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Child Protection Challenges around Female Early Marriage and Genital Modification in Ethiopia

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Abstract

This article explores divergent perspectives on female early marriage and genital modification in Ethiopia. It contrasts international norms and research evidence with local understandings, the latter focusing on the part these practices play in securing family social heritage, wellbeing of girls, and their transition to adulthood. The article explains persistence of these practices in the face of campaigns to eliminate them and questions assumptions behind the international child protection model. It points to unintended adverse consequences of interventions that do not pay sufficient regard to local meanings and social relations, and suggests how policy might be approached differently.

Key words: early female marriage, female genital modification, Ethiopia, child protection policy

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Introduction:

Why is it that the customs of early marriage and female genital modification, which have been shown to endanger the health of girls, persist among some people? In Ethiopia, advocacy campaigns and legal sanctions mean that awareness of the hazards of such practices is widespread. Yet some conscientious parents continue to insist on them, and indeed so do some girls. This article explores the complexity of these practices in the lives of those who adhere to them, and contends that child protection is not always straightforward.

For the purpose of this discussion, we define 'early marriage' as any union between individuals under the age of 18 years, this being the minimum legal age of marriage and the age of majority in Ethiopia [1]. The concentration on girls reflects the fact that early marriages are far more prevalent among females than males in Ethiopia. A survey carried out in 1997 suggested that a third of girls were married before the age of 15, with significant differences in the extent of early marriage by ethnic group (EGLDAM 2008). In 2005 the median age at first marriage was 16.1 for women, rising to 18 in urban areas and over 21 in the capital Addis Ababa (CSAE 2006). Statistical data confirm ethnographic evidence that early marriage is more prevalent in northern Ethiopia, and that the median age at first marriage is rising in younger age groups.

We take female genital modification (FGM) to denote all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO 2010). In 2005, three in four women in Ethiopia had undergone genital modification, the prevalence being lower in urban areas, at just over two-thirds, and very high in the two pastoral regions in the East of the country, with much lower rates among girls than their mothers (CSAE 2006). FGM takes three forms in Ethiopia, cliterodectomy, excision and infibulation.[2] There are important regional variations in the type of procedure and age of the girls concerned, the extent to which men and women are circumcised simultaneously, whether it is a rite of passage, performed collectively, and who officiates (EGLDAM 2008:95-6). The EGLDAM survey suggests that in Addis there is no excision and only cliterodectomy and in Oromia few excisions and high proportions of cliterodectomy, while in Amhara they report a little more excision (at 45 per cent) than cliteridectomy (42 per cent). Our data suggest that FGM is no longer practiced in our Tigray

site and infibulation, the most invasive form, is not undertaken in any of the sites where we conducted our research.

The findings are based on qualitative research conducted in the context of Young Lives, a mixed-methods, longitudinal, study of childhood poverty which is tracking around 12,000 children in Ethiopia, India (Andhra Pradesh), Peru and Vietnam). This paper draws on three rounds of data gathered from a sub-sample of 50 boys and girls in five out of the 20 Young Lives sites in Ethiopia, as well as with their peers, caregivers and community representatives. We conducted focus group discussions with boys and girls and adults in separate sessions, and interviews with a range of community and religious leaders, elders and service providers. The five sites included one from each of four major regions, plus Addis Ababa, the capital city.

This article begins by reviewing international child protection norms and official policy in Ethiopia. We then explain the cultural and material logics underlying the practices and their importance for the social acceptance of girls transitioning to adulthood. Finally we draw out implications for policy and practice and summarize the argument and main messages in the conclusions.

International child protection norms

Female early marriage and genital modification have been widely condemned internationally as both harmful to girls' health and a violation of their rights (Mathur *et al* 2003; UNFPA 2007; UNICEF 2005; WHO 2010). Ethiopia is a signatory of the UN Convention on the Rights of the Child, which provides for children to be protected against diverse forms of harm, to have a say in decisions affecting them (and stipulates 18 as the age of majority, unless under the law applicable to the child, majority is attained earlier. Ethiopia is also signatory to the African Charter on the Rights and Welfare of the Child, which calls for States to take all appropriate measures to eliminate 'harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child', especially those that are 'prejudicial to the health or life of the child' and/or discriminate on the grounds of 'sex or other status'.

International concerns about early marriage centre on the patriarchal and gerontocratic values pervading this custom, the relative powerlessness of the girls involved, that marriage under the age of majority is illegal, that early marriages involving bridewealth payments are akin to commoditizing females, that young girls cannot give meaningful informed consent (and indeed are often not even consulted) and are especially vulnerable to manipulation or control (Jensen and Thorton 2003: 14). Other sources of criticism are the known or assumed adverse health and education consequences, the health impacts being more accurately attributable to dangers of early pregnancy and childbirth, including maternal mortality and morbidity (Jain and Kurz 2007), the latter often related to obstetric fistula and difficult labour, and infant mortality (Mathur *et al* 2003: 12). Early marriage is also linked with a raised incidence of violence (Jain and Kurz 2007: 8, Jensen and Thorton 2003) abuse of women, and isolation from family and community (UNICEF 2005, Mathur *et al* 2003). Additionally, early childbearing correlates with lower levels of female education (Jain and Kurz 2007, Jensen and Thorton 2003).

Most criticisms of FGM emphasize the adverse health impacts. There is limited research on health effects of cliterodectomy and excision, though one study suggests that women undergoing excision are more likely to face obstetric complications (Lukman 2001). Infibulation has been associated with severe haemorrhaging, tetanus or sepsis (bacterial infection), urine retention, open genital sores and injury to surrounding tissue as well as several longer-term gynaecologic or urinary tract difficulties, which can lead to the death of the mother or child (American Academy of Pediatrics 2010; UNFPA 2007; WHO 2010; WHO Study Group 2006). Also frequently cited are negative effects on girls' and women's mental health (Elnashar and Abdelhady 2007).

Official Policy in Ethiopia

The Government of Ethiopia has labeled FGM and early marriage 'Harmful Traditional Practices' and proscribed them in law, the recent National Child Policy stating that such customs 'have negative implications for the physical, mental and psychological development of children'.^[3] The ban is supported by a range of preventative measures, comprising advocacy campaigns in schools, through the media and among local associations, recently

complemented by the deployment nationally of female health extension workers with a reproductive health mandate. Remedial interventions include pressure to disclose infringements and conferment of penalties for violations, consisting chiefly of fines and imprisonment (Mekonnen and Aspen 2009). There have been important regional differences in the foci of these efforts, depending largely on the prevalence of the practices locally. Thus, the drive against early marriage has been stronger in the north, particularly in Amhara region, and against FGM in the south, especially in Oromia. In general, the push for abolition has been strongest in urban communities.

Eradication efforts have affected awareness, changed attitudes in some quarters and may well have contributed to the reduction in incidence in some areas. The increase in the median age of marriage of women aged 25-45 reported in urban areas between 2000 and 2005, and the greater increase in the younger age cohort aged 20-24 in Amhara and Tigray, may be indicative of their impact. Likewise, the much higher decline of FGM in urban areas and among daughters as compared to their mothers in Oromia and the Southern Region where campaigns have been more intense would suggest that interventions may have mattered (CSAE 2001, 2006). Respondents stressed different aspects of interventions as being effective. Thus, in Hawassa, one female leader of an *Iddir* (funeral association) attributed the decline in FGM to effective application of fines and health education in schools, whereas caregivers emphasised the role of awareness-raising activities by a local non-governmental organisation and work by local government officials with women's associations, youth groups and school clubs. Girls in Oromia highlighted the effect of school programmes, advocacy by District officials and educational films.

All of the agents of the state, professionals and community leaders that we interviewed oppose both practices, as do quite a few caregivers, girls and boys. Nevertheless, not all calls for reform arise simply from current policy. Narratives of reform also point to changing underlying ideas about the instrumental and symbolic value of FGM and early female marriage in the context of raised aspirations associated with urbanisation, spread of education, employment opportunities for girls (Woldehanna et al, 2011) and an emergent focus on fulfilling children's potential as individuals. In some cases, women's own experiences of problems with early marriage and genital modification have been more pivotal in attitudinal change than government policy. For example, a woman in Hawassa who

had endured severe complications during childbirth following genital modification made sure that her own daughters were not circumcised, while a woman from Addis Ababa admitted that she used to defend genital modification as an important local custom, until she witnessed how much a young circumcised girl suffered when giving birth.

Some of the accounts against early marriage reveal a broader disquiet about the power and age differences between men and women in traditional unions, about common assertions that large families have economic advantages, and about the wisdom and justice of women being married off forcibly while young. A woman in Oromia complained about being made to marry in her early teens to a drunkard who squandered most of the bridewealth. A divorced woman in Tigray who was married at 14 and had her first baby at 17 said:

I was too young at the time to tolerate all the troubles. I often fell down, and once missed the direction of my home. I was too busy and I could not withstand all challenges and responsibilities. All this embarrassed me and forced me to divorce...At that time most females were too young for marriage and it was too difficult to withstand the challenges of life like falling from mountains or fetching water,. That is why most prefer to divorce...

Views about gendered and generational roles, responsibilities and relations are changing fast, growing prominence being given to children's – particularly girls' - individual interests, as opposed to their familial duties. For example, concerns that early marriage threatens schooling were voiced by many and a causal link was made in Tigray between the raised age of marriage for girls, improved education outcomes, better employment prospects, and higher salaries. There is also some recognition that young people today are more competent in certain respects than the young in the past; reflected in an emergent idea that allowing young people to play a part in deciding their own fate may, in itself, be protective.

Comparing her granddaughter's life with her own at the same age, one woman in Tigray emphasized how empowered young women are today. She contrasted women's past suffering with circumstances of the current generation: '...my granddaughter is 14 years old now and if I tell her that she is going to marry, she will reply "marry yourself!." During our time, we were unable to decide on our life but today children have the right to decide....Children today are very much wise... Her life will definitely be good because she will be educated and may even marry someone who is educated.'

However, it is intriguing that even with the ban and penalties and the changing attitudes and groundswell of activity nationally, these customs persist in so many parts of Ethiopia; indeed, we uncovered significant resistance to reform. Resistance to the prohibition on FGM is strong even in areas such as Addis Ababa and Oromia where there have been concerted campaigns against the practice and punishment for infractions is applied. In the next section we outline the logics underpinning FGM and female early marriage in the five sites in order to account for their persistence.

Cultural logics of child protection

Though clear patterns emerged, we found considerable regional, ethnic, generational and individual diversity in beliefs and practices, and yet, rather surprisingly, there was less evidence of major differences based on gender. In the north, particularly in Amhara, early marriage of girls is a predominant feature of the cultural repertoire, whereas genital modification, carried out soon after birth, is of minor importance. In contrast in the south genital modification is a necessary prelude to marriage and is much celebrated, though early marriage is less common. Also, while there is significant cultural convergence in ideas and practices in Amhara and Tigray, there is considerable variation the other sites, especially the urban ones.

At the same time, Ethiopian society and economy are extremely dynamic and ideas about what is a threat and what a benefit to girls are changing fast, such that firmly held beliefs around FGM and female early marriage have led to significant inter-generational disagreement in some families. Thus, some Muslim parents in Addis Ababa had conducted clandestine circumcisions against their daughter's wishes. One girl explained that her mother had arranged for her to be circumcised at an early age, but when the circumciser arrived she managed to escape to a neighbour's house. Another complained that she could not avoid circumcision at age five because so many people in her house that day were determined to go ahead with the procedure. Similarly, a girl in Oromia who was in grade four when her parents arranged her wedding begged her teachers to save her; they tried to change her father's mind. Her grandmother was also against the marriage, and offered her refuge in her house, where she remained for some time. But, her father convinced the teachers that she should return home on the pretext that her mother was sick and

eventually forced her to marry. Likewise, girls in Tigray explained that they were beaten by their parents when they reported them to officials for trying to marry them off.

For those who are convinced that FGM and early marriage are intrinsically harmful, it is hard to conceive of the practices as serving a protective function. Nonetheless, local logics embody several protective elements, focusing on the consolidation of family interests in situations of material scarcity and uncertainty and securing the social place of young women.

Consolidation of family interests

Rates of morbidity and mortality are high throughout the Young Lives sample in Ethiopia, such that, for example, one in five out of the total of 3,000 children have been orphaned of at least one parent. At the same time, most households, especially those in drought-prone rural areas that depend on subsistence rain-fed agriculture, are very poor and highly susceptible to economic shocks (Woldehanna et al., 2011). In this context, personal survival is generally contingent upon collective effort, and group solidarity necessarily prevails over individual entitlements, marriage being an important means of consolidating collective and individual interests, as well as a source of social heritage. Controlling the reproductive capacity of females is central to shaping this heritage: arranging a girl's marriage guarantees her social acceptance as an adult, bestows legitimacy on her offspring and enables her parents to determine whom she marries, when, and with what economic benefits to those involved.

Marrying girls off early, at around puberty, may have particular instrumental value, contributing to continuity in conditions of high maternal and infant mortality (Mathur *et al* 2003), ensuring young females are provided for materially (Jensen and Thorton 2003, 17) and/or cementing alliances between in-laws as a means of social insurance or social mobility. The economic motivation for arranging for girls to marry early were highlighted by many respondents. In Hawassa, a leader of the Women's Association opposed the plan to marry a schoolgirl off precisely because it was motivated by pecuniary interests: 'When I asked her why she was forced to marry against her will, she told me that her mother was dead and her aunts had asked her to marry a rich man. They told her that he would relieve

their poverty and hers. I was very angry. I told her that I would take her to the legal desk if they persisted...she is not a means of poverty relief.'

On the other hand, one 16-year old girl from Tigray, noted that marriage had guaranteed both her economic security and that of her mother.

I am happy with my marriage because it was arranged by my parents. It also relieved me of the heavy wage labour, which I have been suffering from. Before, I had no plan of marrying early. But when I stopped school and was engaged in a very tiresome job, I wanted to marry and take rest. During the wedding ceremony our neighbours contributed 600 *birr* and my mother some more for the feasts. My in-laws spent much money and grain because they can afford it.... Mother gave my husband on the wedding day 1,300 *birr gezmi* [dowry]. The amount was secured from my older sister who works in a factory in a town.... My husband bought me all necessary clothes. After the marriage we are sharecropping the land of my mother. We help my mother in many ways.

Respondents in Amhara also argued that early marriage extends a woman's reproducing years and hence expands household labour capacity, as well as providing poor or elderly parents with a son-in-law's support. However, a local Kebele official expressed a different view that traditionally early marriage was more common among the rich than the poor because the rich would seek marriage alliances with other wealthy families so as to endow their offspring with land and cattle. While this practice is well recorded in the ethnographic literature nowadays, with the shortage of land and cattle in Amhara, parents have far less to bestow on newly-weds so this rationale for early marriage is weaker.

The type of marriage and whether it involves dowry or bridewealth affects who are the main beneficiaries - the newly-weds, or the bride or groom's parents. In Oromia, bridewealth (*gebera*) can be an important incentive for early marriage because it often involves substantial sums of money and several cattle, paid to the bride's family. Indeed, adults in this site considered early arranged marriages as tantamount to exchanging girls for money. However, the need to accumulate bridewealth can also delay marriage, leading many young people to flout tradition by eloping, this being another cause of early marriage.

Turning to the role of the marriage of girls in consolidating a family's social position, adults in Oromia made a major distinction between early arranged marriages and female abductions and elopements. They approved of the decline in abductions, as they 'totally violate all the marriage rights' of girls and may involve assault, but expressed considerable unease about the rise in elopements, which was perceived as reflecting government promotion of self-determination in matters of marriage, and were especially concerned about the associated decrease in arranged marriages. Adult disquiet about elopement focused on its violation of traditional values around parental authority, young people not having the maturity to act wisely without adult guidance and support, the risk that bridewealth payments might be circumvented and worries about eloping couples lacking a home or a secure income and about the welfare of daughters and their offspring.

Couples frequently organize their elopement in secret and many girls are pressured to elope. Detrimental consequences include the risk of girls and their offspring being abandoned, divorce and rejection by the girl's family, as well as damage to the girl's and her family's honour, and legal action against the groom and his kin by the bride's family. One woman explained these difficulties: 'my daughter got married...She agreed with her husband and married him without our consent... She was married in a nearby town. She has not come to our home and we have not gone to hers since then. We are not reconciled yet. ' The girl also confirmed this, saying '....my husband paid 2200 birr to my parents as a reconciliatory payment. [However] ... The marriage is also not yet formalized because my husband has to pay the bridewealth which is five cattle.' Even though the groom's family is expected to compensate the bride's family for violating clan norms, elopement generally results in a lower bridewealth.

In contrast, traditional marriages arranged early are understood as conserving strong inter-generational ties and respect for the authority of adults, while at the same time facilitating the smooth transition of young females into social majority and providing social and physical protection for them and their offspring. Some adults in Oromia did concede that there is a need to adjust customary practice to take account of the couple's views and felt it was wrong to force a girl to marry someone she does not know or like, or who is a lot older. They also argued that girls should not marry before the age of 18, should have their parents' permission and follow traditional ceremonial procedures. Girls in Oromia also disagreed with

elopement, one group arguing that it, 'violates the cultural norms of the community', and should be prohibited. Their reasoning included the adverse impacts on a girl's education, the likelihood of divorce, underage sex and parenthood, and poverty. They stressed the importance in arranged marriages of the ongoing support given to the couple by elders, pointing out that sometimes the groom's parents may even facilitate the girl's education after marriage.

Thus, early female marriage is understood to offer many social and economic advantages to families and kin, enabling adults to shape their social heritage and manage their domestic economy in situations of scarcity. While these norms clearly infringe girls' autonomy and may lock them into detrimental marital relationships at an early age, the logic of consolidating inter-generational ties and familial resources is in itself protective of children in that this ensures an enabling environment for their effective transition into adulthood, the second logic we consider.

Social acceptance for young women

We have argued that marriage is central to the economic and social wellbeing of women in Ethiopia. In many areas, young women's marriageability depends on their reputation for propriety and competencies in domestic matters, and it is widely believed that genital modification and early marriage uphold these attributes, while also constraining errant sexual behavior. Hence, the two practices are regarded as highly protective of girls and their offspring, in that they prevent the numerous social and physical risks associated with extramarital sex, spinsterhood and single parenthood.

In all of the Young Lives sites adults stressed the importance of preventing girls from engaging in extramarital sex, for their own protection and for that of their family and offspring. The risks were cited as including the spread of sexually transmitted diseases, early pregnancy outside marriage, and abandonment by partners, all of which can render girls unmarriageable and lead to their exclusion from family and clan. Specific cases were mentioned to support this concern, as in Addis Ababa where one 13-year-old girl was raped and became pregnant by a local boy and another died at the same age following an illegal abortion. It was reasoned that by marrying females before or at puberty, they are already spoken for when they reach sexual maturity and hence are less likely to be promiscuous,

while genital modification ensures that they are pure and of calm disposition, making them more suited to marriage.

Delaying marriage till 18 based on the couple's choice was claimed by adults in Addis Ababa, Tigray and Oromia to increase the likelihood of extramarital sex, with all the associated problems already indicated. In the Addis Ababa site, where female sex work is prevalent, raising the age of marriage to 18 was seen to pose many risks for girls, since they 'are becoming "ready" for sex at a much earlier age'. In Tigray, it was reasoned that families gain status by bringing their daughters up to be chaste and obedient; to have a prestigious marriage a girl must be a virgin and this is far more likely if she marries young. It was also explained that marriage prevents abduction and therefore makes it safer for girls to remain in school. Using the term *ketsige'a*, the importance of ensuring that girls attain an independent life through marriage as young as possible was highlighted and parents expressed eagerness to have grandchildren while they themselves are still fit and well. Respondents associated pregnancy outside wedlock with forced unions and with the possibility of the girl's parents threatening legal redress if the boy refuses.

As with early marriage, by far the greatest imperative behind FGM is moral, in that in all four sites where the procedure is performed it is believed to confer purity on girls. The significance of purity in females is particularly salient in Southern Ethiopia, as a group of girls from Oromia explained: 'Traditionally, uncircumcised girls are considered to be unclean which is locally called *lumbutam* - a very harassing kind of term and... So, girls choose to be circumcised rather than being insulted. Circumcised girls also have a better opportunity of getting a husband...' Similarly, uncircumcised women in Hawassa who are not married are described as '*koma qerech*' ['she remains standing'], a metaphor for 'old maid'.

In some areas, FGM is also thought to influence behavior. Thus, in Tigray circumcised girls were described as 'humble and obedient', 'decent' and 'having good behavior'. Similarly, Muslim girls in Addis Ababa reasoned that circumcision prevents girls from developing 'bad behavior', such as 'being emotional, out of control, restless, developing sexual need at an early age', whereas girls who have undergone the procedure are 'cleaner', and 'calmer'. FGM was also claimed to prevent clumsiness in the performance of domestic chores, this notion being articulated in a cultural idiom, *Yaltegerezech lij qil tisebralech*, meaning 'a girl who is not circumcised will break the drinking gourd'. Importantly, Wolayta respondents in Hawassa

made a direct link between impurity and clumsiness: ‘...if she is not circumcised she will break objects. And if she prepares food who is going to eat it? They consider her as impure.’

In Oromia and Addis Ababa it was girls – not adults – who most favoured genital modification, largely because of peer pressure; this in itself a reflection of the importance girls attach to social acceptance and preserving their reputation in readiness for marriage. While younger girls in Oromia often refuse to be circumcised, teenagers, are more likely to succumb to peer pressure. One mother explained:

I...organized the circumcision of my other daughter who is 14 years old. It was done at her request. After she witnessed a girl insulting another who was not circumcised, my daughter came home and asked me to organize her circumcision... I told her I cannot do that because I could not afford to provide her good food like meat to heal....But she pushed and told me...what she wanted was to get circumcised.

Even though there is no religious endorsement for the practice in Ethiopia and it predates the major monotheistic religions, some respondents regard social imperatives underpinning FGM as being reinforced by their faith. For example, some Muslim respondents in Addis Ababa invoked Sharia doctrine as supporting the practice, despite there being no clear basis for this in Islam; one maintained that ‘since it is *Haram* [sinful] to let the girls go uncircumcised, people still cut the genitals of the girls slightly’. Similarly, a theological rationale within Christianity was outlined by an elderly man in Oromia, who recounted a myth in which genital modification is portrayed as Eve’s punishment: ‘Satan lied to Eve saying that Adam had married another woman. She was angry and Satan offered her a herb [medicine] to give to Adam. She tasted the medicine and it went to her abdomen down to the part [the clitoris] that is circumcised now....’

Some proponents of FGM also perceive the practice to have health benefits. Thus, elders in Oromia maintained that, ‘Circumcision is harmless. It does not bring any health problems for the circumcised girl.’ Furthermore, ‘Losing blood by circumcision may even wash out some diseases. Thus it is advisable for girls who have certain diseases.’ Similarly, a caregiver in Amhara recounted the case of an uncircumcised woman who was allegedly circumcised by doctors during childbirth - to ensure a safe delivery - showing a strong belief in genital modification being a necessary and protective feature of childbirth.

Thus, in safeguarding family interests and girls' social standing and transition to adulthood, genital modification and early marriage are seen by many as protecting females against social and economic risks such as abandonment, stigma and destitution. Also, by limiting extramarital sex, insofar as this is feasible, many believe that they reduce health risks, even though global standards perceive them as major health concerns. The policy conundrum arising from such evidence is manifest; which criteria do we use to judge what is harmful and what is protective of children? Modern globalized norms emphasize bodily integrity, reproductive, infant and maternal health and the rights of girls to be protected from harm and to have a say in matters affecting them, once they reach sufficient maturity. Traditional values are more focused on the collective good and on social acceptance of girls. Both approaches are concerned to prevent risk and protect girls, but they reflect very different values and understandings and imply very different approaches.

What are the implications for policy and practice?

Given the complex and highly dynamic issues surrounding female early marriage and genital modification, it is not possible to offer simple prescriptions for policy. However, our research evidence does suggest some broad guiding principles.

First, unlike the education and health sectors, child protection policy is about changing values, attitudes and practices beyond the delivery of professional services; sometimes it entails direct intervention in family life. That these values, attitudes and practices may have historical and cultural significance and embody positive features means that globalized policies based on *a priori* conceptions of risk and on generic interventions designed without full consideration of local perceptions and contexts are unlikely to become effective rapidly as intended.

Second, it is not at all obvious that an abolitionist approach backed by punitive measures like imprisonment and fines is suitable for addressing practices of such social significance and intricacy as female early marriage and genital modification. Our evidence is that rather than bringing an end to prohibited practices, punitive measures tend to either transform them, or drive them underground. Girls in Oromia argued that far from eliminating FGM, government intercession has merely created new difficulties. Bullying of uncircumcised girls by those

who have undergone FGM has increased and, because parents are reluctant to become involved out of fear punishment, many girls are organizing their own clandestine operations, either in defiance of their parents, or to protect them from prosecution. Thus, 35 girls in the Oromia site were circumcised recently and when the police investigated the incident, the girls claimed that they had organized the circumcision without their parents' involvement.. In Hawassa, on the other hand, families use their sons' circumcision ceremonies as a decoy for circumcising daughters.

Abolition has had a number of unanticipated deleterious outcomes for girls and the push for change has triggered apprehension about a rise in 'new' childhood risks. Thus, some of the girls in Oromia are resorting to being circumcised at night, rendering the operation potentially far more dangerous. Seemingly, the ban has also lowered the age of FGM in Oromia. Traditionally, girls would be circumcised at around age 15, when they were thought to be ready to marry, but nowadays many girls are anxious to be circumcised well before this age. Hence, by the age of 16 all of the girls in the sub-sample in Oromia had been circumcised, even though three years earlier some were reluctant and one was adamant that she would not agree to it.

Third, identifying a specific practice for elimination, without considering children's wider social and economic circumstances, risks neglecting the most critical problems they face. Enforcing the legal age of marriage and prohibiting FGM in contexts where adolescents are sexually active well before the age of eighteen and where there is a shortage of contraception, lack of abortion facilities, and support to young women who bear children out of wedlock, face divorce and/or become single parents, can result in serious adverse outcomes for young women and their offspring. Moreover, prospects for girls to continue their education at secondary and tertiary levels are currently quite limited in Ethiopia, as are meaningful employment opportunities in many areas for those girls unable to remain at school. This implies that health and other forms of advocacy around female early marriage and genital modification might be more effective if associated with increased access for girls to quality schooling, vocational training, employment, regulation and promotion of appropriate forms of migration and the like.

Fourth, it is clear that many of the girls and women most affected by current policy do not agree with policy makers about which practices require most urgent elimination (Gruenbaum 2001). It is important to consider what families and girls stand to lose through policy and not just what they might gain, which points to the need for planning policies through consultation with children, their families and other interested parties. This, in turn, means understanding children's roles, responsibilities, preferences, and aspirations as they grow through childhood and beyond, as well as the values, concerns and priorities of their families. That said, balancing child protection and autonomy is no easy task, especially since so many girls undergo genital modification and some are betrothed when very young. It is also the case that in some instances the fulfillment of children's right to decide for themselves has led to elopements and genital modification carried out at considerable personal risk against adults' wishes.

Conclusion

Substantial effort has been expended in Ethiopia on measures to eliminate FGM and early female marriage. These measures, together with broader societal changes, such as increased education opportunities for girls, have transformed values and attitudes in many communities, and a significant proportion of our respondents have come to see these practices as harmful. There is a growing sense that girls should be informed about and protected from the hazards of genital modification and early marriage, involved in decisions affecting them and have the possibility of staying on at school and getting jobs rather than marrying young.

That said, female genital modification and early marriage persist to varying degrees, are valued by many, and are often undertaken with the active consent and even at the insistence of girls. Moreover, the values supporting these practices are not always inconsistent with the wellbeing of young women; indeed they have traditionally ensured girls' moral and social integration, and thereby their effective transition to adulthood. Many perceive genital modification and early marriage as buffering females, households, and wider kin groups against a range of social and physical risks, the most important protection being that girls find a social place and transition safely to adulthood. This brings into

question assumptions about the nature of child protection and poses a dilemma as to whether an approach that emphasizes social risks or one that is more concerned with health and individual rights, is better for children, whether or not the two can be reconciled or both can be justified.

In the context of societal and policy transformation, decisions about children's protection involve considerable complexity and uncertainty and must take account of many potentially conflicting factors. For adults, resistance to change often centres on the belief that they know best what risks their daughters confront and that tried and tested customary practice is the most effective means of protection. For girls, it often has more to do with preventing social stigma and rebuke by peers, most likely reflecting their sense of what it means to be an adult woman in their community. Girls make decisions based on their assessments of their chances and parents do what they think best for their children. All must consider the trade-off between early marriage and FGM and other risks, including risks to the family as a whole.

The perceived efficacy of female early marriage and genital modification is manifested in continued resistance to reform, and unintended deleterious consequences in some cases. This suggests that there has been insufficient regard to the socio-cultural and economic context, to the rationale underlying these practices and to who is designating what is harmful or protective for children. The appropriateness and effectiveness of measures that focus on specific practices in isolation from wider social processes and relations is doubtful; there is also need to consider reproductive health services, and measures to promote women's education and employment.

In the contested and competing repertoires, policy actors need to be wary of the oppositions 'modern' and 'backward', 'rational' and 'ignorant', which permeate the discourse on harmful traditional practices, for such judgments belie the complex moral, social and practical dilemmas involved in protecting children. When interventions to promote changes in practice do not address legitimate social concerns nor consider the underlying logics of conventional values and all the potential effects for those involved, they are unlikely to achieve their aims and may bring about resistance and unintended adverse outcomes. This in turn suggests that child protection seen too narrowly, without reference to the meanings of practices for the children's place and their transitions to adulthood

within their societies, may in itself become an impediment to children's wellbeing. Disagreement within families, contestation of state policy, and clandestine actions themselves comprise potential risks to the girls involved.

Notes

1. The 1960 Civil Code of Ethiopia fixed the minimum age of marriage for girls at 15 and for boys at 18. This was changed to 18 for both sexes in the 1987 Constitution which was endorsed by the 1995 Constitution and the 2000 Revised Family Code.
2. Clitoridectomy involves the partial or total removal of the clitoris and, very rarely, only the prepuce. Excision or labiadectomy entails partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora and infibulation involves narrowing of the vaginal opening through the creation of a covering seal.
3. See the 1995 Federal Constitution of Ethiopia, the 1997 Federal Cultural Policy, the 2005 Criminal Code, the 2000 Revised Family Code, and the 2004 National Plan of Action for Children (2003-2010 and Beyond), and the 2011 Draft National Child Policy

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