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RESEARCH ARTICLE

TRENDS OF EARLY MARRIAGE AND FEMALE GENITAL MUTILATION IN SOUTHERN NATIONS, NATIONALITIES AND PEOPLES' REGIONAL STATE (SNNPRS), SOUTHERN ETHIOPIA

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ABSTRACT

Trend analysis has become the most important aspect of research practice to examine changes in time and space. This research retrospectively looks at the prevalence and magnitude of early marriage and female genital mutation in Southern Nations, Nationalities and Peoples Regional State (SNNPRS). The study used mixed (Qualitative and quantitative) approach to collect and analyse data. In-depth interview and group discussions with zone and region level officials as primary data, and statistical reports and publications of government and NGOs, magazines, and research findings of scholars were also used as secondary data sources in the study. The findings of the study show that prevalence and magnitude of early marriage and female genital mutation have been declining from 1998 to 2005, and started to increase since 2007. The reason behind this problem could be, among others, the political instabilities following the 2007 national election that negatively affected efforts in the fight against early marriage and female genital mutation. These harmful traditional practices hampered women's health, economic benefits and political stability in the region. Devising new efforts to address these harmful traditional practices can bring about substantial changes in women empowerment and gender equality.

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INTRODUCTION

Early marriage and female genital mutilation have multi-dimensional effects on women wellbeing. Among many other harmful traditional practices, early marriage and female genital mutilation have taken the lion share in determining the women's life chances. The worst scenario happens when early marriage and female genital mutilation simultaneously occur in a girl that would close all windows of hope. These are found to be the major sources of violation of basic human rights, and are considered to be among the most important development challenges. Early entry in reproduction and genital mutilation affect the physical and emotional development of girls. They do not have positive attitude towards normal life. Having several children in the early reproductive life make women much burdened and unable to satisfy the husbands' sexual services and household labour demand. They often lead to divorce and supply of child commercial sex works in many big and small urban centres. These have been served as a basis for the justification of polygamous marriages and adultery in communities.

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Potential sources of irregular women migration to urban centres in several ways are resulted from the repercussions they have experienced in their rural origins. Early marriage has been an engine to drive population growth in developing countries. In Africa where much of the population is youth and children, the contribution of early entry in reproductive life through the practice of early marriage is crucial. As a result of early marriage, Ethiopia has one of the highest adolescent fertility rates in sub-Saharan Africa – 72.4 births for every 1,000 young women aged 15-19 (Jones, 2014). Ethiopia is the third most populous country in Africa. Recent findings show that 70 percent of the population of the country is categorized under 30 years of age. Despite the expansion of family planning to improve reproductive health, most women are giving birth since their early ages (Alemante Amara, 2016). SNNPR where most of the central Zones are highly populated, population density per square km is the highest in the country. Population pressures have now become one of the major sources of intra and inter regional conflicts and political instability in the country. The health associated effects of early marriage and female circumcision are several. Early marriage is likely to result prolonged labour, resulting either physical damage on women's reproductive organs or death at any occasion.

The proportion of women suffered from obstetric fistula is highest among teenage women, age at first birth 19 years and below (49.3%) (Asrat Atsedeweyn and Abebe Debu, 2017). Apart from their direct physical threat on women, these traditional practices have contributed to the transmission of HIV/AIDS. When a girl marry early and circumcised, the probability of transmitting HIV/AIDS and other STIs are very high. On top of these, women who became victims of fistula are excluded from the social, economic and political life (Alemante Amara, 2004). Maternal mortality and morbidity have found to aggravate households' social and economic problems. The disintegration of families often results in poverty. These maternal health problems hinder women participation in any development endeavours in community, and aggravate the level of poverty conditions at household and society. Poverty condition has been among the main causes of early marriage in north western part of Ethiopia (Alemante Amara, 2004). The negative cultural values associate with girls' education lead them to drop out from classes. The pyramidal population structure of the country, where young age at the base and old age at the apex, also depicts that there is a need to address youth and women strategic needs. Unmet needs result rapid population growth with its economic, social and political crisis. Reducing early marriage and female genital mutilation have become necessary steps to attain women empowerment and gender equality. Hence, there should be mechanisms to look at previous approaches in combating these harmful practices to improve women and youth living conditions in SNNPR.

Problem Statement

According to Bureau of Women, Children and Youth (BoWCY) of SNNPR, women comprise about 50.3% of the region's population (Bureau of Women, 2013). Despite their significant share in the population, women in the region are not benefiting from development projects. HTPS are supposed to be among the factors inhibiting the participation and gains of women in various sectors (Ambachew Teferi *et al.*, 2015). Traditional practices could be, operationally defined as customary acts transmitted from past generations and likely to be passed to the next. According to a Joint WHO/UNICEF/UNFPA statement, the "norms of and behavior based on age, life stage, gender and social class are often referred as traditional practices" (NCTPE, 2008). Knowledge of HTP prior to 1998 comes from travelers and explorers for the past and, for the more recent times, from researchers and regional/zonal reports. A good summary of their observations is documented (NCTPE, 2008). Similarly, extensive accounts of body image alteration and other practices among ethnic groups in southwest Ethiopia are also recorded (Bender, 1976; Eglam, 2008; Cerulli, 1956). More recent research has focused on nutritional taboos and food avoidance (Braukaemper, 1982; Bogalech Alemu, 1987); on early marriage (Tsehai Berhane, 1970; Hailegebriel Dagne, 1974); skin cutting traditional practices in relation to HIV/AIDS in particular (Haile Kife, 1994). Others deal more broadly with HTP in general with emphasis on Genital Mutilation (Almaze Hailesilassie, 1994; Amare Dejenie, 1996). A number of general socio-cultural and economic studies in different geographic and ethnic groups give valuable information on traditional practices. In order to mitigate the multidimensional effects of HTPS on the lives of women, generating well organized trend analysis could undoubtedly be invaluable in

enhancing any effort by concerned stakeholders. However, there is no such study on FGM and early marriage.

Objectives of the study: The overall objective of this study is to assess the trends of early marriage and female genital mutilation to bring about positive change in the life of the women and youths in SNNPR. To achieve this goal, the study specifically attempts to

- Investigate the trends of early marriage in the region
- Examine the trends of female genital mutilation in the region
- Describe the social, economic and political implications of such harmful traditional practices in the region and the nation at large

MATERIALS AND METHODS

The data collection of this research took place between 30 May, 2016 and 4 July, 2018. In order to achieve the objectives of the study, we employed both quantitative and qualitative approaches. So as to have reliable trend analysis, 15years (1998-2014) data were collected, organized, interpreted and quantitatively analyzed. To substantiate the quantitative results, qualitative information were also gathered. Apart from government and NGO reports, statistical abstracts, books and magazines were used as secondary data sources, where as in-depth interview and group discussions were used as tools of primary data collection methods. To validate the data/information collected by the researchers and/or results reached, meetings with experts from government officials of women and children's affairs, finance and economic development, culture and tourism, labour and social affairs, water resources and irrigation, agriculture and rural development offices were carried out at Yirgalem, Wondogenet and Hawassa towns at different times within the time frame noted above.

RESULTS AND DISCUSSION

Early Marriage: Early marriage has been one of the major harmful traditional practices, which is prevalent in most rural parts of the region and in the country at large. Although the discriminatory family codes of the imperial regimes were discarded and replaced by new ones, so many parents still marry off children at their early age. Both early marriage and marriage by abduction remain to be traditional norms that violate the rights of women. As harmful practices highly affect the lives of specific groups like women and children, HTPs are associated with violation of international human rights laws (Berehane Ras-Work, 2006). Following the 1948 Universal Declaration of Human Rights (UDHR), many international legal instruments on human rights were ratified. For instance, the 1995 Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) is, among others, which obligate States to pursue all appropriate means and protect and eliminate discrimination against women (Fact Sheet, 2019). In line with this, the FDRE constitution states that "women have the right to protection by the state from customs laws and practices that oppress women and cause bodily or mental harm to them are prohibited" (Federal Republic of Ethiopia, 1996). It is also stated that in developing countries like Ethiopia, HTPs are performed by more than 80% of the population" (Abel Hailu, 2019).

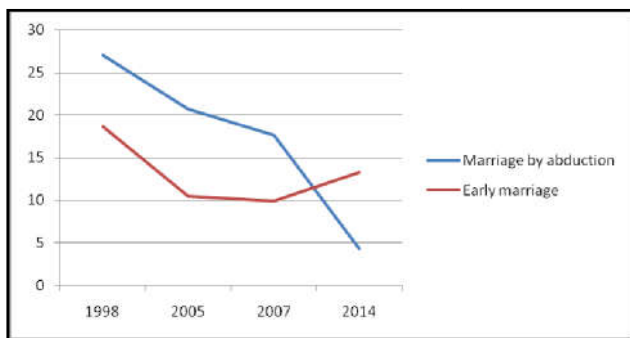
*Na: no data is available; SR: SNNPR; Et: Ethiopia

Table 1. Percentage distribution of marriage by abduction and early marriage of SNNPR and Ethiopia, 1998-2014

	1998		2005		2007		2014	
	SR	Et	SR	Et	SR	Et	SR	Et
Marriage by abduction	27.0	23.3	20.7	na*	17.5	12.7	4.3	na
Early marriage	18.7	33.1	10.5	Na	9.9	21.4	13.3	na

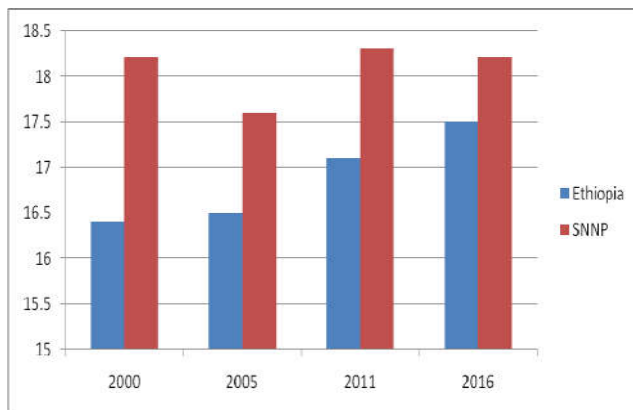
	1998		2005		2007		2014	
	SR	Et	SR	Et	SR	Et	SR	Et
Marriage by abduction	27.0	23.3	20.7	na*	17.5	12.7	4.3	na
Early marriage	18.7	33.1	10.5	Na	9.9	21.4	13.3	na

Sources: CSA (2017); BoWCA (2014/15); Ambachew *et al.* (2015)⁶; CSA (2012)⁽²⁵⁾; NCTPE (2008)⁽⁷⁾



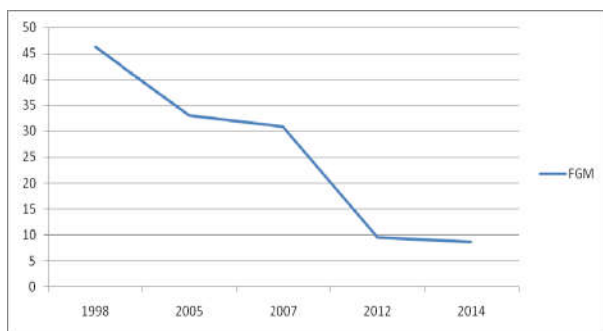
Source: CSA (2017); CSA (2011); CSA (2006); CSA (2013)

Figure 1. Trends and levels of marriage by abduction and early marriage in SNNPR, 1998-2014/15



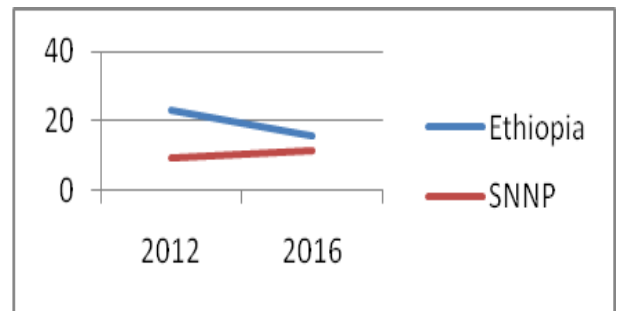
Source: CSA (2017); CSA (2011); CSA (2006); CSA (2013)

Figure 2. Women Median Age at First Marriage (ages 20-49) of SNNPR and Ethiopia (2000-2016)



Sources: CSA (2017); BoWCA (2014/15); Ambachew *et al.*(2015) ; CSA(2012); NCTPE (2008) (-) ⁽²⁶⁾; EGLDAM (2008)

Figure 3. Trend of FGM in the SNNPR 1998-2014



Source: CSA (2017); CSA (2012); CSA (2006); CSA (2013); CSA (2013)

Figure 4. Percentage of girls age 0-14 who are circumcised in SNNPR and Ethiopia (2011-2016)

Similarly, most women and children in SNNPR are victims of some forms of HTPS, particularly girls' experience of FGM'' (Dawit Eshetu, 2005) and early marriage (Ambachew Teferi, 2015). In SNNPR the percentage of marriage by abduction had been decreasing from 27% in 1998 to 4.3% in 2014. However, early marriage started to decline from 18.7 percent in 1994 to 9.9 in 2007 and again raised to 13.3 percent in 2014. Early marriage continues to be major harmful traditional practices that challenge women reproductive, economic and political rights (see Table 1 below). Below Figure 1 shows that early marriage remains to be more potential discriminatory norm that affecting population fertility. The timing of marriage evidence suggests that early marriage has shown little change in the region though the region figure is greater than the national one (see figure 2 below).

Female genital mutilation: FGM has been substantially reduced in the region for the past two decades. However, table 2 below shows that FGM prevalence was 46.3 percent in 1998 when the first baseline survey was conducted and reached to 8.6 percent in 2014. As a matter of comparison, the regional and national figures were 46.3 and 73.0 in 1998; whereas the percentage declined to 30.8 and 56.0 in 2007 respectively (see table 2 below). Figure 3 shows remarkable changes occurred to reduce the FGM practice in SNNPR. However, still undeniable number of people believe that this practice has continued as one of the social norms that threatens women's health, social and economic life. When we look at the the trends of FGM practice among the unmarried girls or daughters, Figure 3 below indicates that it has been currently increasing in the region than the national one. Regardless of the penal codes that prohibit the practice of FGM and other harmful traditional practices, the norm remains to be a challenge for women wellbeing.

DISCUSSION

The establishment of the National Committee for Harmful Traditional Practices (NCTPE) to avoid identified practise in the country and successive awareness raising campaigns by NGOs and government organizations, have achieved significant changes in reducing their impacts on women/ girls in the region. Between 2005-2007, early marriage has probably remained unchanged. Rather, it has been progressively increasing after 2007. This could be associated with political instability following the 2005 national election. This election put the political, social and economic orders of the country into precarious conditions. Both the regional and national government law enforcement machineries became weak. The existing government structures were focusing to maintain the political power.

Na: no data is available; SR: SNNPR; Et: Ethiopia

Table 2. Prevalence of FGM in SNNPR and Ethiopia (1998-2014)

	1998		2005		2007		2012		2014	
	SR	Et.	SR	Et.	SR	Et.	SR	Eth.	SR	Et
FGM	46.3	73.0	33.0	74.3	30.8 ⁷	56.0	9.4	Na	8.6	Na

Sources: CSA (2017); BoWCA (2014/15); Ambachew *et al.*(2015); CSA(2012); NCTPE (2008) (–); EGLDAM (2008)

On the contrary, the economic, social and cultural activities got less attention. Though the women median age at first marriage in SNNPR is greater than the National figures, there is no such basic change from the legal age at marriage set for both sexes. These have shown that several women are still marrying at early age for several decades and would continue as it was. This creates several implications on social, economic and political life of the people in the region. Political instability creates conducive conditions for early marriage. Early marriage has direct contribution towards unstable political environment through high fertility. Political and social instabilities in highly population density areas of the region have been associated with population pressure. Recurrent conflicts over resources, which have been structured and restructured by ethnic politics, have been manifestations over growing population in the region. Early age entry in reproduction is one of the major sources of women health problems of the region and the nation as well. The status of obstructed fistula in Ethiopia state that the rate of low circumferential fistulae is on the decline due to improvement in the health service delivery systems, this type of fistula is predominantly experienced by young women under the age of 25 years, with one-third of the women being under the age of 20 years. There is high prevalence of obstructed fistula in Tigray (1.6%) and Southern Nations, Nationalities, and People's Region (SNNPR) (1.5%) (Sibhatu Biadgilign, 2013). Women in the age group 15-19 and those in age 40 and above had higher odds of experiencing fistula than the other age groups (Chi square = 12.7, $p = 0.048$). Similarly those who are from Tigray and SNNPR regions had higher odds of obstetric fistula prevalence (Chi square = 26.6, $p = 0.003$), those women who are circumcised had higher odds of occurrence of the condition (Chi square = 4.41, $p\text{-value} = 0.036$) (Sibhatu Biadgilign, 2013). The trends of early marriage and female circumcision suggest that maternal health improvement would be challenged at the regional and national levels.

Since 1998, the general trend has shown that female circumcision has been declining in the region. Declining trend of FGM could be associated with the different data sources. However, Ethiopian Demographic Health Survey (EDHS) results have shown that percentage of girls whose age 0-14 circumcised in SNNPR has been increasing from 2012 to 2016. Female genital mutilation seems to be an underlying factor that increases the risk of health complications, and it may lead to additional causes of adverse maternal outcomes (Berg, 2013). The revival of such practice turns back the efforts to improve women health, which have been done for several decades. The resurgence of HIV/AIDS coupled with early marriage and female genital circumcision in the region become serious challenges to attain women empowerment and gender equality.

Conclusion

Early marriage and female genital circumcision still remain to be the top among other harmful traditional practices in the region.

Campaigns against harmful traditional practices have brought about encouraging successes in minimizing gender inequalities and enhanced women empowerment in the region as well as in the national levels. However, fragmented efforts of NGOs and Government organizations did not eradicate the practices. Early marriage and female circumcision lead to maternal mortality, psycho-social stigma and discrimination, domestic violence, HIV/AIDS, economic and political inequalities curtail women participations in all spheres of human life. Prevention and control of such deadly harmful traditional practices would contribute towards basic women / human rights and development endeavours. Indeed, it is another way of breaking poverty cycle among women and dignifying their rights. Focused intervention in communities would bring about massive outcomes on the economic, social and cultural life of women and men in the region as well as in the nation at large. Such trend analysis gives the impetus to initiate evaluations on the previous strategies and devise sound current interventions with the limited resources the region /country has.

Policy implications: Changing rural women wellbeing requires concerted and focused strategy against early marriage, marriage by abduction and female genital circumcision. The following directions would tackle the resurgence of such practices. First, incorporating the consequences of early marriage, marriage by abduction and female genital circumcision as an integral parts of the adult and formal education curricula. Second, strengthening the vital registration in the rural setting and certification as binding criterion before consummation of marriage. Third, ensuring reproductive rights for couples in the rural settings. Men and women should have equal rights to get culturally adaptable contraceptives and attend pre-and postnatal services at health institutions. Finally, devising mechanisms to increase girls' school attendance rate from pre to tertiary education and setting equal employment opportunities will have paramount importance.

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