አልስማማም	ፈ. አልስማማም
601.	ሙሉ በሙሉ በራሴ እረካለሁ፡፡	4	3	2	1
602.	አንዳንዴ ጥሩ ሰው እንዳልሆንኩ ይሰማኛል፤ አንዳንዴ ተስፋ ያለኝ አይመስለኝም፡፡	4	3	2	1
603.	ብዙ ጥሩ ጎኖች እንዳሉኝ ይሰማኛል፡፡	4	3	2	1
604.	በማናቸውም ሰዎች ደረጃ ነገሮችን በጥሩ ሁኔታ አከናውናቸዋለሁ፡፡	4	3	2	1
605.	ብዙ የምኮራ በትንገር እንደሌለኝ ይሰማኛል፡፡	4	3	2	1
606.	አንዳንዴ በእርግጠኝነት የማልረባሰው እንደሆንኩ ይሰማኛል፡፡	4	3	2	1
607.	ቢያንስ ከሌሎች ሰዎች በተመጣጣኝ ደረጃ ጋ ያለኝ ሰው መሆኔ ይሰማኛል፡፡	4	3	2	1
608.	ለራሴ ከፍተኛ ክብር ቢኖረኝ አመኛለሁ፡፡	4	3	2	1
609.	ሙሉ በሙሉ ተሸናፊ ነኝ ወደሚለው ስሜት አመዝናለሁ፡፡	4	3	2	1
610.	ለራሴ መልካም አመለካከት አለኝ፡፡	4	3	2	1

ክፍል 7: የማህበራዊ ግንኙነት ያየው መለኮታዊ መጠቀሚያ

ይህ መጠቀሚያ በሦስት ደረጃ ለመለሰ የሚችሉ አስራ ሁለት ዐረፍተነገሮች ያያዘው፡፡ ስለዚህ እያንዳንዱን ጥያቄ በትክክል ካነበብ በኋላ እርስዎን በትክክል ይገልጻል ብለው በሚያምኑበት ደረጃ ላይ “ሁል ጊዜ እውነት ነው” በሚሉት “3”ን፤ “አንዳንዴ ጊዜ እውነት ነው” በሚሉት “2”ን እና “በጭራሽ እውነት አይደለም” በሚሉት በታላይ “1”ን በማክበብ መልስዎን ይስጡ፡፡

ተ/ቁ	መጠቀሚያ	አማራጭ መልሶች		
		ሁል ጊዜ እውነት ነው	አንዳንዴ እውነት ነው	በጭራሽ እውነት አይደለም
701.	አዲስ ጓደኛ መመስረት ለእኔ ቀላል ነው፡፡	3	2	1
702.	ብዙ ጓደኞች አሉኝ፡፡	3	2	1
703.	ከእድሜ አቸዎቼ ጋር ማህበራዊ ግንኙነት የማድረግ በትምቹ ሁኔታ አለ፡፡	3	2	1
704.	ከአረጋዊያን ጋር በማድረግ ማህበራዊ መስተጋብር የሚያዝናኝ ስሜት ይሰማኛል፡፡	3	2	1
705.	ከወንዶች ጋር ማህበራዊ ግንኙነት በማድረግ በትወቅት ይከፋኛል፡፡	3	2	1
706.	ከጎረቤቶቼ ጋር ማህበራዊ ግንኙነት እንዳደርግ የሚያስገድዱ ሁኔታዎችን ለመሸሽጥ ጥራለሁ፡፡	3	2	1
707.	ከሴቶች ስብስብ ጋር በሚኖረኝ ተሳትፎ እጅግ በጣም እከፋለሁ፡፡	3	2	1
708.	ከቤተሰቦቼ ጋር ግልፅ የሆነ ግንኙነት አለኝ፡፡	3	2	1
709.	ባለቤቴ የሚያስፈልገኝን ድጋፍ ያደርግልኛል፡፡	3	2	1
710.	የባለቤቴ ቤተሰቦች/ዘመዶች የሰነል በናድ ጋፍለማ ግኝት ወደ እኔ ይመጣሉ፡፡	3	2	1
711.	ከሌሎች ጋር አብሮ ለመስራት መልካም ባህሪ የለኝም፡፡	3	2	1
712.	በሚኖረኝ ማህበራዊ ግንኙነት ሁሉ እሳተፋለሁ፡፡	3	2	1



ክፍል 8:ትምህርት-ከመጠይቆች፤

ይህ መጠይቅ የእርስዎን የትምህርት ሁኔታ የሚመለከቱ አራት ዕረፍተኛ ጥያቄዎችን ያይዘው፡፡ ስለዚህ እያንዳንዱን ጥያቄ በትክክል ካነበቡ በኋላ እርስዎን በትክክል ይገልጻል ብለው የሚያምኑ በትንሹ አማራጭ በማክበብ ወይም በመፃፍ መልስዎን ይስጡ፡፡

ተ/ቁ	መጠይቆች	ምላሽ	ምርመራ
801.	መደበኛ ትምህርት ገብተው ነበር?	01. አዎ፤ 02. አልገባሁም	መልሳቸው-02. አልገባሁም ከሆነ፤ ወደ ጥ.ቁ. 806 ይለፉ፡፡
802.	መደበኛ ትምህርት ጀምረው ከነበረ፤ ትምህርት የጀመሩት የመጀመሪያ ባለቤትዎን ከማግባት ያለፈው ወይስ ካገቡ በኋላ?	01. ከጋብቻ በፊት 02. ከጋብቻ በኋላ	መልሳቸው-02 (ከጋብቻ በኋላ) ከሆነ ወደ ጥቁ 805 ይሂዱ.
803.	ለ ጥያቄ ቁጥር 802 መልስዎ ከጋብቻ በፊት ከሆነ፤ ካገቡ በኋላ ትምህርት መማር ይቻላል?	01. አዎ፤ 02. አልቀጠልኩም	
804.	ለ ጥያቄ ቁጥር 803 መልስዎ አልቀጠልኩም ከሆነ፤ ምክንያቱም ምን ነበር?		
805.	ለ ጥያቄ ቁጥር 803 መልስዎ አልቀጠልኩም ከሆነ፤ በትምህርት ያለዎት ስኬት እንዴት ነበር?	01. ማቋረጥ 02. 10ኛ ማጠናቀቅ 03. 12ኛ ማጠናቀቅ 04. በትምህርት ላይ 05. ሌላ (እባክዎ ይጥቀሱ) _____	
806.	መደበኛ ትምህርት ቤት ካልገቡ፤ ምክንያቱም ምን ነው?	_____	

ክፍል 9: ከ18 አመት በታች በነበሩበት ወቅት ለጉልበት በዝብዛት ጋላጭነትን በተመለከተ፤

901.	18ዓመት ሳይሞላዎበሳምንት ከአንድ ሰዓት ያላነሰ ማንኛውንም አይነት የስራ አይነት ተሰማርተው ያውቃሉ?	01. አዎ	02. አላውቅም	ለዚህ ጥያቄ መልሳቸው ስራ አልነበረም ካሉ፤ ወደ ጥ.ቁ. 914 ይለፉ፡፡
902.	18ዓመት ሳይሞላዎአብዛኛውን የስራ ሰዓት ምንም ዓይነት ሥራ ይሰሩ ነበር?	_____		
903.	18ዓመት ሳይሞላዎበየትኛው የስራ መስክ ተሰማርተው ያውቃሉ? (ከአንድ በላይ መምረጥ ይቻላል፡፡)	01. የመንግስት ስራ ተኛ	02. መንግስታዊ ባለሀብት ድርጅት ተቀጣሪ	
		03. የባለቤቱን ቤተሰብ የቤት ውስጥ ስራ	04. የማህበራት አባል	
		05. በግል ንግድ ስራ	06. በባለቤቱ ቤተሰብ ንግድ ስራ እየተከፈለኝ	
		07. በባለቤቱ ቤተሰብ ንግድ ስራ ያለክፍያ	08. በግል ድርጅት በክፍያ ተቀጣሪ	
		09. በባለቤቱ ቤተሰብ ስራ ያለክፍያ	10. ሌላ (እባክዎ ይጥቀሱ)	_____
904.	18ዓመት ሳይሞላዎአብዛኛውን ጊዜ በየቀኑ ምን ያህል ሠዓት ስር ተዋል/ይሰራሉ? በሳምንት ውስጥስ?	_____ ሰዓት በቀን	_____ ቀን በሳምንት	
905.	18ዓመት ሳይሞላዎከሚከተሉት ማንኛውም አይነት ተግባራት ላይ ተሰማርተው ያውቃሉ? (ለመረጃ ስለሰጡ ማስታወሻ፤ ምርጫዎች ለመረጃ ስጪዎች ይነበብላቸዋል፡፡ ከአንድ በላይ ምርጫ መምረጥ ይቻላል)	01. የክርስቲያን ስራዎች (ለምሳሌ ማዕድን ማውጣት፣ ቁፋሮ)	02. በመወጣጫ ስራ ብራብ (በመሰላል) በከፍታ ላይ ሆኖ የሚሰራ የግንባታ ስራ	
		03. የመንገድ ስራ	04. ከኤሌክትሪክ መስመር ዝርጋ ታናጥጥ ጋር የተገናኘ ተግባር	
		05. ህገወጥ በሆኑ ተግባራት መስማራት (ለምሳሌ መድሃኒት መሸጥ፣ የወሲብ መተዳደር፣ ወ.ዘ.ተ.)	06. የፍላጎት ምግብ ማግኘት ለሌላው ስራ ስራ	
		07.	08. ብረታ ብረት ማቅለጥ	



ከባድ እቃዎችን መስቀልና ማውረድ ያለበት የትራንስፖርት ስራ

09. በጣም ሞቃት/ቀዝቃዛ የሥራ ቦታ

11. አሳማኝነት/ማጥመድ

13. ከብደታቸው ከ 11

ኪሎባላይ የሆኑ ክልፎችን በሰው ሀይል የሚነሱ/የሚነቀሱ

15. ከ 16

ኪሎግራም በላይ ከብደት የያዘና በሰው ሀይል ባልተስተካከለ ወለል ላይ የሚገፋ ባለአንድ ጎማ ጋሪ

17. ከብደታቸው ከ 9

ኪሎግራም በላይ የሆኑ ክልፎችን በሰው ሀይል ከፍታው ዳላቸው ቦታዎች

10. መርዛማና ፀረ-ተባይ ኬሚካሎች የሚመረቱበት የስራ ቦታ

12. ከብደታቸው ከ 7

ኪሎባላይ የሆኑና በተደጋጋሚ በሰው ሀይል የሚነሱ/የሚነቀሱ

14. ከ 20

ኪሎባላይ ከብደት የያዘና በሰው ሀይል በተስተካከለ ወለል ላይ የሚገፋ ባለአንድ ጎማ ጋሪ

16. ከብደታቸው ከ 5

ኪሎግራም በላይ የሆኑና በተደጋጋሚ በሰው ሀይል ከፍታው ዳላቸው ቦታዎች የሚወሰዱ

18. ስራዬ የተዘረዘሩትን የስራ ሁኔታዎች አያካትትም

906. **18 ዓመት ሳይሞላ ምላሽ ከተሉት ሁኔታዎች/ስራዎች ውስጥ በየትኞቹ ላይ እንዲሳተፉት ያደውያው ቃሉ? (ለመረጃ ስለሰጧል ማስታወሻ፡ ምርጫዎች ለመረጃ ስለሰጧል ይገባሉ፡፡ ከአንድ በላይ ምርጫ መምረጥ ይቻላል)**

01. የትርፍ ሰዓት ስራ (ከ7 ሰዓት በላይ)

03. ለእሱ/ሷ ወይም ለቤተሰቦቹ/ቿ ለመድፈን/ቿ መስራት

05. አደገኛ የሆኑ ስራዎችን ያለአደጋ መከላከል ያመሳሪ ያመስራት

07. በህዝብ በዓላት ቀን መስራት

02. ለሊት መስራት (ከምሽቱ 4 - ጠዋቱ 12 ሰዓት)

04. ጉዳት ወይም ህመም ሲኖር መስራት

06. በሳምንቱ የዕረፍት ቀን መስራት

08.

የስራው አካል ያልሆነውንና ለመስራት ያልተስማሙበትን ተግባራት ማከናወን

09. ህገወጥ የሆኑ መድሃኒቶችንና አደንዛዥ እያቸን መውሰድ

10.

በህገወጥ ተግባራት መስማራት ለምሳሌ መድሃኒት፣ ጥይት፣ አደንዛዥ ዕፅዕድ ዘ.ተ. መሸጥ

11. ከራስ፣ ከጓደኛ፣ ከዘመድ፣ ዘ.ተ. ጋር የወሲብ መፈፀም

12. ተገድጄ አላውቅም

13. የግሌ ስለሆነ አሰሪ የለኝም

907. **18 ዓመት ሳይሞላ ምላሽ በስራ ተሰማርተው የሚያውቁክህን በስራው ምክንያት የደረሰብዎት ጉዳት ወይም ህመም ነበር?**

01. አዎ

02. አያውቅም

03. አይመለከተኝም

908. **ለጥያቄ 907 መልስዎ አዎ ከሆነ፣ የጉዳቱ ወይም የህመሙ ውጤት ምን ነበር? የጉዳቱን ወይም የህመሙን ዓይነት ይግለፁ**

01. ቀላል ጉዳት/ህመም (ከስራ ላልቀሩበት ወቅት) _____

02. ከስራ የሚያስቀርከባድ ጉዳት/ህመም _____

03. ሆስፒታል የሚያስተኛከባድ ጉዳት/ህመም _____

04. እስካሁን ስሜቱ የቀጠለከባድ ጉዳት/ህመም _____

05. ሌላ (እባክዎ የግለፁ) _____

909. **18 ዓመት ሳይሞላ ምላሽ ስራን በፍጥነት እንዲሰሩ ይገደዱ ነበር?**

01. አዎ

02. ተገድጄ አላውቅም

910. **18 ዓመት ሳይሞላ ምላሽ እርስዎ በጣም ከባድ የሆነ ስራ እንዲሰሩ ይገደዱ ነበር?**

01. አዎ

02. ተገድጄ አላውቅም

911. **18 ዓመት ሳይሞላ ምላሽ እረፍት በሚያስፈልግዎት ጊዜ የስራ ወቅት ቢሆንም ለማረፍ የመወሰን መብት አለዎት?**

01. አለኝ

02. የለኝም

912. **18 ዓመት ሳይሞላ ምላሽ እርስዎ ስራ ከርስዎ ስብዕና ጋር የሚጋጩ ተግባራትን ያካትታል?**

01. አዎ

02. አያካትትም

913. **18 ዓመት ሳይሞላ ምላሽ በስራ ላይ ድጋፍ ሲያስፈልግዎት ከባለቤትዎ ወይም ከባለቤትዎ ቤተሰቦች ድጋፍ ማግኘት ይችሉ ነበር?**

01. አዎ

02. አላገኝም

914. **18 ዓመት ሳይሞላ ምላሽ በቤትና በማህበረሰቡ ውስጥ በጠቃሚው ሳይሆኑ አሰጣጥ ላይ እንዲሳተፉት ያደውያው ቃሉ፣ ቤተሰቦቹ ወይም የአካባቢው ማህበረሰብ ተ**



06. የውይይቱ ተሳታፊዎች አጭር መግለጫ፤

ተ.ቁ.	እድሜ	የትምህርት ደረጃ	የትምህርት ደረጃ	የልጆች ብዛት	ስራ	የመጠቀሚያ ቦታ
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

ተ. መሪ ጥያቄ
ቁ.

መርማሪ/ተጨማሪ ጥያቄዎች

1. በአሁን ጊዜ ያለው በዚህ ማህበረሰብ የአለእድሜ ጋብቻ ሁኔታ ምን ያመስላል?	<ul style="list-style-type: none"> • ያለዕድሜ ጋብቻ በናንተ ማህበረሰብ ውስጥ ይፈጸማል? • በናንተ ማህበረሰብ ማካከል የሚገኝ የዕድሜ ጋብቻ ምን ዓይነት ወንዶች? ሴቶች? ለምን? • ማካከል ለሚችሉት ምን ዓይነት ምክንያቶች ወስነው ለምን? • በዚህ ማህበረሰብ ጋብቻ የሚመረጠው እድሜ ስንት ነው? ለወንዶችና ሴቶች ይለያያል? ከተለያየ ለምን? • በዚህ ማህበረሰብ አማካይ የጋብቻ ዕድሜ ስንት ነው? ለወንዶችና ሴቶች ይለያያል? ከተለያየ ለምን?
2. ያለዕድሜ ጋብቻ ምክንያቶች ምን ምን ናቸው? አሉታዊ ተፅዕኖዎች ስንት?	<ul style="list-style-type: none"> • የቤተሰብ ኢኮኖሚያዊ (ምጣኔ ሃብታዊ) ነባራዊ ሁኔታ ያለዕድሜ ጋብቻ ላይ የሚኖረው ተፅዕኖ ምን ዓይነት ነው? ለምን? እንዴት? • የማህበረሰቡ ባህልና ትውፊት ያለዕድሜ ጋብቻ ላይ ያለው አስተዋፅኦ ምን ዓይነት ነው? • ዋና ዋና ያለዕድሜ ጋብቻ መንስኤዎችና ውጤቶች ምን ምን ናቸው?
3. ያለዕድሜ ጋብቻ በሴቶች ጤና ላይ የሚኖረው አሉታዊ ተፅዕኖ ምን ምን ናቸው?	<ul style="list-style-type: none"> • ፊስቱላ? • የሞተል ጅምር ለድ? • ሞት?
4. ያለዕድሜ ጋብቻ በሴቶች ላይ የሚኖረው ማህበራዊና ኢኮኖሚያዊ	<ul style="list-style-type: none"> • የትምህርት ዕድል ማጣት ወይም የትምህርት ውጤት መቀነስ/



ተፅዕኖዎችምንምንናቸው?	<p>ማሸቆልቆል?</p> <ul style="list-style-type: none"> የስራዕድልማጣት? በኢኮኖሚራስንደመቻልኢድልማጣት? ከማህበራዊመስተጋብርመገለል/መነጠል?
5. ያለዕድሜጋብቻበሴቶችላይየሚያሳድረውማህበራዊናስነልበናዊተፅዕኖዎችምንምንናቸው?	<ul style="list-style-type: none"> ጭንቀት? ድብርት? መነጠል? መገለል?
6. ያለኢድሜጋብቻሌሎችተፅዕኖዎችምንምንናቸው?	<ul style="list-style-type: none"> በሴቶችትምህርትላይ? በሴቶችጤናላይ? በልጆቻቸውላይ? ሌሎችተፅዕኖዎች?
7. ተፈፃሚነትያላቸውህጎችናፖሊሲዎችያለኢድሜጋብቻንለማስቀረትምንያህልብቁናቸው?	<ul style="list-style-type: none"> በአሁንጊዜተፈፃሚነትያላቸውፖሊሲዎችናህጎች፤ <ul style="list-style-type: none"> ምንምንናቸው? ያለዕድሜጋብቻንለመቀነስ/ለማስቀረትምንያህልብቁናቸው? ያፈፃፀምተግዳሮቶችስምንምንናቸው?
8. ያለዕድሜጋብቻንናአሉታዊተፅዕኖዎችንለማስቀረትምንመደረግአለበትትላላችሁ?	<ul style="list-style-type: none"> መደረግ/መሰራትያለባቸውጉዳዮች፤ <ul style="list-style-type: none"> ከፖሊሲ፣ህግናደንበክንፃር? ከፕሮጀክትናኢፈፃፀማቸውአንፃር? ከማህበረሰብተሳተፎአንፃር?
9. ቀረየምትሉትነገርግንያለዕድሜጋብቻንመንስዔናአሉታዊተፅዕኖዎችንለመረዳት/ለመቀየርይጠቅማልምትሉትጉዳይካለእባካችሁሃሳባችሁንአካፍሉን።	



11.2 Summary of Case Studies Profile

Case One: Meseret (pseudonym)

Meseret is 16 years old, born in Wencheq, a place outside Hamusit, South Gondär Zone.

Schooling:

'I went to school till grade 6. When I reached grade 7, my family decided to marry me rather than send me to school. I used to love school. I used to do well too. When my teachers and Kebele officials heard the decision of my family, they came to persuade my family to support my education. They accepted and I started going to school.

Reason to quit schooling:

'My mother was the primary reason that I stopped going to school again. When she got sick, I had to stay home to take care of the domestic chores. She used to travel from place to place whenever she hears a new spot for a newly discovered holy water. As this became her routine, I became more and more tied to the responsibility of housekeeping. And now I feel jealous of my former classmates going to school and progressing from grade to grade. I sometimes cry thinking about my loss.

'After awhile, my family – my father in particular – decided it is time for me to marry. He took care of everything without my knowledge and told me who I will be marrying and where I will be living. He took me for a standard medical checkup from the clinic I was tending to my sick mother. I never knew the person I'm marrying before and the first time I met him in person was when we went for the medical checkup. He does not know me either. They said he was 20 at the time but looks older to me. He never went to school. Our families arranged the marriage.



Problems or costs of early marriage:

'I have lost so many things because of my marriage arrangement. I am silent in school and I do not speak unless I am spoken to. Unless teachers asked me to, I have never volunteered for class reading assignments. I do not play with kids as many children do. I am very much reserved as person.

Future hopes and aspirations:

'I'm told I will move to his house this year, but I'm not agreeing with them. I wanted to stay with my family as long as possible. I want to get back to school too. But there is no one supporting me in that regard.

'All I think about right now is my mother's health and, then, if things work out just fine, my life with my husband. Currently, I do not think much about my marriage though.

'I have not reached the age of marriage. I do not want to cause trouble for my family. That is why I am not refusing for the proposition of marriage. Otherwise, I would not have said 'yes' to the plan. My stepfather has some education and he wants me to continue going to school; but my mother does not. Besides, she is sick and she wants help in keeping the house and taking care of household chores. She never thought of schooling. She points to younger girls in the neighborhood who married and formed their own homes, and complains why I would want to go school. She wants to marry me off and invite the neighborhood for my wedding to balance the weddings of other families in the community. She wanted to do that before she dies. That was her prime concern: to see me form a family before she dies. I do not want to see my mother and stepfather fight over this.'



CASE TWO: - BELAYNESH (PSEUDONYM)

Belaynesh is a 20 year old daughter of parents who gave birth to her one-and half years after they moved to the new settlement area called 'Weneba' in the outskirts of Adét, West Gojjam Zone. She married at the age of 13 and has a 6 years old son. She had a good childhood growing up with several cousins by her kin.

Family background:

'Both my parents were illiterate farmers. They were contented with what they had and led their lives in their accustomed ways – nothing more, nothing less. My mother died when I was 10 years old and my father gave my hand in marriage soon afterwards. He told me he wanted to see me have a family of my own before he dies too.

Schooling:

'I started schooling and completed grade 2. When I stated grade 2, my father got sick and wanted to marry me off. He did not want to die – as my mother – without him seeing me establish a family of my own. This happened 7 years ago [at the age of 13] in the month of October. My father died three months later. I lived at my father's house [for three months] as well as my brothers and my husband's families for some time [for almost one year] until I conceived my son. My son recently celebrated his 6th birthday.

Raising a child as a child:

'I did not know the right way to carry or raise him properly. My brothers – who used to tease me seeing the way I carry my son around – were very supportive, however.... I think I might have done better in raising my son if I gave birth to him after I matured enough.'

Future hopes and aspirations:

'I wanted to stay in school even if my father wants to marry me off early. After marriage, I kept the interest to myself. I have not spoken to my husband about it. Even if he never went to school himself, he supports his brothers' schooling. I do not know what he might have said if I asked him to support my schooling. But, I have a good husband and a good home. I have nothing to complain apart from not being able to stay in school as my friends.'



CASE THREE: TIGIST (PSEUDONYM)

Tigist is a 17 years old daughter of a farming family. She used to help her parents with farming activities as well as fetching firewood and potable water, among other tasks.

Schooling:

'I used to attend afternoon classes that last till the evening. It used to be very tiring as I worked on school-work after I completed my home-chores. I used to be very tired for the next school day. But I did ok. My mother did not support my schooling. She has a very low value of education. My stepfather, on the other hand, was very encouraging. My mother used to see my stepfather's encouragement of my schooling as a testimony of his lax control as I am not his child. She accused him of acting irresponsibly towards me. She wants me to stay at home, for I help her in chores and she will be able to monitor everything I do. She also wants to marry me off so that she will receive bride wealth (*tèlosh*) for my hand. Through my marriage, she can also forge alliance with other [respectable] families as well. Consequently, when I reached grade 6, she decided to take me off.'

Early marriage? When? How?:

'My parents gave me for marriage when I was very young. They arranged for a customary, traditional gathering where they sealed their promises to give us as marriage partners for each other's child. The formal wedding took place when I was 7 years old.

I lived at my parents' house until I reached the age of 15 when I moved to my husband's home at Hamusit. My mother decided I cannot continue my education and told me to quit. My husband was willing to help me continue my schooling. Nevertheless, my mother was persistent; she told my husband and me to focus on keeping our home in order as no one, including her, could support us.

I persisted for some time to stay in school; but, when my sister got into a car accident and there was only my mother to take care of her, I had to juggle



between helping her get well and attending school. Going to school became difficult and I decided to quit schooling and take care of my sister in hospital and, after she got a bit well, at home. During that time, two/three months passed and I could not get back to school.

A year passed and I registered at grade 5 though I was in grade 6 the previous year. I was living with my husband and his family. My mother, who was getting old and living with us at the time, started complaining about me attending school, for she needs me to take care of the household chores. When school authorities came to convince her to send me to school, she told them she would prefer to go to jail than sending me to school. She made it clear that she wants me to take care of her; and, she told them and me she would curse me if I defy her wish and go to school. Then I quit schooling.

As for me, you cannot have a family and still go to school. It does not work like that around here. If I go to school, who would take care of the household? Going to school after marriage is not viewed as a positive thing. They would think I would be doing something to defile my husband and family's name.

Now, I'm 17 and my husband 24, and he supports me and his child well. He swears and curses from time to time when things at home are not in order. Isn't he a man?! But, he has never beaten me.

Problems or costs of early marriage:

'I do not see my old friends. Everyone has its own quarters. We talk over the phone sometimes. They come some weekends. They do not come during weekdays as they have school. This makes me sad and angry. When I see them going to school with exercise books and in uniforms, I feel sad and I want to cry.'

Future hopes and aspirations:

'I do not think of going back to school. That is not an option now. If it we had adult education, I could have attended that program. However, it is currently



unavailable. Since I do not have much to do during weekends, I could have gone to school.

'I will not marry my daughter before her 18th birthday. My situation makes me feel sad and angry for myself. I cannot allow that to be the life for my daughter. I will make sure she goes to school and see what she can get from it. I will let her decide what she wants on her own. The story of early marriage shall stop by me.'

CASE FOUR: SENAIT (PSEUDONYM)

Senait was born in *Farta* Woreda and never had the chance to go to school.

Schooling:

'I never went to school and no one heeded my insistence or supported my schooling. My mother was never in a position to send me to school either, as she was poor and illiterate.

Early marriage?

'When I reached the age of 10, my mother told me to marry. I told her I only wanted to help her by working for other families. She insisted and married me off. She wanted me to marry, as she wants me to support her while living next to her. My husband was 22 at the time.'

Experience as child bride:

'My husband's parents were very old and I had to do many chores to make sure they got what they needed. It was lots of work. I used to tend to cattle, grind, cook, clean, etc. After a while, I refused my husband's sexual advances and ran away to come to Bahir Dar. I found work as a domestic servant in one home and she gave me to the father of my daughter when I was 15. I conceived soon after I met him. I opted to abort but he refused and I gave birth at the age of 16. The pregnancy and delivery affected my health very much and I cannot do what I used to (e.g. selling boiled eggs, washing clothes, daily labor, etc.). Not all the parts that supposed to come with the child came out at delivery and that



complicated my health situation. My daughter became ill suddenly too. I have never recovered from that predicament.'

Problems or costs of early marriage:

'As my health gradually improved, without completely healing, I started prostitution to support my daughter and myself. Last year, I found out that I am HIV⁺. I take ART medication and I take medicine for TB as well. I am glad my daughter did not test positive. Currently, I am wholly dependent on the help of well-meaning people in raising my daughter and maintaining my life as I have a sickness in my brains that makes me unable to work. I do not have a permanent source of income.'

When I fall sick, they take me to receive medical assessment and treatment. They have been supportive. But, there is a financial constraint. I finished the TB medication; and, currently receive ART from the Family Guidance and Planning Association.

Hopes and aspirations:

'All I think about is seeing my daughter grow up and get better education, if I can. If I could not, I leave it to God's will. She should have been in Grade 2. But, she has been at home taking care of me when I fall ill. With the support of my neighbors, she started schooling this academic year. The school was cooperative and I kept the 125Birr for school registration fee. On yearly basis, she receives exercise books and pencil from the Kebele; and, a woman provided her with a school uniform.'



11.3 Sample Table of Analysis for Qualitative Data

MAIN THEME	SUBTHEME	EXPLANATION OF SUBTHEME	ILLUSTRATIVE QUOTES	ANALYSES AND DISCUSSION
Current status, causes and consequences of early marriage.	Current status of early marriage.	Reports in Ethiopia indicate a decline in early marriage incidences and its rate. The question here is whether or not early marriage is prevalent in the community despite proactive measures and pervasive legal surveillance.	<p>There are contrasts between rural and urban areas in terms of the prevalence of early marriage. Nonetheless, despite the variation, the trend in early marriage is decreasing, more so in urban than rural areas.</p> <p><i>"We need research to confirm the increase or decrease in early marriage. It is rather seasonal. Besides, as rural families do not register the birth of a child, we do not know the real magnitude of the problem. I do not know whether the comment made earlier is a genuine testimony of increasing trends or a result of improving reporting system of such cases."</i> FGD_R06</p> <p><i>"There have been different mechanisms that parents use to effect early marriage and evade detection and legal consequences. Early marriage cases are reported to our school and we deal with it accordingly. We cannot say the problem of early marriage is increasing based on the reports we have receive in schools. However it might be a different story in remote villages."</i> FGD_R06</p> <p><i>'Early marriage in our district/region is very concerning. Our regional Family law unlike other regions allows betrothal. This is the main reason for its wider existence. In this region, the two parties marry after betrothal and subsequent passage of reasonable time after this commitment is entered to. This betrothal has denied</i></p>	As per the participants of the FGD conducted in North Gondar Zone, Derra Woreda, there seems to be a declining trend in early marriage. Participants mentioned the resilience of harmful traditional values as the main reason behind early marriage in the cases reported to the Police or other focal offices. The role of the school system has been very fundamental in establishing supportive clubs and focal associations for girls to share their experiences and deal with their issues including early marriage. This has led to increase in the number of reported cases of early marriage. But, as per some participants, does not



		<p><i>marrying partners their voices in their marriage; they are denied of enjoying their rights to oppose the marriage because there is an agreement set during betrothal. Children for this reason are treated like animals in this regard. Therefore an agreement set during the betrothal time is becoming a rampant problem for early marriage in our community.'</i> FGD_R01</p> <p><i>'There is an early marriage problem. The problem is rampant on girls.... In rural areas it is our inherited tradition for parents to get in to promises for the marriage of their children without the agreement of the couples. The decision is in most cases left to the father. Boys get married when they are above seventeen or eighteen. However, female prefer to marry between the ages 13 and 17. If girls don't marry in this age range it is an insult to her and she is said to remain tramp. This is because girls are thought to be exposed to illicit sex and pregnancy outside wedlock and hence are likely to be causes of their parent's embarrassment. To free themselves from being exposed to this problem, parents get girls married in their early ages. Males on the other hand aren't exposed to this pregnancy problem and if they in case get girls pregnant through illicit partnership they deny their involvement in that illicit act.'</i> FGD_R01</p>	<p>necessarily mean early marriage is increasing in the community. It rather shows the effectiveness of the reporting system put in place.</p>
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11.4 Statistical test output

Table 20: Tables of statistical tests with Chi-Square Tests for different factors

Chi-Square Tests: Current Living arrangement

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	34.296 ^a	2	.000
Likelihood Ratio	33.548	2	.000
N of Valid Cases	1278		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .35.

Chi-Square Tests: Reason for Not Living with First Husband

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	45.380 ^a	3	.000
Likelihood Ratio	43.370	3	.000
N of Valid Cases	1278		

a. 1 cells (12.5%) have expected count less than 5. The minimum expected count is 4.17.

Chi-Square Tests: Verbal abuse by husband

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11.311 ^a	1	.001		
Continuity Correction ^b	10.912	1	.001		
Likelihood Ratio	11.247	1	.001		
Fisher's Exact Test				.001	.000
N of Valid Cases	1278				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 178.92.

b. Computed only for a 2x2 table

Chi-Square Tests: Beaten by first husband

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.090 ^a	1	.004		
Continuity Correction ^b	7.595	1	.006		
Likelihood Ratio	7.845	1	.005		
Fisher's Exact Test				.006	.003
N of Valid Cases	1278				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 55.93.

b. Computed only for a 2x2 table



Chi-Square Tests: Non-consensual sex

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	36.903 ^a	1	.000		
Continuity Correction ^b	36.000	1	.000		
Likelihood Ratio	35.520	1	.000		
Fisher's Exact Test				.000	.000
N of Valid Cases	1278				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 84.42.

b. Computed only for a 2x2 table

Chi-Square Tests: Administrator of Family

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.428 ^a	2	.000
Likelihood Ratio	21.227	2	.000
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 14.24.

Chi-Square Tests: Major Decision Makers

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	33.702 ^a	3	.000
Likelihood Ratio	32.932	3	.000
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.46.

Chi-Square Tests: Decision Maker on the Purchase of Food

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.608 ^a	3	.002
Likelihood Ratio	14.538	3	.002
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 47.25.

Chi-Square Tests: Decision Maker on Purchasing Clothes for Children

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.799 ^a	3	.013
Likelihood Ratio	10.947	3	.012
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.81.



Chi-Square Tests. Making family visits

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	31.830 ^a	3	.000
Likelihood Ratio	31.670	3	.000
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 24.67.

Chi-Square Tests. Whether or not to have a child

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.781 ^a	3	.000
Likelihood Ratio	17.577	3	.001
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.12.

Chi-Square Tests. Use of contraceptives

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.231 ^a	3	.000
Likelihood Ratio	20.419	3	.000
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 25.71.

Chi-Square Tests. Sick wife receives medical attention

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.734 ^a	3	.013
Likelihood Ratio	10.910	3	.012
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 21.89.

Chi-Square Tests. Sick children receive medical attention

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.144 ^a	3	.370
Likelihood Ratio	3.126	3	.373
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.12.

Chi-Square Tests: Decision on ANC

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.573 ^a	3	.009
Likelihood Ratio	11.191	3	.011
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 15.29.



Chi-Square Tests: Decision on Place of Delivery

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.070 ^a	3	.167
Likelihood Ratio	5.087	3	.166
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 34.74.

Chi-Square Tests. Children immunization/vaccination

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.035 ^a	3	.071
Likelihood Ratio	6.903	3	.075
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 11.81.

Chi-Square Tests. Ease in Making New Friends

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.040 ^a	2	.080
Likelihood Ratio	5.027	2	.081
Linear-by-Linear Association	5.004	1	.025
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 60.80.

Chi-Square Tests. Have many Friends

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.814 ^a	2	.148
Likelihood Ratio	3.858	2	.145
Linear-by-Linear Association	2.054	1	.152
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 96.58.

Chi-Square Tests. Mix with Peers easily

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.299 ^a	2	.317
Likelihood Ratio	2.301	2	.317
Linear-by-Linear Association	.241	1	.624
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 49.68.



Chi-Square Tests. Interaction with the elderly

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.169 ^a	2	.919
Likelihood Ratio	.169	2	.919
Linear-by-Linear Association	.167	1	.682
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 59.41.

Chi-Square Tests. Relations with men

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.450 ^a	2	.294
Likelihood Ratio	2.441	2	.295
Linear-by-Linear Association	.987	1	.320
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 47.60.

Chi-Square Tests. Relations with neighbours

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.696 ^a	2	.013
Likelihood Ratio	8.629	2	.013
Linear-by-Linear Association	5.472	1	.019
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 40.65.

Chi-Square Tests. Interaction with women

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.040 ^a	2	.361
Likelihood Ratio	2.031	2	.362
Linear-by-Linear Association	1.201	1	.273
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 73.31.

Chi-Square Tests. Open family relations

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.865 ^a	2	.649
Likelihood Ratio	.869	2	.647
Linear-by-Linear Association	.184	1	.668
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 46.90.



Chi-Square Tests. Support from husband

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	13.187 ^a	2	.001
Likelihood Ratio	12.759	2	.002
Linear-by-Linear Association	8.393	1	.004
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 66.01.

Chi-Square Tests. In-laws seeking psychological support

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.513 ^a	2	.774
Likelihood Ratio	.515	2	.773
Linear-by-Linear Association	.179	1	.672
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 92.76.

Chi-Square Tests. Suitability of character to work with others

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.099 ^a	2	.577
Likelihood Ratio	1.094	2	.579
Linear-by-Linear Association	.711	1	.399
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 77.82.

Chi-Square Tests. Full participation in social interactions.

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.443 ^a	2	.066
Likelihood Ratio	5.331	2	.070
Linear-by-Linear Association	4.994	1	.025
N of Valid Cases	1278		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 10.77.

11.5 Pictures of Sample participants, data collectors and Research team members

Images of data collectors on training and the way to field work, Bahirdar, 2017.



Pictures of Early Marriage Victims (Chile Mothers) during FGD Facilitation, Dera and Yilmana Densa districts.





///---The End---///