Preventing child marriage, teenage pregnancy and female genital mutilation/cutting in Bahir Dar Zuria and Kewet districts, Amhara region

Results of the Yes I Do programme in Ethiopia

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Preface

YES I DO. is a strategic alliance of five Dutch organizations which main aim is to enhance the decision making space of young women about if, when and whom to marry as well as if, when and with whom to have children. Funded by the sexual and reproductive health and rights policy framework of the Ministry of Foreign Affairs of the Netherlands, the alliance is a partnership between Plan Nederland, Rutgers, Amref Flying Doctors, Choice for Youth and Sexuality and the Royal Tropical Institute. Led by Plan, the alliance members implemented a five-year programme between 2016 and 2020 in seven countries: Ethiopia, Indonesia, Kenya, Malawi, Mozambique, Pakistan and Zambia.

The Yes I Do Alliance partners and the Ministry of Foreign Affairs of the Netherlands acknowledge that child marriage, teenage pregnancy and female genital mutilation/cutting are interrelated issues that involve high health risks and human rights violations of young women and impede socioeconomic development. Therefore, the Yes I Do programme applied a mix of intervention strategies adapted to the specific context of the target countries. The theory of change consisted of five main pathways: 1) behavioural change of community and "gatekeepers", 2) meaningful engagement of young people in claiming for their sexual and reproductive health and rights, 3) informed actions of young people on their sexual health, 4) alternatives to child marriage, female genital mutilation/cutting and teenage pregnancy through education and economic empowerment, and 5) responsibility and political will of policy makers and duty bearers to develop and implement laws towards the eradication of the practices.

The programme included a research component to investigate the interlinkages between child marriage, female genital mutilation/cutting and teenage pregnancy and look at what works, how and why in the specific country contexts. The research focused on testing the pathways of the theory of change, underlying assumptions and interventions as well as on looking for mechanisms triggering change and enhancing programme effectiveness. To that end, the research component of Yes I Do undertook several studies, amongst others a base-, mid- and endline study in the countries where the programme was implemented. Each study was conducted by the Royal Tropical Institute, in close collaboration with local research partners.

The present report details the endline study of the Yes I Do programme in Ethiopia conducted in two intervention woredas (districts) in the Amhara region, Bahir Dar Zuria and Kewet. The main aim of the study was to assess changes in relevant outcomes over the programme implementation years through a comparison of base-, mid- and endline data. The report gives an introduction to young people's sexual and reproductive health and rights in Ethiopia and the Yes I Do programme, details the methodology used for the study, presents the main results, and provides general recommendations for future programmes on child marriage, female genital mutilation/cutting and teenage pregnancy in Ethiopia. Recommendations for future research are also shared. The findings and recommendations can be used by different stakeholders working in the Yes I Do programme as well as in other programmes seeking to protect and promote the sexual and reproductive health and rights of young people.

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Abbreviations

LIST OF ACRONYMS

CBO	Community Based Organization
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DEC	Development Expertise Center
ECHO	Ethiopian Youth Council for Higher Opportunities
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
HTP	Harmful traditional practice
IDI	In-Depth Interview
IUD	Intra-Uterine Device
KII	Key Informant Interview
KIT	KIT Royal Tropical Institute
NGO	Non-Governmental Organisation
OR	Odds Ratio
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TaYA	Talent Youth Association
ToC	Theory of Change
VCT	Voluntary Counselling and Testing

KEY TERMS AND DEFINITIONS

Child marriage: any legal or customary union involving a girl or boy below the age of 18
Female genital mutilation/cutting: all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons
Teenage pregnancy: all pregnancies before the age of 20
Young women and men/ youth: all females and males within the age range 15 to 24

Executive summary

BACKGROUND AND METHODOLOGY

The present report details the endline study of the Yes I Do programme in Ethiopia conducted in two intervention woredas (districts) in the Amhara region: Bahir Dar Zuria and Kewet. The Yes I Do programme was a partnership led by Plan Netherlands with Amref Netherlands, Choice for Youth and Sexuality, Rutgers and KIT Royal Tropical Institute and financed by the Dutch Ministry of Foreign Affairs. The programme aimed to reduce the prevalence of child marriage, teenage pregnancy and female genital mutilation/cutting (FGM/C, where applicable) over a period of five years (2016-2020) in seven countries, one of which being Ethiopia.

The main objective of the Yes I Do research was to provide insight into the (interrelated) causes and effects of child marriage, teenage pregnancy and FGM/C and the extent to which these causes and effects, and the three problems themselves, were present in the intervention areas of Bahir Dar Zuria and Kewet over a period of four years. The endline study assessed changes in relevant outcomes over the programme implementation years through a comparison of base-, mid- and endline.

The study utilised a mixed method approach. The endline study consisted of 1,580 household surveys with young people between 15 and 24 years, seven focus group discussions, nine in-depth interviews with youth and caretakers and 24 key informant interviews with local and religious leaders, teachers, health extension workers, police officers, and kebele (lowest administrative unit) and woreda officials.

RESULTS

DECLINING TRENDS IN CHILD MARRIAGE, TEENAGE PREGNANCY AND FEMALE GENITAL MUTILATION/CUTTING

The study results indicate that the rates of child marriage and teenage pregnancy declined significantly over the programme implementation in the intervention areas of Kewet while remaining largely the same in the intervention areas of Bahir Dar Zuria.

The child marriage rate at endline was 18% in Kewet and 28% in Bahir Dar Zuria, compared to 48% and 30% respectively at baseline. The decline in the rate of young women married before turning 16 was also significant in Kewet but not in Bahir Dar Zuria. Child marriage was not common among young men, with no cases found at endline for Kewet and very few in Bahir Dar Zuria (2%). Most young women who were married as child brides were married to adult men. Less than half of all married female respondents perceived that it had been their choice to get married, with a higher percentage of females at endline reporting that it was their choice to get married in Kewet (51%) than in Bahir Dar Zuria (30%). The teenage pregnancy rate declined from 40% (baseline) to 26% (endline) in Kewet, while it increased with 4% in Bahir Dar Zuria (from 28% at baseline to 32.5% at endline). A similar trend was observed in the percentage of young women aged 20-24 years who had ever had a child. While in Kewet this decreased from 55% to 44%, in Bahir Dar Zuria it increased from 40% to 48%. The declines in Kewet were statistically significant but the increases in Bahir Dar Zuria were not.

In the two woredas, there was a significant decline in the percentage of young women who wanted their (future) daughters to be circumcised as well as a significant increase in the percentage of unmarried young men who preferred a non-circumcised partner in the future. The percentage of young women who reported that in the future they would want their daughters to be circumcised declined from 13% to 9.5% in Bahir Dar Zuria and from 22% to 11% in Kewet between baseline and endline. As for unmarried young men who reported to prefer a non-circumcised partner in the future, data show a significant increase from 27% to 53% in Bahir Dar Zuria and from 27% to 58% in Kewet. Moreover, although not attributable to the Yes I Do programme due to the early age at which FGM/C is done, the FGM/C rate showed a statistically significant decline, both in Bahir Dar Zuria (from 54% to 39%) and Kewet (from 53% to 45%).

COMMUNITY CONTEXT AND MOBILIZATION

The qualitative data provide indications of general changes in the social, cultural and gender norms related to

marriage, childbearing and FGM/C. Male engagement in domestic tasks, young women not being associated only with marriage and childbearing, young women taking actions to stop planned marriages and more decision-making power of mothers are some examples of these changes. The study participants of the qualitative study component showed a growing sensitization and general awareness about the harms of child marriage, teenage pregnancy and FGM/C. An increased number of gatekeepers, including mothers, fathers, and religious leaders, changed their attitudes towards child marriage and FGM/C and were taking actions to stop these practices. Community members had become less hostile to unmarried pregnant teenage girls and more concern was shown about the health and welfare of the teenage mother. Dropping out of school due to child marriage and teenage pregnancy was not common. Parents were more open to young girls' preferences around mate selection, marriage and education. Teachers and school principals had become catalysts to stop child marriage among their students. The police, through their law enforcement role, became critical allies in anti-child marriage. Youth clubs played a big role in assisting young girls in cancelling planned child marriages. Community rejection of young women saying no to proposed marriages was less of a concern as compared to the baseline.

YOUTH ENGAGEMENT

Youth clubs, community dialogues and medical camps were the Yes I Do activities in which more respondents had participated. In Bahir Dar Zuria, drama and theatre platforms were created as part of the schools' mini-media activities. In Kewet, youth groups were actively involved in creating awareness about youth sexual and reproductive health and rights and in supporting initiatives to stop child marriage. Health extension workers were conducting lessons on sexuality education. Teachers were willing to cover topics on gender equality and sexuality education in their classrooms. As a consequence of these and other related interventions, young people were better able to express themselves to their parents, and an increased space was created for young people to participate and make contributions in family matters and community meetings. Study participants showed more confidence in their ability to decide and advocate for themselves, particularly in relation to marriage, for example, they more commonly expressed rejections to marriage arrangements. Furthermore, the percentage of youth who reported finding it easy to talk with their parents about sexuality and marriage increased significantly in Kewet. This was an indication of the growing engagement of young people in matters affecting their lives. Engagement of out-of-school youth in youth clubs was more difficult as many of the clubs took place in school settings.

YOUNG PEOPLE TAKING INFORMED ACTIONS ON THEIR SEXUAL HEALTH

The Yes I Do programme contributed to young people's awareness of sexual and reproductive health and rights (SRHR) and accessibility to sexual and reproductive health (SRH) services. In general, young people had access to SRH information through multiple sources, some of which included Yes I Do activities. Youth-friendly services, through separate rooms in health centres for young people who seek SRH services and trainings for young people focusing on sexual health education were provided. Health extension workers also provided lessons in schools for young people on SRH topics such as delaying marriage, delaying pregnancy after marriage, and management of the menstrual cycle. Schools were the preferred source of SRH information in both Bahir Dar Zuria and Kewet. Among males in Bahir Dar, media was a preferred source of information. There was general knowledge on how to prevent a pregnancy and the use of contraceptives amongst those who had ever engaged in sexual intercourse. The most used form of contraception was injectables and the use of condoms was low. Those who had ever engaged in sexual activity had also used SRH services. Family planning was the most used SRH service by women and voluntary counselling and testing (VCT) was the most used service by men. Life skills and sexuality counselling were used by men only.

EDUCATION AND ECONOMIC EMPOWERMENT

At endline, there was a significant increase in secondary school attendance among female respondents. This was especially the case in Bahir Dar Zuria where two secondary schools (in two of the four intervention kebeles) became operational in the last four years. Qualitative narratives show that young women became increasingly focused on attending and finishing school rather than getting married, and many received top school grades. Some parents, motivated by their daughter's good academic performance, became supportive of their daughters' education. However, a lack of employment for young people, including those who finished secondary school, was a major

concern, and this casted doubts on the opportunities education can bring for young people. There was a significant decline in economic activities outside the household for study participants at endline. Low wages and poor working conditions were major concerns and both areas experienced limited employment and economic opportunities, with the economic circumstances in Bahir Dar Zuria respondents being slightly worse than those in Kewet.

POLICY AND LEGAL ISSUES

The qualitative data showed that there was a conscious effort by government, community and non-governmental organisation (NGO) actors to reduce child marriage and FGM/C by applying a combination of educational, policy and legal instruments. In their work, anti- harmful traditional practice (HTP) committee members relied on the law to stop child marriage. Clear law enforcement on child marriage with structures and actors to report cases of arranged child marriages was observed across study sites. In Kewet, in particular, the intervention of the police in cases of planned child marriages increased over the Yes I Do programme implementation time. In relation to FGM/C, the efforts have been more focused on awareness raising and on closely monitoring of newborns by health extension workers. Iddirs (types of community-based organisations, CBOs) have included child marriage and FGM/C in their bylaws, a change to which the Yes I Do programme has contributed through awareness raising.
Recommendations

RECOMMENDATIONS

Based on the findings of the endline study, recommendations were developed. Some of recommendations are included below.

- Invest in change agents such as religious leaders, youth clubs and their members, HTP committees and teachers to become stronger catalysts of change for eliminating child marriage and FGM/C.
- Ensure that out-of-school youth are included in programme activities and interventions, including youth clubs (which were primarily targeting in-school young people).
- Encourage young people to broaden their understanding of SRHR beyond if, when and whom to marry. For example, the right to decide when to get pregnant and have a child, when to start using contraceptives, when to start having sexual relations, and their knowledge about the importance of consent in all sexual relationships and bodily integrity.
- Strengthen health facilities that provide SRH services.
- Ensure better outreach activities on sexuality and sexual health education for young people, particularly young men in Bahir Dar Zuria.
- Diversify the platforms and channels to communicate with young people. For example, making more use of media.
- The economic alternatives available to young people are very limited and unemployment is increasing, which is negatively affecting trust in secondary and higher education. Programmes need to become more creative, innovative and bold in creating job opportunities for young people.
- Programmes can call for more attention regarding the limited employment opportunities for young people, as well as poor working conditions and low wages.
- Programmes can call for attention to identify the legal and policy gaps around violence against young women, as current efforts on policy making and law enforcement seem to be more focused on child marriage and FGM/C.
- Programmes can enable the extension of health and social protection services to victims of sexual and gender-based violence.
- Develop policies to extend health services, social services and psychosocial counselling and support for young women who have pregnancies and children out of wedlock.
- Bring attention to and raise awareness of the mismanaged cases in law enforcement such as taking brides in age estimation processes or overlooking secret child weddings.

Table 1 and 2 provide an overview of the key quantitative and qualitative indicators.

Table 1 **Summary of quantitative indicators** 1/2				
Category and indicator	Baseline		Endline	
	Bahir Dar	**Kewet**	**Bahir Dar**	**Kewet**
Child marriage, teenage pregnancy and FGM/C				
Young women (18-24 years) who were married or in a union before age 18 (i.e. child marriage)	124/409 (30.3%)	136/281 (48.4%)	90/315 (28.6%)	47/255 (18.4%)
Young women (16-24 years) who were married or in a union before age 16 (i.e. child marriage)	64/498 (12.9%)	91/431 (21.1%)	51/459 (11.1%)	30/429 (7%)
Young women below 18 years old who are currently married	9/166 (5.4%)	14/271 (5.2%)	8/263 (3%)	11/304 (3.6%)
Young women (20-24 years) who had their first child under the age of 20 (i.e. teenage pregnancy)	64/229 (28%)	62/155 (40%)	51/157 (32.5%)	32/124 (25.8%)
Young women (15-24 years) who underwent FGM/C	312/575 (54.3%)	294/552 (53.3%)	226/578 (39.1%)	253/559 (45.3%)
SRHR behaviour				
Young women (15-24 years) who can decide for themselves whom to date and go out with	320/575 (55.7%)	426/552 (77.2%)	310/578 (53.6%)	426/559 (76.2%)
Boys and young men (15-24 years) who can decide for themselves whom to date and go out with	149/229 (65.1%)	175/240 (73%)	158/220 (71.8%)	211/232 (91%)
Girls and young women (15-24 years) that have ever utilized SRH services, including modern contraceptives	-	-	283/578 (49%)	172/559 (30.8%)
Boys and young men (15-24 years) that have ever utilized SRH services, including modern contraceptives	-	-	72/220 (32.7%)	85/232 (36.6%)
Young mothers aged 15-24 years indicating using male condoms	0/102 (0%)	0/104 (0%)	0/81 (0%)	0/60 (0%)
Young fathers aged 15-24 years indicating using male condoms	2/10 (20%)	1/3 (33.3%)	0/1 (0%)	0/8 (0%)
Not currently married young men (15-24 years) who prefer a non-circumcised female as future partner	312/190 (26.8%)	061/228 (26.8%)	109/205 (53.2%)	128/222 (57.7%)
SRHR knowledge				
Young women (15-24 years) who know how to prevent pregnancy using modern contraceptives	535/575 (93%)	521/552 (94.4%)	532/578 (92%)	539/559 (96%)
Young men (15-24 years) who know how to prevent pregnancy using modern contraceptives	200/229 (87.3%)	221/238 (92.9%)	213/220 (96.8%)	224/232 (96.6%)
Young women (15-24 years) who disagree with the statement "It is not appropriate for a girl to propose to use a condom"	299/575 (52%)	284/552 (51.5%)	242/578 (41.9%)	262/559 (46.9%)
Young men (15-24 years) who disagree with the statement "It is not appropriate for a girl to propose to use a condom"	140/229 (61.1%)	120/240 (50%)	115/220 (52.3%)	153/232 (66%)
Young women (15-24 years) who feel confident to insist on condom use every time they have sex	188/575 (32.7%)	166/552 (30.1%)	154/578 (26.6%)	255/559 (45.6%)
Young men (15-24 years) who feel confident to insist on condom use every time they have sex	72/229 (31.4%)	137/240 (57.1%)	15/220 (6.8%)	127/232 (54.7%)
Young women (15-24 years) who ever received education about sexuality and sexual health	419/575 (72.9%)	428/552 (77.5%)	243/578 (42%)	429/559 (76.7%)
Young men (15-24 years) who ever received education about sexuality and sexual health	168/229 (73.4%)	181/240 (75.4%)	47/220 (21.4%)	141/232 (60.8%)

Table 1 **Summary of quantitative indicators** 2/2				
Category and indicator	Baseline		Endline	
	Bahir Dar	**Kewet**	**Bahir Dar**	**Kewet**
Education and economic empowerment				
Girls aged below 18 years who dropped out of school	37/165 (22.4%)	60/268 (22.4%)	82/263 (31.2%)	79/304 (26%)
Girls below 18 years who left school due to marriage	1/165 (0.6%)	11/268 (4.1%)	1/263 (0.4%)	7/304 (2.3%)
Girls below 18 years who left school due to pregnancy	0/165 (0%)	0/268 (0%)	0/263 (0%)	0/304 (0%)
Young women aged 15-18 currently attending secondary school	28/294 (9.5%)	93/349 (26.7%)	68/383 (17.8%)	154/387 (39.8%)
Young women (15-18 years) who have a child and follow education	4/6 (66.7%)	7/10 (70%)	0/5 (0%)	0/3 (0%)
Young women (18-24 years) who are economically active outside of the household	294/409 (71.9%)	55/281 (19.6%)	131/315 (41.6%)	19/255 (7.5%)
Young women (18-24 years) who have received any income in the last six months	280/409 (68.5%)	68/281 (24.2%)	143/315 (45.4%)	28/255 (11%)

Table 2 **Summary of qualitative indicators**
Changes observed relative to baseline in knowledge of gate keepers about harms of child marriage and teenage pregnancy There is a general awareness about the harms of child marriage and teenage pregnancy among all gatekeepers, including fathers, mothers and religious and traditional leaders. Community members identify specific harms such as fistula and delivery problems. While the harms of child marriage are known, some also see benefits at the same time, such as economic benefits or preventing pregnancy out of wedlock.
Changes observed relative to baseline in knowledge of gate keepers about harms of female genital mutilation/cutting All gatekeepers know that FGM/C is illegal and are aware that FGM/C is harmful. However, some are not clear on the health consequences of FGM/C and believe that uncircumcised women cannot give birth or have sex prevail. Some uncircumcised women are sharing their testimonies and also some parents are sharing that they have an uncircumcised daughter who had no problem with marriage or giving birth. This is contributing to change these myths.
Changes observed relative to baseline in attitudes and actions of gatekeepers to prevent child marriage and teenage pregnancy More gatekeepers have changed their attitudes towards child marriage and are raising awareness about the harms of child marriage, including mothers and religious leaders. Teachers and a few community members are reporting child marriage cases to the authorities. The police and kebele officials are working to stop arranged child marriage. At the same time, there are corruption cases among health workers and police, some religious leaders are neutral on child marriage and not all community members report child marriage cases to the authorities. A few educated parents start discussing about contraceptives with their children. In Bahir Dar, the awareness on preventing teenage pregnancy seems more focused on abstinence, while in Kewet health workers are providing more information and access to contraceptives. In Kewet, there is also mention of counselling of youth at health centres.
Changes observed relative to baseline in attitudes and actions of gate keepers to prevent female genital mutilation/cutting The majority of the population is aware that FGM/C is prohibited under law. Health workers and teachers are working against the practice and are raising awareness. Most circumcisers have stopped the practice after participating in trainings on awareness raising and income generating alternatives. While FGM/C is perceived to have significantly declined, some mothers and circumcisers have not abandoned it. Community and religious leaders are not taking many actions on FGM/C. Youth actions are more focused on preventing child marriage than FGM/C.
Changes observed relative to baseline in young women and men between 15 and 24 years old who feel they can advocate for themselves Young women and men are gaining decision-making space on their marriage. Young people are more often expressing their rejection and refusal to marriage arrangements, some are also suing parents. More parents are taking their children's preferences into consideration. Youth are more informed on SRHR and can now take more their own decisions on accessing contraceptives. Particularly girls have become more vocal as a result of participation in girls' and schools' clubs activities related to SRHR and their participation as role models.
Changes observed relative to baseline in current access to SRHR information by young women and men aged 15 to 24 years All young people have access to SRHR information, particularly through schools, health centres and NGOs. New peer-to-peer discussions in schools have started, new youth friendly health services also provide information and new manuals on SRHR (Meharabe) have improved youth access to SRHR information. While in rural areas there are also some new SRH services, the SRHR education is more limited to in-school youth. There is a general discrepancy between in- and out-of-school youth in access to SRHR information.
Changes observed relative to baseline in perceived autonomy of young women between 15 and 24 years old Girls are having more access to education as parents are increasingly supporting girls' education. However, employment and economic opportunities are very limited for youth in general, also for girls. Youth clubs have contributed to girls' autonomy in relation to refusing marriage, choosing whom to marry and when, and in accessing contraceptives. In Bahir Dar, some girls are engaged in family business. In Kewet. some girls get credit from district offices and migration is contributing to financial autonomy.
Changes observed relative to baseline in girls indicating safety in and out of school is a problem Safety out of school is a concern particularly for young girls who have to walk long distances to attend secondary education. In school safety was not reported as an issue.
Number of new or adjusted national and local law (incl. bylaws) and policies prohibiting child marriage and female genital mutilation/cutting No evidence was found regarding new or adjusted national or local laws or policies. The efforts have been more focused on raising awareness about the existing law and on enforcing the law through financial punishments in case of child marriage.
Changes observed relative to baseline in policy makers actively/ openly supporting gender equality and girls rights There seems to be general support for gender equality. Policy makers at district level express their motivation to support gender equality. The specific perceptions around gender equality vary, with some being aware of gender inequalities while others affirm there is gender equality. The study has limited evidence on the exact actions and strategies to support gender equality and rights.
Changes observed relative to baseline in active engagement of men and boys in strategies reducing child marriage, teenage pregnancy and female genital mutilation/cutting Males, particularly young males, are aware and positive about the efforts to eliminate child marriage and FGM/C and reduce teenage pregnancy. Young men are actively engaged in new youth clubs (e.g. ECHO) that report child marriage cases and speak up about arranged child marriage. Young males also contribute to facilitate the use of contraceptives and thus preventing pregnancy. Males are less engaged in strategies to reduce FGM/C.

1. INTRODUCTION

1.1. BACKGROUND

1.1.1 CHILD MARRIAGE, TEENAGE PREGNANCY, FEMALE GENITAL MUTILATION/CUTTING AND YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS ETHIOPIA

Child marriage, teenage pregnancy and female genital mutilation/cutting (FGM/C) are interrelated issues which have multi-faceted effects on the social, psychological, and physical wellbeing of young people. Adolescent girls are most affected by the negative consequences of harmful traditional practices such as child marriage and FGM/C, and by teenage pregnancy.

Ethiopia has high rates of child marriage. Approximately 40% of women aged 20-24 were first married or in union before the age of 18, which is higher than the average for Eastern and Southern Africa (35%) and nearly two times the global average (21%) (UNICEF, 2018). According to the 2016 Ethiopian Demographic and Health Survey, the median age at first marriage among women aged 20-49 is 17.5 years at the national level and 16.2 years in the Amhara region (CSA & ICF, 2016). In Ethiopia, child marriage is more common among adolescent girls in rural areas, from the poorest wealth quintile and with lower education levels.

There is evidence of a declining trend in the prevalence of child marriage over the last ten years in Ethiopia. With an average annual rate of reduction of child marriage of 4.2% over the last decade, Ethiopia has seen some of the strongest progress in the world in reducing the practice (UNICEF, 2018). Amhara is one of the regions that has made most progress in the reduction of child marriage in Ethiopia. However, to eliminate child marriage by 2030, progress in Ethiopia needs to be six times faster than that seen over the last ten years (UNICEF, 2018).

Child marriage is related to teenage pregnancy, as women who marry underage are likely to give birth before they turn 20 (Mekonnen, 2018). The fertility rate of Ethiopian adolescents aged 15-19 (79 births per 1,000 women) is lower than the average for Africa (98 per 1,000) but higher that the global average of 46 per 1,000 (CSA & ICF, 2016; UNDESA, 2015). About 13% of Ethiopian young women aged 15-19 have begun childbearing, with the lowest percentages in Addis Ababa (3%) and Amhara (8%) (CSA & ICF, 2016).

In Ethiopia, two out of three women aged 15-49 are circumcised. Cutting and removal of flesh are the most common types of circumcision in the country. In the Amhara region, 62% of women aged 15-49 are circumcised (CSA & ICF, 2016).

In recognition of the magnitude of these three problems, the Ethiopian government, in collaboration with non-governmental organisations (NGOs) and civil society organisations (CSOs), has been taking measures to reduce child marriage, teenage pregnancy and FGM/C. The legal minimum age of marriage in Ethiopia is 18 years, and FGM/C is criminalised and penalised by law. In 2013, the government of Ethiopia launched a National Strategy and Action on Harmful Traditional Practices against Women and Children to combat FGM/C and child marriage. In 2015, a National Alliance to End Child Marriage was established as a response to the commitment made by the Government of Ethiopia at the Girl Summit in July 2014 to end both practices by 2025. In 2019, the Ministry of Women, Children and Youth developed the National Costed Roadmap to End Child Marriage and FGM/C for the period 2020-2024.

1.1.2 YES I DO PROGRAMME AND ACTIVITIES

The Yes I Do programme aimed to contribute to enhancing young women´s decision-making space on whether, when and whom to marry as well as on whether, when and with whom to have children; and protecting them from FGM/C. The programme's theory of change (Annex 1) had five strategic goals:

1. Community members and gatekeepers have changed attitudes and take action to prevent and mitigate the impact of child marriage, FGM/C and teenage pregnancy.
2. Adolescent girls and boys are meaningfully engaged to claim their sexual and reproductive health entitlements.
3. Adolescent girls and boys take informed action on their sexual health.

4. Girls have alternatives beyond child marriage, FGM/C and teenage pregnancy through education and economic empowerment.
5. Policy makers and duty bearers commit to implement laws and/ or policies on child marriage, FGM/C and teenage pregnancy.

The five goals were related to five intervention strategies. The intervention strategies focused on forming a social movement, empowering and meaningfully engaging young people, improving access to information and services, stimulating education and economic empowerment for young women and enhancing evidence-based lobby and advocacy for improved legal and policy frameworks.

Over the past five years, a range of activities and interventions have been implemented by Yes I Do partners in Ethiopia with the aim of achieving the five goals outlined above. These included, but were not limited to, the facilitation of community dialogues to equip community members and gatekeepers with knowledge of the causes and consequences of FGM/C, child marriage and teenage pregnancy, and the assistance of youth groups to increase their engagement with government officials and offices.

The programme has also established networks of gatekeepers and change agents at kebele (lowest administrative unit) and woreda (district) level. These networks link community-level structures such as health development armies, youth groups, health extension workers, Iddirs (types of community-based organisations, CBOs), and parents' groups to each other, as well as connect them with anti harmful traditional practice (HTP) committees. In addition, more than 50,000 young people (both in- and out-of-school) have completed comprehensive sexuality education (CSE) programmes which aimed to equip them with the necessary knowledge, skills, and confidence to claim and improve their SRHR.

To further improve the life skills of young people, girls' clubs were enhanced within schools, with the aim of improving girls' educational environments. This was carried out in conjunction with teacher training to better enable teaching staff to assist students in staying in school. Yes I Do supported those who have already left school to access opportunities for economic empowerment. To further improve the accountability of law enforcement bodies, improvements were made in the coordination between anti-HTP committees and law enforcement structures. Yes I Do partners have also improved the provision of youth-friendly services within government health centres to enable more young people to access sexual and reproductive health (SRH) services such as contraception and testing of HIV and sexually transmited infections (STIs).

In terms of research, two operational studies were conducted to inform the programme. The first focused on gender roles, parenting and young people's future perspectives and the second on child marriage cancelation (Kassegne et al., 2019, Kassegne et al., 2020). Due to the ongoing COVID-19 pandemic, some programme activities were interrupted or adapted during 2020 to reduce the risk of virus transmission.

1.2 AIMS AND OBJECTIVES OF BASE-, MID- AND ENDLINE STUDY

The research component of the Yes I Do programme investigated the interlinkages between child marriage, teenage pregnancy and FGM/C in Ethiopia. Furthermore, it looked at the effectiveness of the intervention strategies described above. In order to find out what works, how and why, and in which circumstances, regarding the prevention or mitigation of the impact of child marriage, teenage pregnancy and FGM/C, mixed method research was conducted at base- and endline, and a qualitative study was conducted at midline.

Overall goal of the study

To provide insight into the (interrelated) causes and effects of child marriage, teenage pregnancy and FGM/C and the extent to which these causes and effects, and the three problems themselves, are present in the intervention areas of the Yes I Do programme, over a period of four years, in Ethiopia. In addition, the research aims to provide insight into different pathways of change, thereby testing the Theory of Change (ToC), and unravel why and how the Yes I Do

interventions strategies do or do not contribute towards improved outcomes related to the five strategic goals, and ultimately a decrease in child marriage, teenage pregnancy and FGM/C.

Specific objectives of the study

1. To explore changes in attitudes of community members and gatekeepers towards child marriage, teenage pregnancy and FGM/C; whether and to what extent they take action to prevent child marriage, teenage pregnancy and FGM/C; and which factors influence this and how over a period of four years in interventions areas in the Amhara region of Ethiopia.
2. To determine changes in the level of meaningful engagement of young women and men in community activities, programmes and policies – thereby claiming their rights – and which factors influence this and how, over a period of four years in intervention areas in the Amhara region of Ethiopia.
3. To explore and analyse whether and to what extent adolescents take informed action on their sexual and reproductive health and which factors influence this and how; over a period of four years in intervention areas in the Amhara region of Ethiopia.
4. To explore and analyse whether and to what extent education and economic empowerment of young women provides them with alternatives beyond child marriage, teenage pregnancy and FGM/C after four years in intervention areas in Amhara region
5. To provide insight into changes in developed and implemented laws and policies on child marriage, teenage pregnancy and FGM/C over a period of four years in the Amhara region of Ethiopia.
6. To contribute to the evidence on effective and context specific intervention strategies to eliminate child marriage and FGM/C and reduce teenage pregnancy.

2. METHODOLOGY

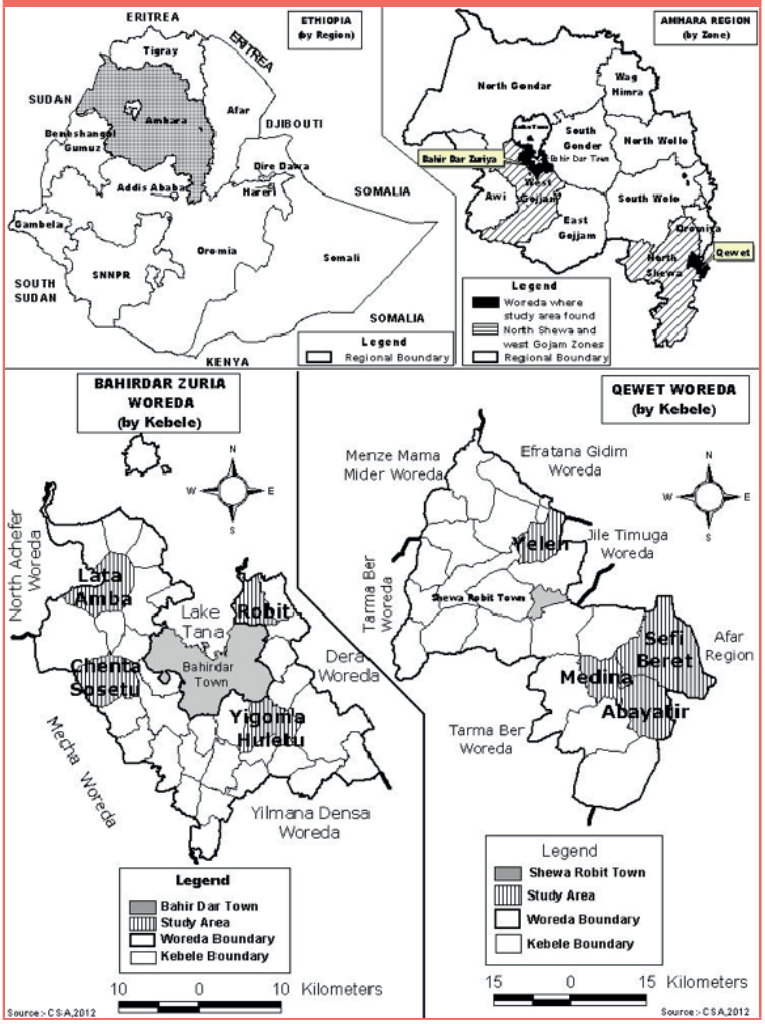
2.1 STUDY TYPE

This study employed a mixed-method approach at base- and endline, integrating both quantitative and qualitative methods. New respondents and participants were recruited at each study stage. The baseline study took place in 2016 (July-August) and the endline research was conducted in October 2020. Halfway through the programme, in June 2018, a qualitative midline study was also conducted.

2.2 STUDY AREAS

The research was conducted in two Yes I Do intervention woredas, both within the Amhara national regional state. These were Bahir Dar Zuria and Kewet (Figure 1).

Figure 1 **Map of study sites**



Bahir Dar Zuria woreda is located in northern West Gojjam zone and has a population of 182,730. The woreda is inhabited entirely by the Amhara people, 98% of whom are Orthodox Tewahido Christians. Farming is the main livelihood and maize, finger millet and teff are the principal crops. The woreda is comprised of 32 rural kebeles, of which ten were intervention areas of the Yes I Do programme[1]. Four of the intervention kebeles of Yes I Do were included in both the base-, mid- and endline study. These were: Robit, Chenta Sostu, Lata Amba and Yigoma Huletu kebeles.

Kewet woreda is located in north eastern North Shewa zone and has a population of 118,381. The Amhara are the predominant ethnic group (96%) with small numbers of Afar (3%) and Argoba (1%) people. Eighty-three percent (83%) practice Orthodox Tewahido Christianity, while 13% are Muslim and 2% are Protestant. Mixed farming, combining crop production (teff, sorghum and masho) and raising of livestock (cattle and goat farming) are the main sources of livelihood. The woreda has 18 kebeles, and all were intervention areas of Yes I Do[2]. Four were selected for the study. These were: Yelen, Medina, Sefeberet and Abayatir.

The kebeles selected in both woredas for the base-, mid- and endline studies were kebeles where all the partners of the Yes I Do Ethiopia alliance were present.

1 The Yes I Do programme was implemented in the following ten kebeles in Bahir Dar Zura: Robit, Chenta Sosetu, Laetanba, Yigoma Huletu, Yigoma Fentela, Wonjeta, Gombat, Yinessa, Wondata and Wegelsa. In three of them – Yinessa, Wondata and Wegelsa – only Amref and DEC were implementing activities with technical support from Taya from the start, and Plan started interventions in 2019.

2 The Yes I Do programme was implemented in all 18 kebeles of Kewet. Five kebeles (Yelen, Abay Atir, Medina, Sefeberet, and Tare) had activities from all the Yes I Do partners. Thirteen kebeles (Kureberet, Bebirna Jegol, Korabita, Jindare, Biribra, Worase, Ashen, Wokifal, Mengistna Wojat, Ayabir, Dras Simet, Dabir, Alelu) had interventions from only Amref and Taya. The inclusion of all kebeles happened gradually throughout the programme. In Mengistna wojed, Worasena qolomiya, Birberrana gelgelo, Deberena jegol and Gimdere, Plan NL and DEC started interventions in 2019.

2.3 STUDY METHODS, SAMPLING AND RECRUITMENT PROCEDURES

2.3.1 QUANTITATIVE COMPONENT

The quantitative component consisted of a household survey with young people aged 15-24. Similar to the baseline, the sample size for the endline was 1,600[3] (70% females and 30% males). The sample population was drawn from eight rural kebeles (four in each woreda). The sample was evenly split between Bahir Dar Zuria and Kewet woredas i.e. 800 respondents each. Within each kebele, surveys were conducted in all villages, with sample sizes proportional to the population of each village. Table 3 details the total sample of female and male respondents at base- and endline for each woreda.

Table 3 **Overview of quantitative component**

Respondents	Baseline			Endline		
	Bahir Dar Zuria	**Kewet**	**Total**	**Bahir Dar Zuria**	**Kewet**	**Total**
Young women (15-24 years)	579 (71.7%)	553 (69.7%)	1,132 (70.7%)	578 (72.4%)	559 (70.7%)	1,137 (71.6%)
Young men (15-24 years)	229 (28.3%)	241 (30.4%)	470 (29.3%)	220 (27.6%)	232 (29.3 (%)	452 (28.5%)
Total	808 (100.0%)	794 (100.0%)	1,602 (100.0%)	798 (100.0%)	791 (100.0 (%)	1,589 (100.0%)

The endline research team made concerted efforts to access remote villages using various means of transportation including walking, Bajaj, and motorbike. This resulted in a more geographically representative quantitative sample than at baseline. For example, in Yelen, endline respondents were randomly selected (proportionally to population size) from all six villages while at baseline all respondents were from Yelen Maekel village.

At end-line, the tablet-based survey was modified to include COVID-19 related questions and then pilot-tested in Bahir Dar Zuria following a training workshop with the research assistants. Comments from this pilot-testing were incorporated, after which the survey was finalised. The pandemic did not have major implications; data collection took place after the state of emergency was lifted and workshops took place online.

2.3.2 QUALITATIVE COMPONENT

Qualitative data were collected using focus group discussions (FGDs), in-depth interviews (IDIs) and key informant interviews (KIIs). Types and number of participants are detailed in Table 4.

3 The sample size calculation at baseline was based on being able to detect a reduction of 10% over the period of five years of the programme in the percentage of women aged 20 to 24 who were married by the age of 18. As according to the 2011 DHS, 41% of young women aged 20 to 24 were married by the age of 18, the following parameters were used for the calculation of the sample size: proportion at baseline 41%, proportion at endline 31%, confidence interval 95% and a power of 80%. On top of that, a male sample was added using a ratio of one male per three females. Finally, as the study used clustered sampling, this female and male sample was multiplied by 1.5 to take into account possible design effects. That led to a sample size of 716 per area so a total of 1,432. However, the study aimed for a total of 1,600 respondents.

Table 4 **Overview of qualitative component**			
Methods and participants	Baseline	Midline	Endline
Focus group discussions			
Young women (15-24 years)	2	4	2
Young men(15-24 years)	3	4	2
Parents or caregivers	1	4	3
In-depth interviews			
Young women (15-24 years)	4	4	4
Young men (15-24 years)	4	4	3
Parents/ care givers	1	4	2
Key informant interviews			
Grandmothers or elderly women	2	-	2
Female circumcisers	-	1	-
Religious and community leaders	2	5	3
Anti-HTP committee members	-	-	2
Teachers	1	2	3
Health workers	1	2	2
Youth organisations (including women and youth leagues)	-	1	3
NGO staff	1	3	2
Government officials (local kebele administration; police; women, children and youth affairs)	1	6	7
Total	23	44	40

2.4 DATA COLLECTION AND ANALYSIS

In each woreda, a research team with female and male research assistant undertook the data collection. Research assistants were selected based on academic background and research experience.

Prior to each round of data collection, researchers from KIT Royal Tropical Institute (KIT) held training sessions with research assistants, focusing on quantitative and qualitative data collection methods as well as various aspects of the research protocol including ethical issues. Data collection for the endline took place from 27th September to 24th October 2020. Research teams were closely supervised by the national researcher who visited both research sites and participated in the collection of qualitative data.

Quantitative data were collected using tablets. After each day, completed questionnaires were uploaded onto the KIT central server which allowed for monitoring of the data collection by KIT researchers based in the Netherlands. The quantitative data were analysed using Stata data analysis software. Data was cleaned and checked for discrepancies before analysis. Descriptive statistics (e.g., frequencies and percentages) were used to describe and analyse the collected demographic and behavioural data. Tables and graphs were used to display survey results. Logistic regression analysis was performed to assess changes over time using a 5% significance level. All models were controlled for school attendance due to the considerable difference in school attendance between the base- and endline samples. A description of the models can be found in Annex 2, including the results of all models (univariable and multivariable) presented with odd ratios (ORs), confidence intervals and p-values.

Qualitative data from FGDs, IDIs and KIIs was collected using a voice recorder. Recordings were transcribed, simultaneously translated into English and checked for data quality. A thematic coding framework based on the main themes under each study objective was developed to code all the transcribed data using NVivo 12. After every round of data collection, analysis workshops attended by KIT researchers, the national researcher and research assistants were conducted. Analysis and report writing were done in a joint and participatory manner. This report only included illustrative quotes from the endline phase of the study. A validation meeting with Yes I Do Ethiopia implementing partners took place on December 21, 2020.

2.5 QUALITY ASSURANCE

All research instruments (questionnaire, qualitative topic guides, consent, and assent forms) were translated into Amharic. They were pre-tested in Bahir Dar Zuria and feedback was incorporated to improve the data collection instruments. Additional quality-enhancing measures were also taken during data collection, with the national researcher and research supervisors closely monitoring data collection activities. Each research team conducted daily evening briefing sessions to discuss issues and to address any concerns identified. Supervisors checked completed questionnaires before uploading them onto the KIT data management centre. Voice-recorded interviews were transcribed by a well-experienced qualitative researcher and were double-checked by the national researcher prior to coding and analysis.

2.6 ETHICAL CONSIDERATIONS

Ethical approval for the study was obtained from the Amhara Public Health Institute. A copy of the ethics letter was carried by the research team. Upon arrival at the respective study sites, each research team submitted the letter to the Women, Children and Youth Affairs Office, which in turn wrote a letter to each of the four kebele administrations requesting their collaboration with the research team. Research assistants were instructed to present a consent/assent form to each respondent/participant to sign. The consent form emphasised that participation was voluntary and that respondents/participants could decline to answer questions (if they wished) and stop the interview at any moment. A confidentiality statement was read out to each study participant before proceeding to the interview. At endline, COVID-19 transmission prevention measures such as social distancing, mask wearing, and hand washing were implemented during interviews.

3. Results

3.1 CHARACTERISTICS OF STUDY POPULATION

Demographic characteristics of survey respondents

The endline sample consisted of 1,589 young people, of whom 72% were young women and 28% young men. As at baseline, male and female respondents were very equally distributed across both woredas (Table 5). Half of the sample came from each woreda at both base- and endline. Overall, there were more respondents in the younger age category of 15-19 years (68.5% at endline) than the 20-24 years category (31.5% at endline). The great majority were Orthodox Tewahido Christians. The majority of the respondents at both base- and endline were unmarried; married respondents accounted for 13% of the sample at endline and 23% at baseline. At both base- and endline, more respondents were married in Bahir Dar Zuria than in Kewet.

The educational status of endline respondents differed from those at baseline[4]. The percentage of respondents who were currently in school was 86% at baseline and 70% at endline. This difference between base- and endline was more pronounced in Kewet (91% compared to 66%) than in Bahir Dar Zuria (81% compared to 75%). At both base- and endline, respondents were more likely to say that their father had received education than their mother, though most respondents at both endline (65%) and baseline (75%) reported their father had received no formal education. The percentage of respondents who stated that they had ever dropped out of school was 52% at baseline and 42% at endline. Respondents in Bahir Dar Zuria were more likely than those in Kewet to report having ever dropped out at school at both baseline (57% compared to 47%, respectively) and endline (46% compared to 37%, respectively). The reasons for school drop-out were very diverse, and included having to support family, not passing exams, domestic responsibilities, and health reasons. At endline, only 2% of the respondents who had dropped out of school reported COVID-19 as the reason.

With respect to employment status, the majority of respondents were unemployed at both study stages (60% at baseline and 77% at endline). Of those who reported being employed[5], the most common form of employment at endline was agriculture (39% of those currently employed in Bahir Dar Zuria and 46% in Kewet); this was also the case at baseline (when 45% reported this in Bahir Dar Zuria compared to 47% in Kewet). Other common forms of employment at base- and endline were household help and petty trading. Therefore, while overall levels of employment have reduced over time, the kinds of jobs reported by respondents who were in employment were similar at both study stages and in both woredas. Of those who had received any income in the past six months (42% at baseline, which reduced to just 25% at endline), the most common source of income in Kewet at endline was their father. This was the second most common source for respondents in Bahir Dar Zuria, while the most common source was income from a temporary job.

In terms of utilities owned, those in Kewet reported access to more utilities within their household (on average Kewet respondents' households owned 3.1 utilities, compared to 2.3 in Bahir Dar Zuria). While almost two third (64%) of households in Kewet owned a smartphone, only one in 12 (8%) of those in Bahir Dar Zuria stated this. Similarly, half (49%) of the surveyed households in Kewet had electricity, while this was the case for less than one in four (23%) of those in Bahir Dar Zuria. Those in Bahir Dar Zuria were more likely than those in Kewet to have household access to a non-smartphone (81% compared to 48%, respectively), and a radio (38% compared to 20%). Around six in ten respondents reported owning a toilet in both Bahir Dar Zuria (57%) and Kewet (59%).

Most respondents had not participated in the Yes I Do programme. At endline, of 798 respondents in Bahir Dar Zuria only 14.5% had participated in the programme. This was twice as many as the 7% of 791 respondents in Kewet who had done so.

4 All statistical models were adjusted for school attendance due to the considerable difference in school attendance between base- and endline.
5 Including being casual-daily labourer, part-time permanent salaried employment, full-time permanent salaried employment, doing contract work, informal trading, or being self-employed.

Table 5 **Demographic characteristics of survey respondents**						
Demographic characteristics	Baseline			Endline		
	Bahir Dar Zuria	**Kewet**	**Total**	**Bahir Dar Zuria**	**Kewet**	**Total**
Gender						
Female	579 (71.7%)	553 (69.7%)	1,132 (70.7%)	578 (72.4%)	559 (70.7%)	1,137 (71.6%)
Male	229 (28.3%)	241 (30.4%)	470 (29.3%)	220 (27.6%)	232 (29.3%)	452 (28.4%)
Age						
15-19 years	459 (57.1%)	552 (69.7%)	1,011 (63.4%)	533 (66.8%)	556 (70.3%)	1,089(68.5%)
20-24 years	345 (42.9%)	240 (30.3%)	585 (36.7%)	265 (33.2%)	235 (29.7%)	500 (31.5%)
Marital status						
Married	211 (26.1%)	158 (19.9%)	369 (23.0%)	124 (15.5%)	88 (11.1%)	212 (13.3%)
Unmarried	597 (73.9%)	636 (80.1%)	1,233 (77.0%)	674 (84.5%)	703 (88.9%)	1,377 (86.7%)
Education (in any form of education)						
In education	655 (81.1%)	722 (90.9%)	1,377 (85.7%)	598 (74.9%)	519 (65.7%)	1,117 (70.3%)
Not in education	153 (18.9%)	72 (9.1%)	225 (14.0%)	200 (25.1%)	271 (34.3%)	471 (29.7%)
Employment status						
Employed	459 (56.8%)	185 (23.3%)	644 (40.2%)	238 (29.8%)	124 (15.7%)	362 (22.8%)
Not employed	349 (43.2%)	609 (76.7%)	958 (59.8%)	560 (70.2%)	667 (84.3%)	1,227 (77.2%)
Participation in the Yes I Do programme						
Yes	n/a	n/a	n/a	116 (14.5%)	57 (7.2%)	173 (10.9%)
Total	**808 (100%)**	**794 (100%)**	**1,602 (100%)**	**798 (100%)**	**791 (100%)**	**1,589 (100%)**

When asked to indicate the person principally responsible for financial decision-making in their household, base- and endline respondents from both woredas were most likely to report fathers (more than half of all respondents), followed by mothers (around 20% in each woreda). Respondents were also asked what sources of media they used in an average week. The most common response at endline in Bahar Dar Zuria was the radio (65%) while in Kewet respondents reported a more diverse range of media sources, such as television (35%), the internet (34%), and SMS messaging (26%). This was similar to the pattern of responses at baseline in Bahir Dar Zuria, while in Kewet there have been large increases in reported internet and SMS messaging use (both just 6% at baseline), and reductions in radio usage (from 62% at baseline to 17%).

Overall, respondents in Kewet (at both study stages) were younger, and were more religiously diverse than those in Bahir Dar Zuria at endline. Endline respondents in Kewet were also less likely to have dropped out of school and be married compared to those in Bahir Dar Zuria and were more likely to have educated mothers and access to utilities such as electricity and smartphones. Respondents in Bahir Dar Zuria were more likely to state that they themselves were the main household financial decision makers.

Characteristics of participants in the qualitative research component

The study also included qualitative interviews conducted with a diverse range of participants. Young women and men, mothers and fathers from the eight kebeles were talked to. Key informants included women and youth groups, kebele officials, health extension workers, teachers, religious and local leaders, the women, children and youth affairs office, anti-HTP committee members, and NGO staff. A conscious effort was made to ensure a balanced representation of both sexes, various age groups, different social positions, government and NGO sectors.

3.2 COMMUNITY CONTEXT AND MOBILISATION

3.2.1 SOCIAL AND CULTURAL BELIEFS AND NORMS

The social and cultural norms and beliefs around marriage and childbirth, including gender roles and norms, were largely similar in Bahir Dar Zuria and Kewet. Males were generally accepted as the main decision makers within families in relation to income, marriage and education. Participants argued that even where women were involved in decision-making (e.g. selling small ruminants and crops), husbands usually hold ultimate authority. The following quotes illustrate these norms:

> *"Women usually take their husband as a leader and advisor. She consults her husband for everything and acts as he said. She asks money from him. People like me ask money from their mother. Their mother is dependent on her husband and asks money from him. So, in general, men are the decision makers."* (IDI, young woman, Yigoma Huletu, Bahir Dar Zuria)

> *"Even if they consult their wife, they won't accept their wife's advice. All family members discuss about the issue, but the decision is left for the father. One out of hundred women decides together with her husband."* (KII, women representative, Robit, Bahir Dar Zuria)

Participants' accounts illustrate gender inequalities related to the division of work. In general, women were expected to take on multiple roles and types of task. In addition to taking on sole responsibility for household chores like cooking, cleaning, and caring, women were also expected to support their spouses when needed in outdoor activities such as farming. In both woredas, as with mothers, young women were expected to undertake multiple duties. 'Good girls' were expected to be obedient and helpful to their parents and take on domestic responsibilities. The following quotes from a mother and a health extension worker illustrate the disparity in gender roles:

> *"Men are equipped with tasks outside the house. On the other side, the woman is expected to work 24 hours. She has lots of burdens. Even if the girl is engaged in a task outside the house, she is still expected to do the household chores. Women's task is very hard. It starts from birth giving and raising a child. When the baby cries, he [the husband] even says 'your child is crying', he doesn't say 'mine.'"* (IDI, mother, Abayatir, Kewet)

> *"Girls have too many responsibilities. She is responsible for taking care of her siblings and fetching water. On the other hand, boys are expected to work in the farm or take care of the cattle. There are times when girls miss class to work the household chore. There is a trend of assuming girls to be inferior to boys."* (KII, health extension worker, Robit, Bahir Dar Zuria)

A few key informants argued that young women were expected to marry and have children in order to satisfy their parents and relatives. While young women were more commonly expected to accept marriage proposals, boys appeared to have more freedom regarding marriage. One youth representative stated that the community characterised good girls as those who accepted proposed marriages:

> *"A girl would be considered as good if she respects her family and is responsible for the tasks given to her. She would also be considered as good if she accepts and gets married to the husband brought by her families."* (IDI, youth representative, Sefiberet, Kewet)

Participants had different views on gender equality in their communities. Some argued that educated families were more likely to support gender equality than families with less formal education or high levels of illiteracy. Others seemed to suggest that gender equality was important even if they did not implement it in their daily life.

At the same time, the qualitative data provide indications of general changes in the social, cultural and gender norms. Participants argued that unlike in the past, young women were having more autonomy over marriage and childbearing. The belief that the main social role of young women related to marriage and fertility seemed to have gradually receded. Expansion of education appeared to be a main factor in young people's aspirations and parents'

cultural expectations. Young participants argued that instead of valuing marriage and childbearing at a young age, young women preferred to either pursue education or employment with the aim of generating their own income in order to improve their futures. Also, adult participants stated that unlike in the past, young women were more encouraged and supported to pursue their own activities rather than marrying at a very young age. The following quote elaborates changes in relation to attitudes towards young women's roles, marriage and education:

> *"Now, equality is more practiced. Previously, girls used to be at home and boys were allowed to go out. Previously, when a girl turned 13, parents thought that their girl would be spoiled. They rather wanted her to get married and give birth so that they would see their grandchildren. Now, every parent wants to send their kids to school. Now, boys started sharing women's burden. Boys started helping girls even in water fetching and cooking."* (KII, kebele official, Yigoma Huletu, Bahir Dar Zuria)

Participants underscored improvements in women's involvement and decision-making in relation to income, education and marriage in recent years. Mothers who participated in FGDs agreed that unlike in previous years, they now felt more equal to their husbands in terms of decisions relating to property and finances. Mothers stated that fathers had started to not only consult them about expenses but also to give them money for household spending and depositing. They attributed these changes to the concerted efforts of governmental as well as non-governmental organisations in the areas of training and women's empowerment.

> *"Previously, if someone wanted to borrow any equipment from us, we would say 'Ask my husband'. We don't believe that we own half of the property. We used to consider ourselves as inferior. Now, such things are being changed; Plan International is helping us in areas of training and empowerment. The organisation is reducing women's burden."* (KII, women representative, Robit, Bahir Dar Zuria)

Participants further reported small changes in the gender division of labour with males increasingly engaging in domestic work. According to teachers this was more common among educated males who were engaged in tasks such as child care and going to the market. A member of a committee against harmful traditional practices argued that though this had only started to change it was key to promoting gender equality in the community. A kebele chairperson described the change as follows:

> *"Males' involvement is increasing. Some of them help their sisters by fetching water. If he is strong, he would also cook... Previously, domestic chores like cooking and baking were thought to be girls' responsibility. Both men and women started working together. Women also started participating in the farm."*
> (KII, kebele official, Medina, Kewet)

Despite these promising changes in norms, most participants emphasised the need for more work. A kebele manager stressed that effecting change in gender norms was difficult due to the rigid cultural context of the community.

3.2.2 ROLES OF GATEKEEPERS

In both Bahir Dar Zuria and Kewet, changes were reported in the knowledge and attitudes of community leaders, parents, and religious leaders regarding child marriage and FGM/C. Study participants described how religious leaders not only changed their own attitudes towards child marriage but were raising awareness about the harms of harmful traditional practices (child marriage and FGM/C). As shown in previous studies, religious leaders and community figures subscribed to various myths in relation to the positions of their respective religions on child marriage and FGM/C. For example, mothers who participated in FGDs mentioned that Muslims used to think that being uncircumcised was 'something evil'. This myth was later rejected by religious leaders, who highlighted that the Quran contains no passages endorsing FGM/C. In relation to child marriage, as the following quote illustrates, a religious leaders argued it was against the bible.

> *"We preach. The bible doesn't have any verse for the age of marriage. It says Eve was created as a 15 year old woman. It doesn't say she got married at 15. She lived seven years with Adam in heaven."*
> (KII, religious leader, Sefiberet)

Mothers claimed that Protestant girls are not able to get married unless they bring age estimation certificates and letters of consent to the church for approval.

> *"Traditional leaders teach about the harms of FGM/C and child marriage in any stage. Religious leaders also teach in churches. There is no one with such attitude. Previously, elders used to think that a girl would get pregnant after she turned 15. So, they prefer to marry her off. Now, such kinds of things are changed. No one stands against us when we teach them not to marry off their children. Everyone understands that."* (KII, police officer, Latamba, Bahir Dar Zuria)

Similar to the midline, a few participants also stressed the negative role of some conservative traditional leaders in relation to SRHR issues. More positively, Yes I Do field staff asserted that in addition to condemning underage marriage, religious and community leaders have started to report child marriage and FGM/C cases to woreda officials to encourage them to take action. In relation to the conflicting role of religious and traditional leaders, Yes I Do field staff said the following:

> *"We give them trainings, but they are the one who ask the girl and even bless the marriage. On the other hand, since they are influential, they also have a great role on the declining rate of harmful traditional practices including child marriage and FGM/C."* (KII, Yes I Do field staff)

Health extension workers suggested that anti-HTP committees, established and supported by Yes I Do, were decisive in shaping the attitudes of community members. A chairman of an Iddir was an active member of the committee that reports child marriage cases to the committee. An anti-HTP committee member stated that, with the support of Yes I Do, the committee has provided training to community elders, including those who used to circumcise girls and negotiate child marriages. According to one teacher the Iddir has sued parents who marry off their underage children, using a local bylaw-like agreement. A youth representative described the role of one CBO in preventing child marriage and FGM/C:

> *"Yes I Do trained ten people, in which four of them were from youth, the rest four were from change force and two of them were from Iddir. There is monthly meeting in Iddir. The Iddir's chairperson got training by Yes I Do. There is a bylaw that suspends a member who evolves in child marriage."*
> (KII, youth representative, Yigoma Huletu, Bahir Dar Zuria)

Iddir groups played an important role in raising awareness about the harms of FGM/C and child marriage within the general population. Mothers who participated in this study argued that they now have improved understandings of the harms of child marriage and FGM/C. They affirmed that they no longer wanted to practice these harmful traditional practices. Similarly, some fathers who participated in an FGD admitted that child marriages they facilitated were harmful to their daughters and caused health complications. The women's development army reportedly provide education on the effects of child marriage and FGM/C. In explaining the role of mothers' groups, a member of one group said the following:

> *"Uncircumcised women are teaching that they are fine, and this attitude is being changed. We teach about women and children. I am also a leader. We took training about women and children. We meet every two weeks and learn about harmful traditional practices. We teach about the effects of FGM/C and early marriage. The developmental team is working a lot on harmful traditional practices. We even go up to police officers."* (FGD, mothers, Yelen, Kewet)

Health workers and teachers were commonly discussed as stakeholders who work to combat child marriage, teenage pregnancy and FGM/C. Teachers were mentioned as key actors taking action when identifying cases of planned child marriages and supporting young people in doing so. Teachers and health extension workers were reported to play an important role in creating awareness of the negative effects of child marriage and FGM/C. Participants reported that health extension workers not only worked on child marriage and FGM/C prevention, but also participated in anti-HTP committees that report cases to relevant authorities. Boys and girls asserted that health extension workers were the main providers of education on sexual and reproductive health and harmful traditional practices in rural

communities. Compared to other government personnel, health extension workers were recognised as better able to reach remote villages. A Women, Children and Youth Affairs Office representative noted that post-natal supervisions conducted by health extension workers, usually held a week after giving birth, were important in halting the practice of FGM/C.

3.3 YOUTH ENGAGEMENT

3.3.1 YOUTH AUTONOMY, ENGAGEMENT AND EMPOWERMENT

Similar to the baseline, the qualitative component at endline found that many young people felt more comfortable expressing themselves with their peers compared to other stakeholders. Overall, they were more likely to discuss personal issues such as relationships with friends rather than with relatives. Having said this, the qualitative narratives do suggest some changes over time. Young people appear better able and confident to express themselves to their parents, and there is increased space for young people to participate and make contributions in community meetings. In the words of one FGD participant:

> *"Unlike the previous time, there are meetings held for both youth and elders. Previously, kids neither left their bedroom nor attended meeting with their parents."*
> (FGD, mothers, Yelen, Kewet)

In relation to decision-making, young people's levels of autonomy differed depending on their family environment, the issue being discussed, as well as whether the young person was in- or out-of-school. Topics such as education, work choices and marriage were mentioned as areas of life in which some young people felt that they could make decisions, though parents often had the final say. In the words of a male participant:

> *"Decision-making power depends on the issue. For example, if parents want to marry off their children, and if the kids resist, the marriage can be cancelled. On the other hand, some are forced to get married."*
> (FGD, young men, Yigoma Huletu, Bahir Dar Zuria)

In general, compared to the baseline, study participants were more confident about deciding and advocating for themselves. Particularly in relation to marriage, female and male participants indicated that decision-making space had enlarged for young people. Young people more commonly expressed rejection of marriage and more parents reportedly took their children's preferences into consideration. Some participants expressed that they had autonomy to decide whether and when to marry.

> *"Yes, they [young people] can decide. If a friend is about to get married, she would consult to her friends. If she doesn't want to get married, she has the right to reject it. Now, parents get modernised and don't marry off their child without their will. As I told you, I live with my grandmother and she gave me to a husband when I was a 7th grade student. I rejected the marriage and she accepted my decision."*
> (IDI, young woman, Yelen, Kewet)

Youth clubs and participation in Yes I Do activities

The endline qualitative narratives reveal that new youth clubs, particularly in Kewet, played an important role in encouraging and helping young people to advocate for their sexual and reproductive health and rights. Some of these clubs, namely groups of the Ethiopian Youth Council for Higher Opportunities (ECHO) and school/girls clubs were also part of Yes I Do. According to study participants, young women have become more vocal as a result of their participation and engagement in youth clubs. Study participants referred to various clubs, mainly school and SRHR clubs but also others such as a theatre youth club, a football club and a youth club for women. The activities of these youth clubs included providing support to young women who were forced into marriage, discussing and raising awareness on SRHR topics such as forced marriage, menstrual health, HIV or FGM/C, and providing SRH supplies such as condoms and sanitary napkins. A benefit of the clubs expressed by various participants was that they also worked with parents and elders to change and challenge norms.

Table 6 **Ease of talking about sexuality and marriage with parents**				
Young people who find it easy to talk to their parents about sexuality and marriage	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Young women (15-24 years)	158/579 (27.3%)	124/553 (22.4%)	118/578 (20.6%)	254/559 (45.4%)
Young men (15-24 years)	79/229 (34.5%)	78/241 (32.4%)	64/220 (29.1%)	98/232 (42.2%)
Total	237/808 (29.3%)	202/794 (25.4%)	183/798 (22.9%)	352/791 (44.5%)

The Yes I Do programme also set some youth clubs and organised activities with these youth clubs. In Kewet, youth clubs were the Yes I Do activity in which most respondents had participated. Eleven percent (11%) of all endline respondents had participated in Yes I Do activities (12% of the females and 9% of the males, with much higher participation in Bahir Dar Zuria for both genders). Of those 11%, half (50%) had participated in medical camps, 43% in youth clubs and 28% in community dialogues. However, there were differences between Bahir Dar Zuria and Kewet. In Kewet, respondents who had participated in Yes I Do activities most commonly reported participating in youth clubs (74%), followed by medical camps (54%). In Bahir Dar Zuria, medical camps were the most reported (48%) followed by community dialogues (33%) and youth clubs (27%). Furthermore, the majority of the respondents who had participated in youth clubs reported those activities as beneficial (100% in Kewet and 96% in Bahir Dar). Respondents who did not participate in Yes I Do activities were asked the reasons for this. The most common answers were that the respondent did not know about activities (42%), and that the activities took place during school hours (20%).

3.3.2 DISCUSSING SENSITIVE ISSUES AND INTER-GENERATIONAL COMMUNICATION

Similar to what was found at baseline, the endline results indicate a large inter-generational gap in communication between most young people and elders. Overall, most young people shared that they would not discuss sensitive issues with elders and reasons given for this included young people finding elders to be judgmental, to have outdated attitudes, and because of social norms. One young person shared that:

> *"Young people communicate with the young. So does the elders. Youth-elders communication is not common."* (FGD, young men, Abayatir, Kewet)

This inter-generational communication gap was reportedly related to social norms whereby youth are not expected to speak when they are among their elders. At the same time, the endline narratives suggest a narrowing inter-generational communication gap between young people and their parents over time. A growing number of young people said that they felt they could go to their parents to discuss personal issues. One young participant from Kewet and a key informant from Bahir Dar Zuria shared the following:

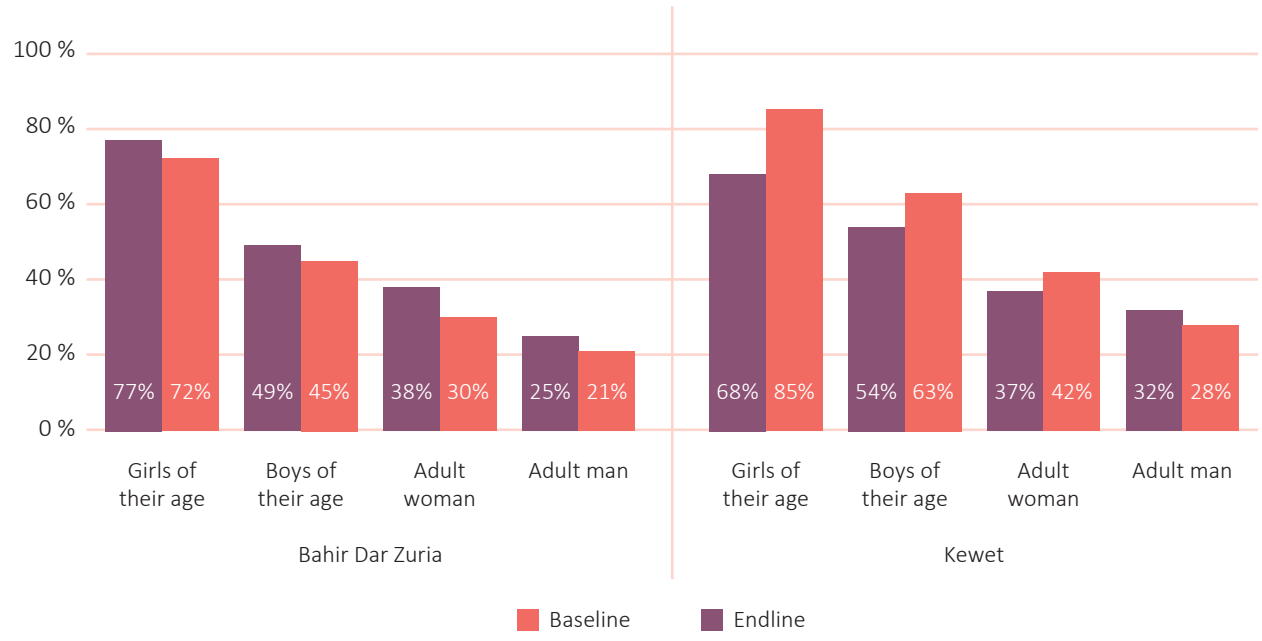
> *"They [young people] can discuss. I freely discuss everything with my mother. Since she has experienced everything, she would encourage me if I did something good."*
> (IDI, young woman, Yelen, Kewet)

> *"It depends on the family. Some share issues with their families and others don't…*
> *in general, I can say we are experiencing change. Children at least started reflecting their ideas."*
> (KII, kebele official, Bahir Dar Zuria)

For young women who mentioned speaking with parents about the topics of marriage and sexuality, the parent most often mentioned was their mother. However, it is clear from the results that for parents, obedience and respect were attributes highly valued and as a result the majority of young people agreed that they would go to their friends for advice and to discuss sensitive issues. Parents and elders suggested that young people are often hesitant to discuss sensitive topics with them, and parents, particularly mothers, expressed that they would like their children to be more open with them.

These narratives are partially supported by findings from the quantitative component of the endline study which show that while topics such as sexuality and marriage were not easily discussed with parents, this is something that has become easier for respondents in Kewet (Table 6). In Kewet, there was a statistically significant increase over

Figure 2 **Confidence in discussing gender equality and girls' rights**



time in the percentage of young people who reported that they found it easy to talk to their parents about marriage and sexuality (OR= 2.47, p-value<0.001). At baseline, 22% of the young women and 32% of the young men reported finding this easy compared to 45% of the young women and 42% of the young men at endline.

Conversely, in Bahir Dar Zuria there was a statistically significant decrease over time in the percentage of young people who reported that they found it easy to talk to their parents about marriage and sexuality (OR= 0.72, p-value<0.01). At baseline, 27% of the young women and 35% of the young men in Bahir Dar Zuria said that they find it easy to talk to their parents about marriage and sexuality compared to 21% and 29% respectively in Bahir Dar Zuria at endline. The study did not find enough evidence to explain this decrease.

Furthermore, respondents were asked about whether they felt confident discussing gender equality and girls' rights with girls their age, boys their age, adult women, and adult men. In both woredas, respondents felt the least confident discussing these topics with adult men. With regards to discussing gender equality and girls' rights with girls of their age, boys of their age and adult women, the trends were different in each woreda (Figure 2).

In Kewet, there were statistically significant increases in the percentages of young people who reported feeling confident discussing gender equality and girls' rights with girls of their own age (OR= 3.27, p-value<0.001), with boys of their own age (OR=1.51, p-value<0.001) and with adult women (OR= 1.27, p-value<0.05). In Bahir Dar Zuria, there was a large statistically significant increase (from 55% to 91% at endline) in the percentage of males who felt confident to discuss gender equality and girls' rights with girls of their own age (OR= 13.89, p-value<0.001) (not shown in the figure).

3.4 YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE, BEHAVIOUR, INFORMATION ACCESS AND SERVICE UTILIZATION

3.4.1 YOUNG PEOPLE'S ISSUES FACED, DISCUSSIONS AND WORRIES REGARDING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The qualitative data reveal that young people faced different SRH challenges. Some of the challenges referred to by participants included unintended pregnancy, sexually transmitted diseases, fistula, unsafe abortion, infibulations, HIV, stigmatisation, school drop-out, psychological problems, rape, and suicide. This narrative from a participant in Bahir Dar Zuria illustrates some of the challenges related to a teenage pregnancy out of wedlock:

Table 7 **Youth having someone at home to talk to about their feelings, hopes or worries**				
Youth who have someone at home with whom they can talk to about feelings, hopes or worries	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Young women (15-24 years)	408/579 (70.5%)	221/553 (40%)	383/578 (68%)	438/559 (78.4%)
Boys and young men (15-24 years)	131/229 (57.2%)	120/241 (49.8%)	76/220 (34.6%)	100/232 (43.1%)
Total	539/808 (66.7%)	341/794 (50%)	469/798 (58.8%)	538/791 (68%)

> *"If she is not married and if the guy is unwilling to help her, she would commit suicide. If she is married and gets support from both her parents and her husband, she might get fistula. She might even die. Since she is young, she might not even give birth to a healthy child. She would also drop out of school. She might also be inferior."* (IDI, young woman, Chenta Sosetu, Bahir Dar Zuria)

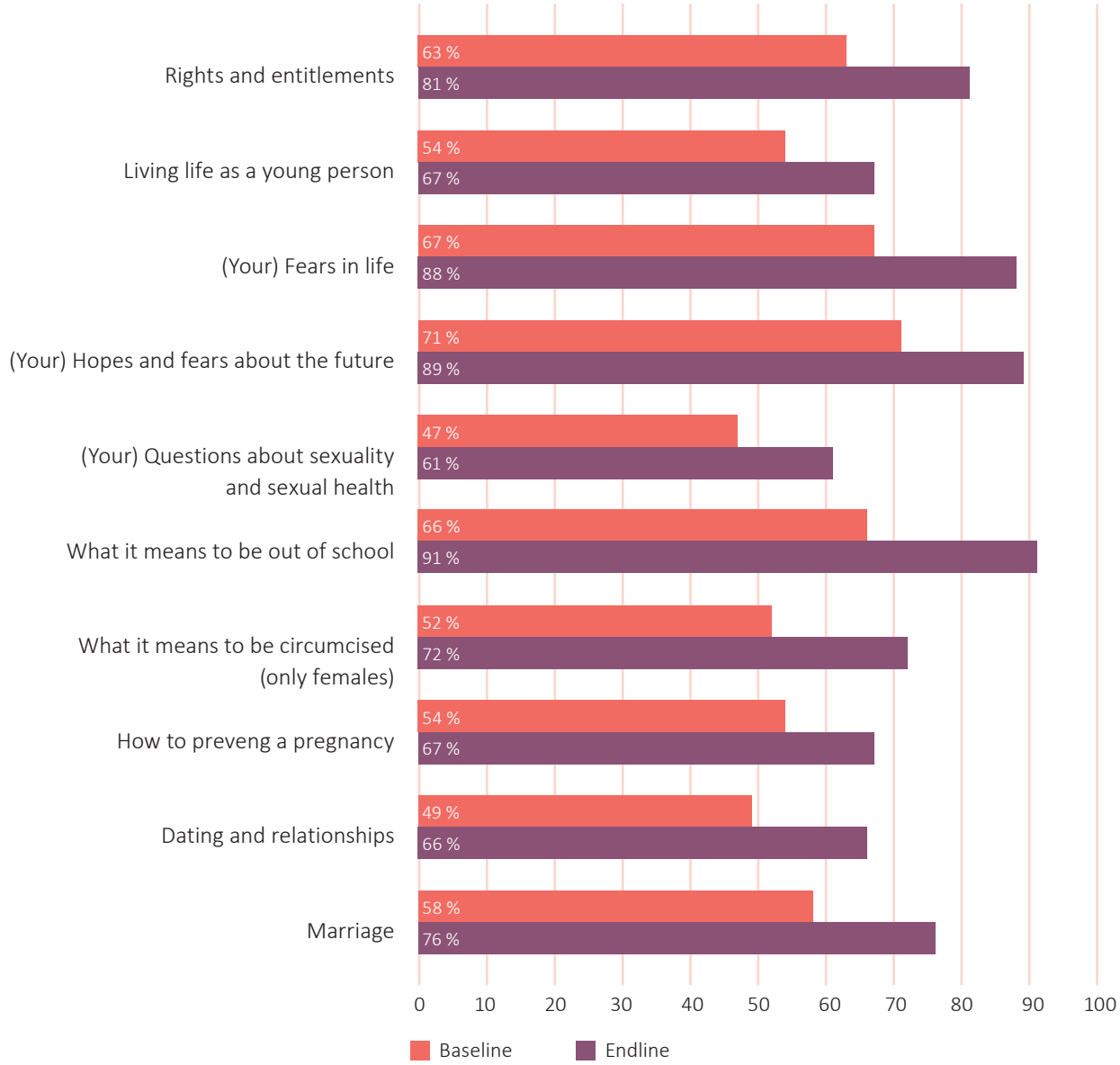
As at baseline, more than half of all respondents reported having someone at home with whom to talk about their feelings or worries. In Bahir Dar Zuria, the percentage of young people who reported this significantly declined from 67% at baseline to 59% at endline (OR=0.71, p-value<0.01). Conversely, a statistically significant increase from 50% at baseline to 68% at endline was observed in Kewet (OR= 2.82, p-value<0.001) (Table 7). Among girls and young women, the percentage who had someone at home with whom they could talk about their feelings, hopes or worries declined from 70.5% to 68% in Bahir Dar Zuria, while in Kewet it increased from 40% to 78%. The increase in Kewet was statistically significant (OR=5.43, p-value<0.001) but the decline in Bahir Dar Zuria was not (OR=0.89, p-value>0.05). As for boys and young men, the percentages of those who reported having someone at home with whom they can talk about their feelings, hopes or worries were lower at endline than baseline for both woredas (Table &), but the decline was statistically significant only in Bahir Dar Zuria (OR=0.32, p-value<0.001) and not in Kewet (OR=0.76, p-value=0.145). The qualitative data do not provide specific insights to explain the decline in Bahir Dar Zuria.

As at baseline, in both woredas at endline, the most commonly reported person at home with whom female and male respondents could talk about their feelings, hopes or worries was the mother (43% at baseline and 50% at endline). Respondents were also asked which topics they had ever discussed with family and/or friends. Data show an increase in the percentage of youth who reported having discussed the different topics, including SRHR-related topics (Figure 3). The percentage of youth in Kewet who had ever discussed marriage increased from 46% at baseline to 85% at endline while in Bahir Dar it remained largely the same (60% at baseline and 65% at endline). The percentage also increased from 49% to 66% for the topic on dating and relationships, and from 47% to 61% for questions on sexuality and sexual health (Figure 3). These increases were also more pronounced in Kewet than in Bahir Dar.

As shown in Table 8, the topics which young people most commonly reported worrying about in both woredas were not finishing school, early pregnancy and early marriage. In Kewet, the percentages of young people who reported worrying about these topics were higher at endline than at baseline. This could be related to increased awareness.

Table 8 **Topics which most youth worried about**				
Percentage of young people who say that they worry about:	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Early pregnancy	517 (64%)	293 (57%)	421 (52.8%)	651 (82.3%)
Early marriage	496 (61.4%)	368 (46.35%)	327 (41%)	637 (80.5%)
Not finishing school	535 (66.2%)	435 (54.8%)	477 (59.8%)	671 (84.9%)
To be worth a bride price only	381 (65.8%)	83 (15%)	219 (27.4%)	444(56.1%)
To not decide for myself who to date	363 (44.9%)	283(35.6%)	224(28.1%)	591 (74.7%)
To be denied contraceptives	376 (46.5%)	247 (31.1%)	156(19.5%)	546 (69%)

Figure 3 **Topics ever discussed with family and/or friends** (Bahir Dar Zuria and Kewet together)



3.4.2 SEXUAL BEHAVIOUR

Data from Bahir Dar Zuria (Table 9) show that the percentage of young women who had ever engaged in sexual activity was 33% compared to 32% who had ever had penetrative sexual intercourse. Twenty-two percent (22%) and 12% of the male participants had engaged in sexual activity and sexual intercourse, respectively. In Kewet, the percentages of young women and men who had engaged in sexual activity or intercourse were lower than in Bahir Dar Zuria. These results suggest that most respondents had not engaged in sexual activity or intercourse.

The quantitative data in Table 10 show that the average age at which young women started engaging in both sexual activity and sexual intercourse was 17 years, compared to an average age of 19 years for young men. The qualitative data substantiate these findings:

> *"Mostly the youths start having sex when they join high school at the age of 17. The youths start to do everything they need when they get in 11th grade at Shewarobit. Since the school is far from their house, they can do anything they like."* (FGD, young women, Abayatir, Kewet)

Table 9 **Engagement in sexual activity and intercourse at endline**			
		End-line	
		Sexual activity (petting, kissing etc.)	**Sexual intercourse (penetrative)**
Bahir Dar Zuria	Young women (15-24 years)	190/578 (32.9%)	187/578 (32.4%)
	Young men (15-24 years)	33/220 (22.4%)	27/220 (12.3%)
	Total	223/798 (27.9%)	214/798 (26.8%)
Kewet	Young women (15-24 years)	125/559 (22.4%)	121/559 (21.7%)
	Young men (15-24 years)	52/232 (22.4%)	47/232 (20.3%)
	Total	177/791 (22.4%)	168/791 (21.2%)
Total		400/1,589 (25.2%)	382/1,589 (24%)

Table 10 **Average age of sexual activity and intercourse at endline**		
	End-line	
	Sexual activity	**Sexual intercourse**
Young women (15-24 years)	17	17
Young men (15-24 years)	19	19
Total	18	18

The qualitative data suggest that the reasons why young people engaged in sexual activity were multiple and diverse. Study participants referred to peer pressure, sexual desire, the advent of puberty, lack of SRHR information, money, rape, addiction, media influence, lack of parental supervision, and migration. The explanations were diverse. An NGO staff member explained:

> *"They [young people] are different from our generation. They show they bodies. Their clothing increases sexual feeling. The boys are engaged in different sport activities and their chest is attractive. Besides their body change, there is also peer pressure. I classify the reasons into two. The first one is internal pressure and the second one is external pressure. Internal pressure means their sexual desire. I don't know why, but the current generation starts to have sexual feelings at an early age. It might be due to the food they eat. Youth at low land areas are exposed to such feeling. On the other hand, external feeling is peer pressure."*
> (KII, NGO staff, Shewarobit, Kewet)

Figure 4 shows that 14% of the young women in Bahir Dar Zuria had ever had a girl/boyfriend compared to 9% of the young men. In Kewet, the percentage of young men and women who ever had a girl/boyfriend was 16% and 38%, respectively. This suggests that the percentage of young women who ever had a girl/boyfriend in Bahir Dar Zuria was slightly higher than the percentage of young men, while in Kewet, more young men had ever had a girl/boyfriend than young women.

The percentages of young people who stated that they can decide for themselves whom to date have remained largely the same over time and were higher in Kewet and among young men (Figure 5).

The survey aimed to gain some insights into physical and sexual violence. The findings suggest that the majority of married respondents were not experiencing physical violence from their spouses, nor was it common for unmarried youth to experience sexual harassment, particularly for young men. More specifically, the majority of the surveyed single young people said they had never experienced sexual harassment (89%), a similar percentage at base- and endline. At both base- and endline, all those that had ever experienced sexual harassment were young women.

Figure 4 **Youth who have ever had a girl/boyfriend at endline**

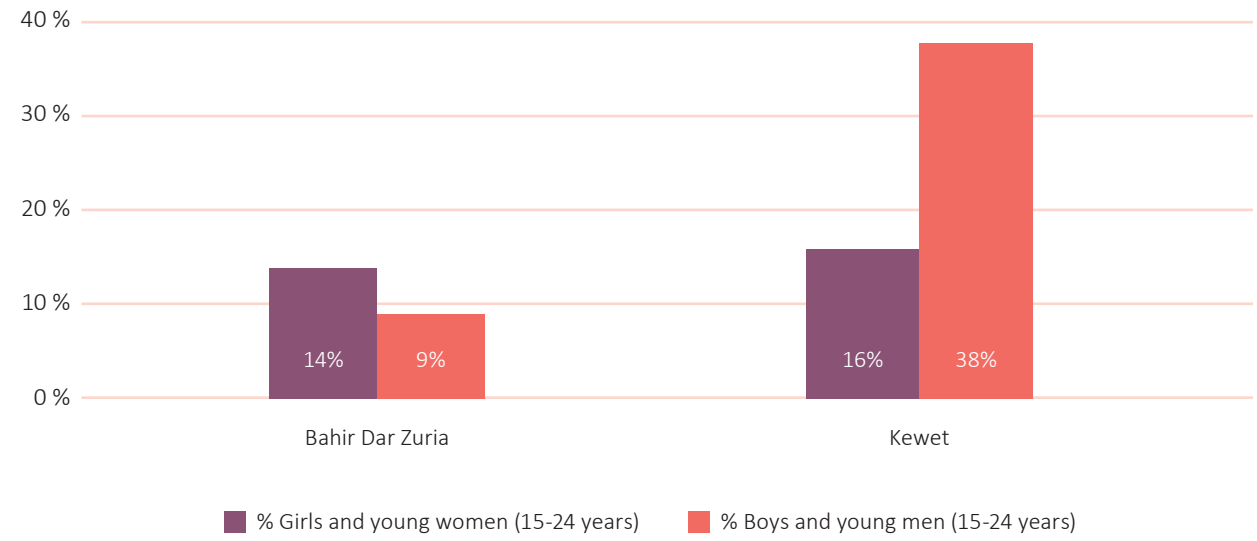
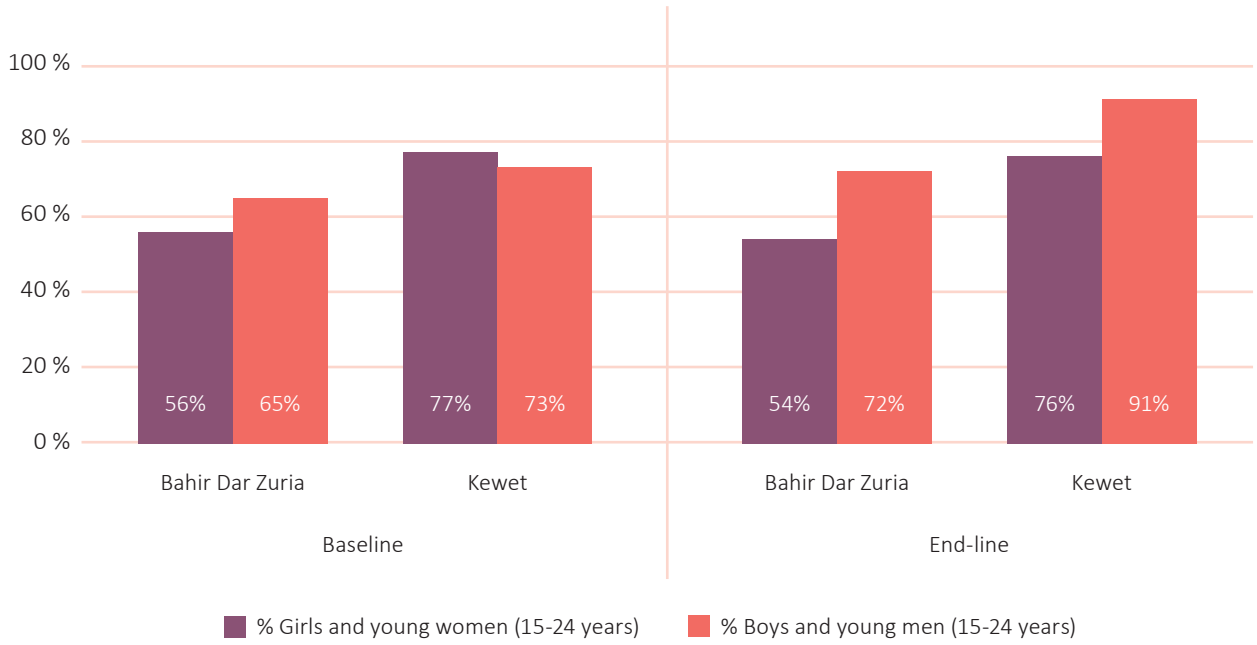


Figure 5 **Youth who can decide for themselves whom to date**

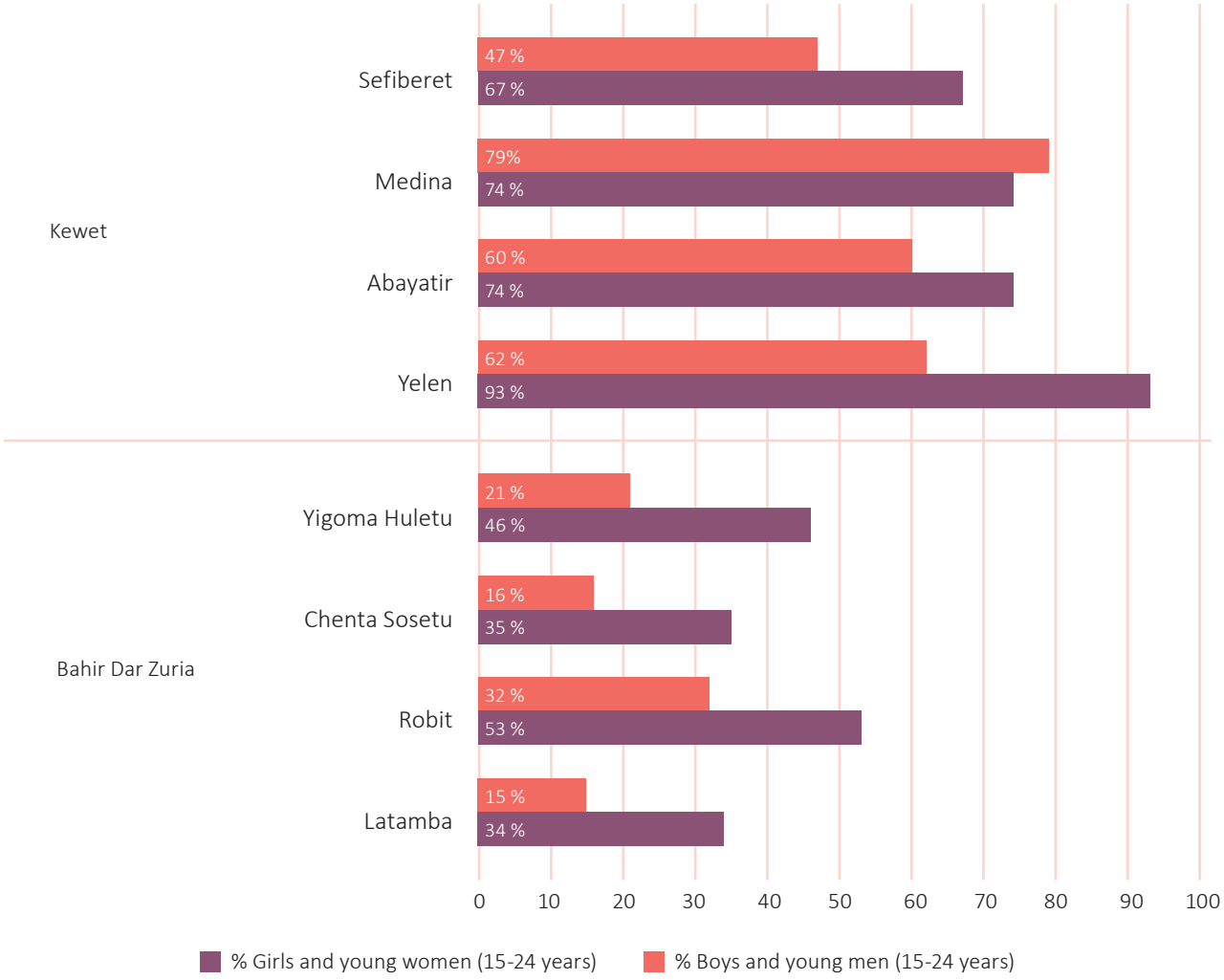


Similar results were found for married respondents. At endline, married respondents were asked if their partners had ever physically hurt or hit them and the majority reported that they had never experienced this (88%). All those who had been ever physically hurt or hit were young women. More specifically, 7% of the married young women said they had rarely been physically hurt or hit and 2% said this happened frequently.

3.4.3 INFORMATION AND EDUCATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Similar to the baseline, participants' accounts reveal that young people in Kewet and Bahir Dar Zuria received SRHR information from multiple sources including schools, health centres, youth associations or clubs, and the media. New (school) youth clubs, youth-friendly services and manuals on SRHR (Meharebe) had improved young people's access to SRHR information. The Yes I Do programme was also a new source of information on SRHR that had not been reported at baseline. In the words of a female university student:

Figure 6 **Youth who have ever received education about sexuality and sexual health at endline**



> *"Youth, who are our age, get such information from clubs. Those who are above us get the information from women support [association]. Those who are below our age get education from school. The youth also get information from health centres. I personally get information from clubs. We have weekly meetings and we always discuss about sexual reproductive health."* (IDI, young woman, Yelen, Kewet)

Qualitative narratives as well as quantitative data (see Table 11) reveal that schools remained, as at baseline, the most common source of information about SRHR for young people (both females and males) in all areas. In more rural areas within Bahir Dar Zuria, some participants stated that schools were the only source of SRHR information for young people.

> *"We used to learn in schools. Other than teachers in schools, I have never seen anyone teaching about sexual reproductive health."* (IDI, young woman, Yigoma Huletu, Bahir Dar Zuria)

However, not all young people had received sexuality education at endline . The percentage of young people who had ever received sexuality education was lower in Bahir Dar Zuria than in Kewet, and lower among males than among females. The lowest percentage was for boys and young men in Latamba (15%) and the highest for young women in Yelen (93%) (Figure 6)

6 The interpretation of the term ´sexuality education´, e.g. more formal education versus more related to information access could have influenced the responses.

Common and preferred sources of information

At endline, schools and not health centres were the preferred sources of information among females and males from both areas. At baseline, although schools were also the most common source of information, health centres were reported as the preferred source of information among female respondents from both woredas and male respondents from Bahir Dar Zuria. At endline, the school was the preferred source of information among females and males across all areas. Hence, at endline, the most common and the preferred sources of information were the same for both genders in both woredas (Table 11).

Table 11 **Most common current source and preferred source of sexuality education**

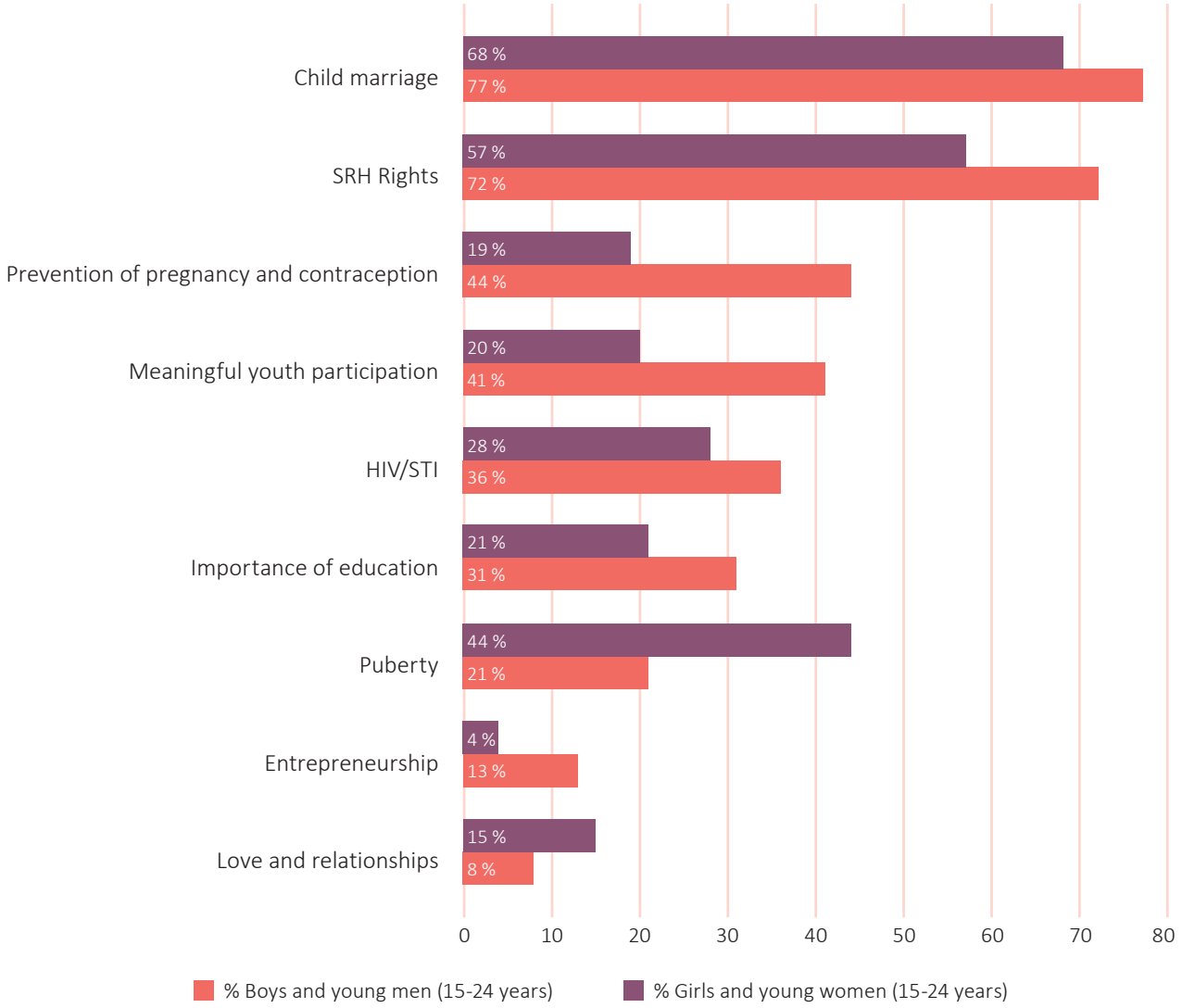
		Most common current source	Most common preferred source
Bahir Dar Zuria			
Baseline	Young women (15-24 years)	School: 322/579 (55.6%)	Health centre: 415/579 (71.7%)
	Young men (15-24 years)	School: 128/229 (55.9%)	Health centre: 132/229 (57.6%)
	Total	School: 450/808 (55.7%)	Health centre: 547/808 (67.7%)
End-line	Young women (15-24 years)	No answer: 332/ 578 (57.4%) School: 205/578 (35.54%)	School: 202/578 (35%)
	Young men (15-24 years)	School: 118/220 (53.6%)	School: 102/220 (46.4%)
	Total	No answer: 409/798 (50.8%) School: 323/798 (40.5%)	School: 304/798 (38.1%)
Kewet			
Baseline	Young women (15-24 years)	School: 284/553 (51.4%)	Health centre: 452/553 (81.7%)
	Young men (15-24 years)	School: 119/241 (49.4%)	School: 144/241 (59.8%)
	Total	School: 403/794 (50.8%)	Health centre: 576/794 (72.5%)
End-line	Young women (15-24 years)	School: 404/559 (72.3%)	School: 303/559 (54.2%)
	Young men (15-24 years)	School: 131/232 (56.5%)	School: 152/232 (65.5%)
	Total	School: 535/791 (67.6%)	School: 455/791 (57.5%)

After schools, health centres and media were the most common sources of SRHR information. The percentages of respondents who reported health centres as the most common source decreased from 15% at baseline to 7% at endline. Media was a common source of SRHR information particularly for males from Bahir Dar Zuria (21% at baseline and 23% at endline). In Kewet, the percentage of males who reported media as an information source also increased from 7% at baseline to 11% at endline. Among females, the use of media as a source on information was lower.

Media, particularly radio, was also a commonly preferred source of information on SRHR, particularly among males in Bahir Dar Zuria. The percentages of males in Bahir Dar Zuria who preferred to receive information from school (46%) and radio (45%) were almost the same. The qualitative narratives suggest that during the COVID-19 pandemic, media became an important source of information:

> *"When the COVID-19 outbreak was in Ethiopia; everyone locked themselves in the house. People were restricted from going to health centres. As a result, they get information from TV, radio and internet."* (IDI, young woman, Yelen, Kewet)

Figure 7 **Topics addressed in Yes I Do activities that youth find beneficial at endline**



Among females and males in Kewet, health centres were the second most commonly preferred source of information. Friends were another common preferred source of information in all areas and for both females and males (20%). In Kewet, the percentage of young people reporting youth clubs as a preferred source of information increased from 5% at baseline to 20% at endline. While this increase was seen among both females and males, a much higher percentage of males (32%) than females (14%) reported youth clubs as a preferred source of information.
Yes I Do activities on SRHR information

Yes I Do activities on SRHR information
Trainings by Yes I Do organisations were another source of information on SRHR for young people, which some informants perceived to have contributed to young people's awareness of SRHR.

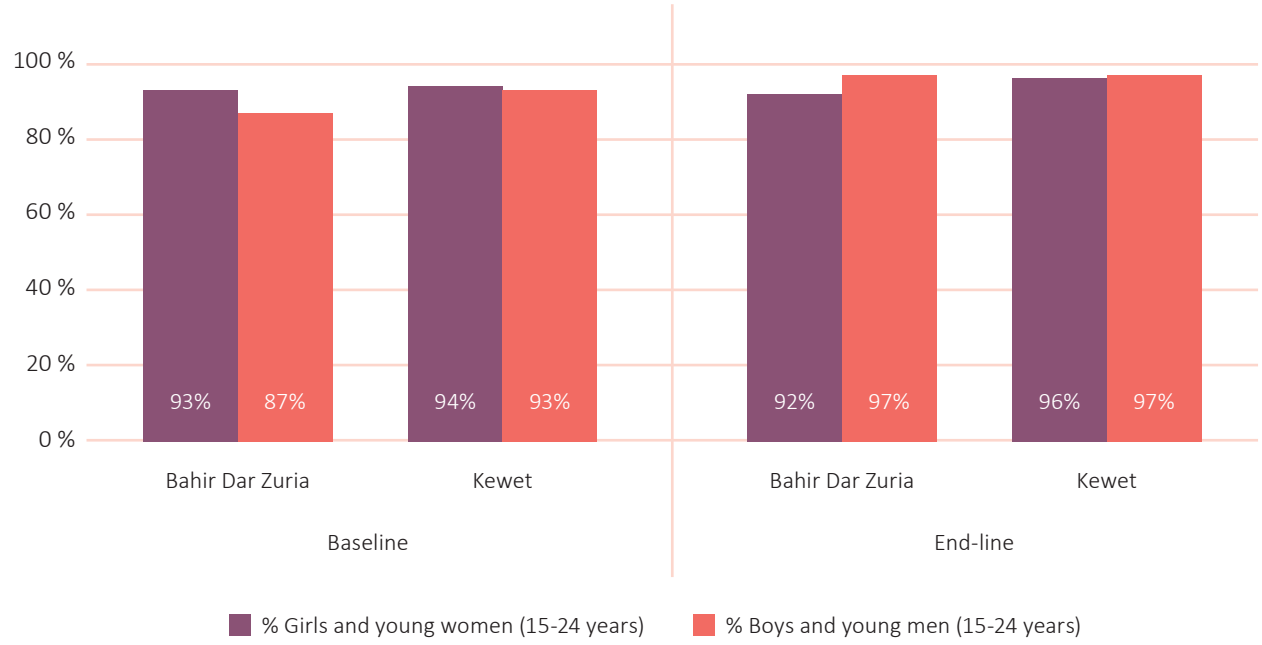
> ***"Even though some of the kids get information from health facilities, I believe that the majority get from Plan international. They arrange meetings and give lessons for the youth. I believe youth's awareness has changed."*** (KII, kebele official, Yigoma Huletu, Bahir Dar Zuria)

As Figure 7 shows, child marriage and sexual and reproductive rights were the topics that were most commonly found to be beneficial by young people who had participated in Yes I Do activities (60% and 70% respectively). About 25% of the respondents who had participated in Yes I Do activities had found the topics of prevention of pregnancy and contraception and meaningful youth participation beneficial (25% and 24% respectively). Females were more positive about the topic of puberty. Entrepreneurship, and 'love and relationships' were the topics least commonly found beneficial.

3.4.4 CONTRACEPTION KNOWLEDGE AND USE

Knowledge about contraceptive methods
Similar to the baseline, most young people knew how to prevent pregnancy using modern contraceptive methods. The results show that in most areas the percentage of both young women as well as young men who had knowledge of preventing pregnancy was above 90% (Figure 8). There was a statistically significant increase in this knowledge among males in Bahir Dar Zuria from 87% at baseline to 97% at endline (OR=4.7, p-value<0.001).

Figure 8 **Knowledge of prevention of pregnancy using modern contraceptive**

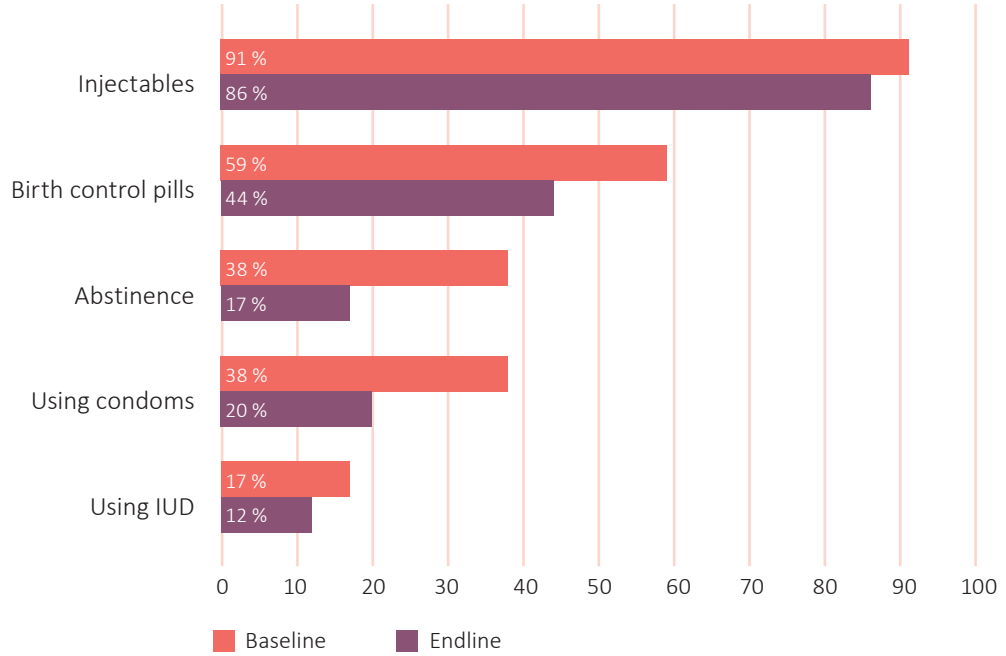


Injectables were the contraceptive method most young people knew about, and the majority of the respondents at both base- (86%) and endline (91%) reported injectables as a method to prevent pregnancy. Birth control pills and condoms where the other two modern contraceptive methods most commonly identified by respondents. As Figure 9 shows, young people's knowledge of different types of modern contraceptive methods had increased over time. The percentages of young people who identified injectables, pills, condoms, intra-uterine devices (IUDs) and emergency pills as methods to prevent pregnancy were all higher at endline than at baseline. The same is true for abstinence as a method to prevent pregnancy.

Availability of contraceptive methods
At endline, when asked about what types of contraceptive methods where available in the areas they lived, injections were also the most reported method (28% in Bahir Dar Zuria and 29% in Kewet). Male condoms were known to be available by 15% of the respondents, with more reporting this in Kewet (21%) than in Bahir Dar Zuria (10%). The perceived availability of birth control pills was more limited in both areas, with only 2% of the respondents reporting availability of this method. According to survey respondents, access to contraceptives was not related to marital status or age; only 2% of the respondents stated that contraceptives were available only once married and less than 1% that contraceptives were available at a specific age. Over two third of the respondents (68%) stated that contraceptive methods were always accessible.

Use of contraceptive methods
At endline, most respondents who had ever engaged in sexual intercourse reported that they had ever used a contraceptive method (89%). This percentage was higher in Bahir Dar Zuria (93%) than in Kewet (83%) and higher for

Figure 9 **Knowledge of contraceptive methods**



females (94%) than for males (65%). Among all respondents, 22% (26% of females and 11% of males) had ever used contraception and 13% (16% of females and 7% of males) reported to be ´currently´ using a contraceptive method. These data indicate that the use of contraceptive methods was more common among young women than among young men. The most used method was injections (82%), and health centres were the main providers.

The most common reasons why young people who had ever used contraceptive methods were not 'currently' using any (Table 12) were related to sexual inactivity (75%), including divorce, separation or not currently having a partner. Wanting a child was the other most common reason (13%).

Table 12 **Youth who currently do not use contraceptives but who would like to at endline**

Youth who currently do not use contraceptives but who would like to*	**Endline**
Girls and young women (15-24 years)	26/115 (22.6%)
Boys and young men (15-24 years)	4/17 (24%)

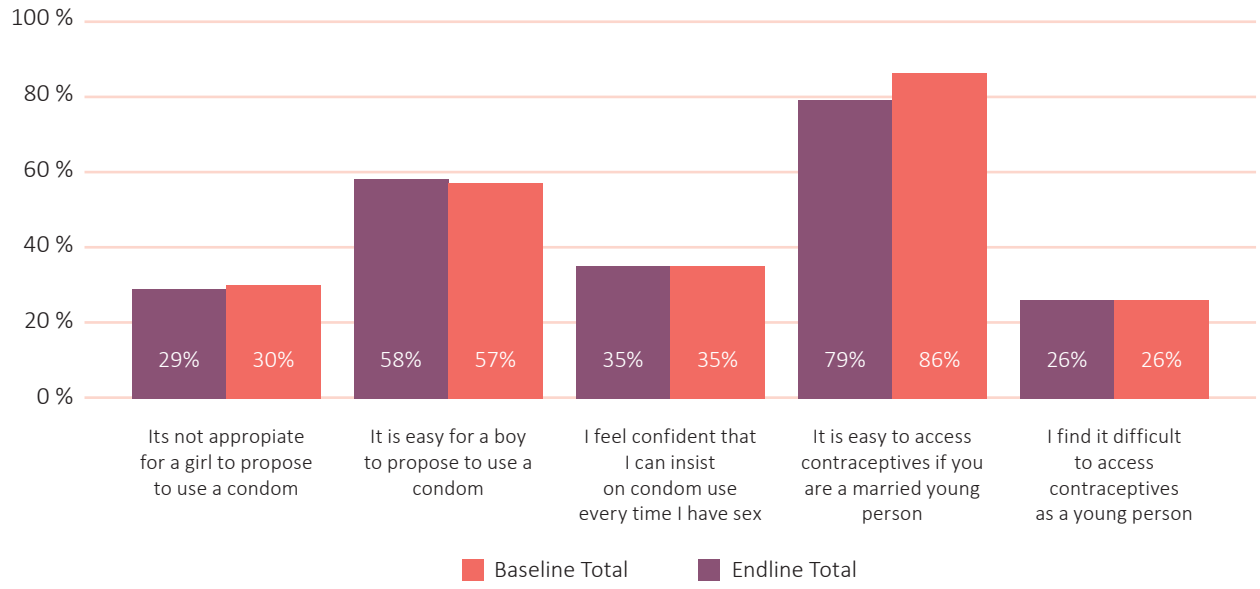
* Among youth who had ever used a contraceptive method

Perceptions towards contraception

Respondents were asked to indicate their level of agreement with several statements related to the use of contraceptives (Figure 10). Respondents' level of agreement at endline was very similar to baseline for most statements. The only notable change was the increase in young people who agreed it was easy to access contraceptives as a married young person (79% to 86%). At the same time, the percentage of respondents who found it difficult to access contraceptives as a young person remained low (26%).

The percentage of young women who felt confident to insist on the use of condom every time they had sex significantly decreased in Bahir Dar Zuria, from 33% at baseline to 27% at endline (OR=0.75, p-value<0.05), while in Kewet it significantly increased from 30% at baseline to 46% at endline (OR=2.16, p-value<0.001). Among males, the percentage who felt confident to insist on the use of condom every time they had sex decreased in both woredas. The decrease in Bahir Dar Zuria (31% at baseline to 7% at endline) was statistically significant (OR=0.14, p-value<0.001). However, in Kewet, there was only slightly lower percentage at endline (57% at baseline compared to 55% at endline) and thus the decrease was not statistically significant (OR=0.98, p-value=0.581).

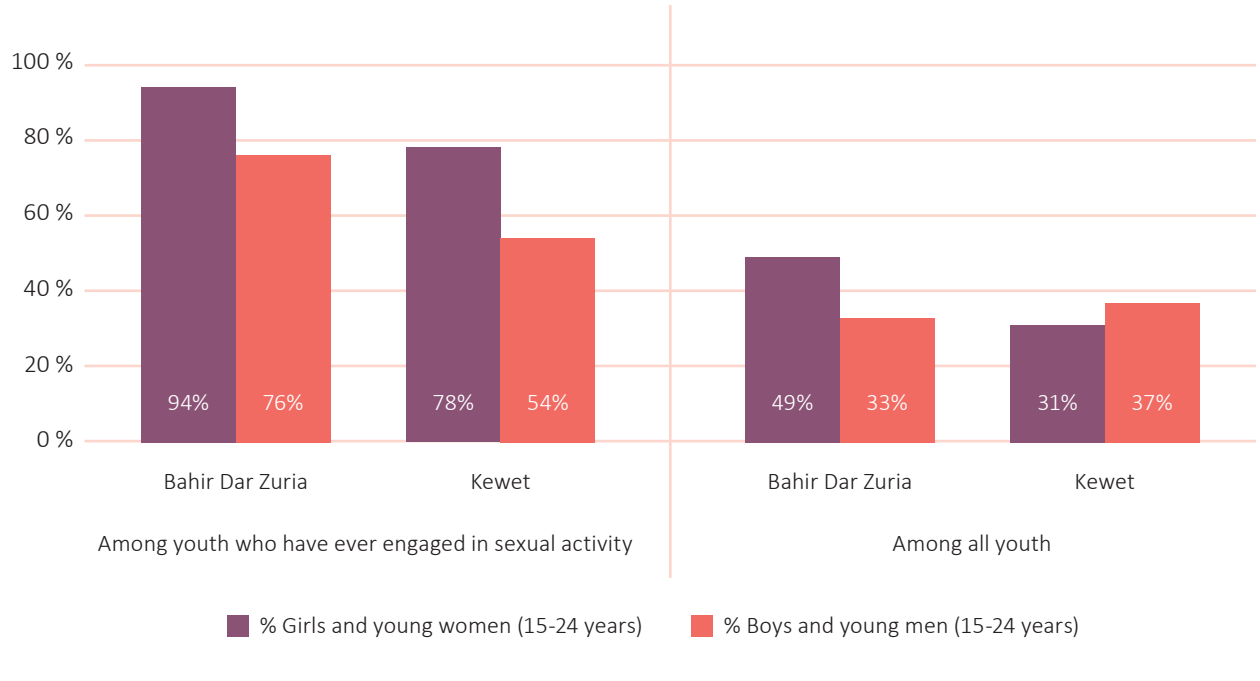
Figure 10 **Perceptions towards contraception**



3.4.5 SEXUAL AND REPRODUCTIVE HEALTH SERVICE PROVISION AND USE

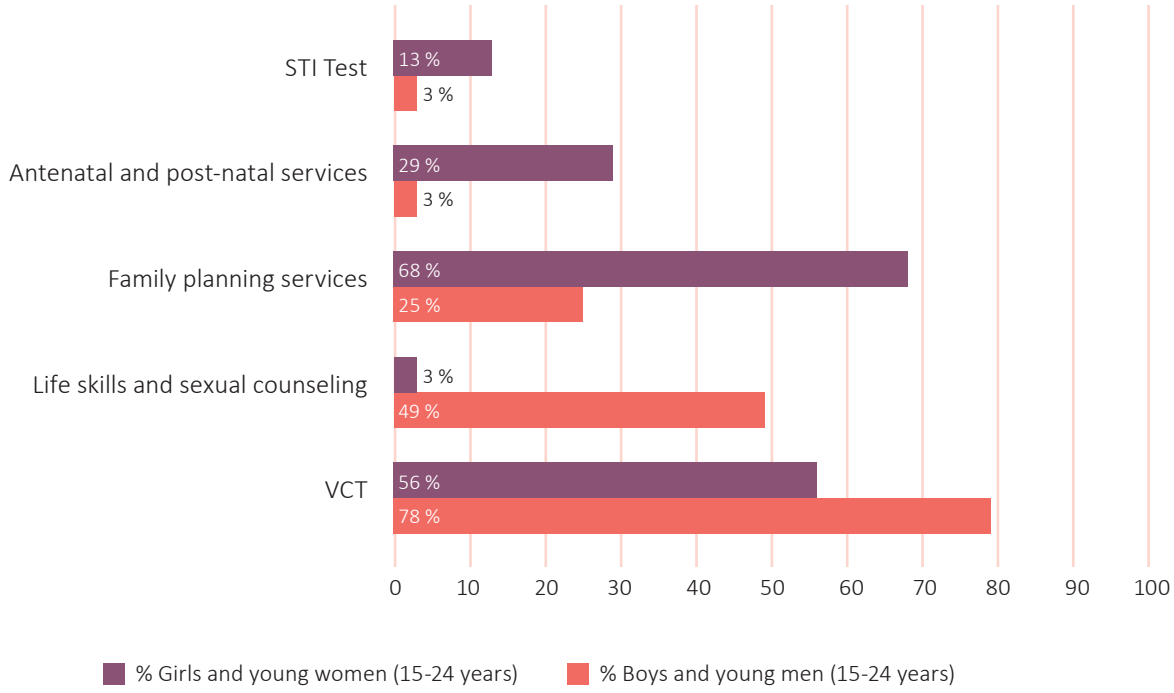
In general, young people's use of SRH services was not high (Figure 11). The study results indicate that more than half of all respondents had never used any SRH service. However, when looking at those who reported to have ever engaged in sexual activity, the use of SRH services was found to be higher. Among those, the use of SRH services was highest among young women from Bahir Dar Zuria (94%) and lowest among young women in Kewet (31%).

Figure 11 **Youth who have ever used SRH services at endline**



Similar to the baseline, voluntary counselling and testing (VCT) and family planning were the services that had been used by the most respondents (61% and 37% respectively at endline). The use of VCT services was higher in Kewet (65%) than in Bahir Dar Zuria (59%) while the use of family planning services was higher in Bahir Dar Zuria (46%) than in Kewet (24%). Data also indicate the use of VCT services was higher among boys and young men (78%) while family planning services were more widely used by young women (68%) (Figure 12).

Figure 12 **Types of SRH services used (by those who ever used them) at endline**



Health facilities were the most common provider of services, reported by 67% of the respondents who had ever used any SRH services. This was followed by schools (31%), and in Kewet youth clubs were also mentioned by 26% of the male respondents. More female than male respondents had received services from health facilities (72% versus 50%) while more male than female respondents reported schools as a service provider (49% versus 25%).

The majority of the young people who had used SRH services were satisfied with the quality of the last service they used at endline. Fifty-one percent (51%) reported the quality as good, 22% as excellent and 22% as average. Only 3% said that the quality was bad and 1% said it was very bad. Qualitative narratives were in line with these results, suggesting that young people were satisfied with the quality of SRH services used. In the words of a female participant:

> *"The service quality of health centres is relatively good and economical. When a woman gets pregnant, they provide free post-natal and other necessary services. The confidentiality is also granted."*
> (FGD, young women, Abayatir, Kewet)

Quality, availability and affordability were not generally cited as reasons for non-use of SRH services. Not having the need to use them, or not having thought about using them were the main reasons for not having ever used SRH services at endline (stated by 59% and 30% of those that had never used services, respectively).

3.5 TEENAGE PREGNANCY

The teenage pregnancy rate is used as a key indicator of the prevalence of teenage pregnancy in the study areas. The teenage pregnancy rate is defined as the percentage of young women aged 20-24 years who had their first child under the age of 20.

3.5.1 PREVALENCE OF TEENAGE PREGNANCY

The teenage pregnancy rate significantly decreased in Kewet over time (OR=0.26, p-value<0.001) from 40% at baseline to 26% at endline. A similar trend was not observed in Bahir Dar Zuria where the teenage pregnancy rate at endline was a few percentage points higher than at baseline (Table 13). However, this increase was not found to be statistically significant (OR=1.04, p-value=0.846).

Table 13 **Pregnancy and parenthood**

	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Young women (20-24 years)				
Who had their first child under the age of 20 (teenage pregnancy)	64/229 (28.0%)	62/155 (40.0%)	51/157 (32.5%)	32/124 (25.8%)
Who ever had a child	91/229 (39.7%)	85/155 (54.8%)	75/157 (47.8%)	54/124 (43.5%)
Who wanted to become a parent at that time (of those who have ever had a child)	53/91 (58.2%)	67/85 (78.8%)	41/75 (54.7%)	42/54 (77.8%)
Average age at first pregnancy (years)	19	18	19	19
Young men (20-24 years)				
Who had their first child under the age of 20	0/116 (0%)	0/85 (0%)	0/108 (0%)	0/111 (0%)
Who wanted to become parent at that time (of those who have ever had a child)	8/9 (88.9%)	2/3 (66.7%)	0/1 (0%)	8/8 (100%)
Average age at first child (years)	21	21	20	22

A similar trend was observed in the percentage of young women aged 20-24 years who had ever had a child. While in Kewet this decreased from 55% at baseline to 43.5% at endline, in Bahir Dar Zuria it increased from 40% at baseline to 48% at endline. The decrease in Kewet was statistically significant (OR=0.32, p-value<0.001) but the increase in Bahir Dar Zuria was not (OR=1.15, p-value=0.516). These results suggest that in Kewet there was a reduction in (teenage) pregnancies among young women aged 20-24 years while in Bahir Dar Zuria the situation remained largely the same. Moreover, while in Kewet most young women who had ever had a child said that they wanted to become mothers at that time (79% at baseline and 78% at endline), in Bahir Dar Zuria this percentage was lower (58% at baseline, which reduced to 55% at endline). While these results did not change notably between base- and endline, they suggest that unintended (teenage) pregnancies were more common In Bahir Dar Zuria than Kewet.

The average age at first pregnancy was 19 years for young women while the average age at first child was 21 years for young men, indicating that teenage fatherhood was not common. Teenage pregnancy appeared to be common in

both woredas, as most respondents reported knowing of young women who had a child below the age of 20 (58% of the respondents in Bahir Dar Zuria and 53% in Kewet).

At endline, when asked who pregnant girls could turn to for help, health providers were the most commonly mentioned among respondents in both woredas (69% in Bahir Dar Zuria and 78% in Kewet) followed by family members or relatives (37% in Bahir Dar Zuria and 31.5% in Kewet). This result was supported by participants in the qualitative component, who explained that pregnant unmarried young women could turn to parents and relatives, as well as teachers and friends. At the same time, the qualitative data reveal that while family members were sometimes supportive, examples were shared of parents reacting negatively in this kind of situation, particularly in Bahir Dar Zuria. The following quotes illustrate these diverse reactions in Bahir Dar Zuria:

> *"I know a girl, who give birth when she was a student. She dropped out of school when she gave birth. Then, her parents took the new-born child and she returned to school."*
> (FGD, young women, Latamba, Bahir Dar Zuria)

> *"If a girl gets pregnant before marriage, she would be expelled from home. There are even some girls, who leave their babies after they give birth. There are even some girls, who commit suicide."*
> (KII, women's and children affairs office, Robit, Bahir Dar Zuria)

In Kewet, results suggest a change in parents' reactions, possibly as a result of decreasing stigma and pressure on young women. In the words of one grandmother:

> *"When an unmarried young woman becomes pregnant, there is not that much stigma in these times. In order to get the appropriate support [she needs], the girl should be open to her parents and friends."*
> (IDI, grandmother, Yelen, Kewet)

3.5.2 CAUSES AND CIRCUMSTANCES OF TEENAGE PREGNANCY

Similar to the baseline, the causes and circumstances of teenage pregnancy were complex and diverse. In both Bahir Dar Zuria and Kewet, the most commonly mentioned causes of teenage pregnancy were limited knowledge of the availability of contraceptives, non-use of contraceptives, or difficulties in accessing health centres due to COVID-19. A few participants also referred to pregnancies that were the consequence of sexual violence (rape). Similar to the baseline, teenage pregnancy was perceived as a strong burden for young women. This was particularly the case for teenage pregnancies out of wedlock.

Taking a closer look at the circumstances of teenage pregnancy, the results show that key gatekeepers play a prominent role. At baseline, it was found that gatekeepers largely viewed child marriage as a way of preventing teenage pregnancies out of wedlock. However, at endline, a change in attitudes towards child marriage was observed among gatekeepers (see Section 3.6).

3.5.3 PREVENTION OF TEENAGE PREGNANCY

The endline qualitative data show changes since baseline in the ways that programmes worked to prevent teenage pregnancy, most notably in awareness-raising activities for young people on contraceptive use and menstrual health, and counselling and youth-friendly services.

The proliferation of school clubs and youth clubs in the programme intervention areas was identified as a key change. Through these clubs, young women and men were sensitised and informed about SRH issues. Some young men shared that they were more informed and aware about topics such as menstrual health through these clubs. The study also found evidence of young men contributing to the prevention of teenage pregnancy by facilitating access to contraceptives for young women, particularly through buying emergency contraceptive pills from pharmacies for young women who were too shy to access these for themselves.

Another change apparent from the qualitative data was the increase in counselling and youth-friendly services. In Kewet, there were new counselling services for young people at health centres. Yes I Do created youth-friendly service centres where they offered various services such as pre- and post-natal services for pregnant young women. FGD participants shared their perspectives on these changes:

> *"Now, the chance of getting contraceptives is high. Recently, a new health centre is built, and the society can get services there. Both in- and out-of-school clubs also teach the youth about teenage pregnancy."* (IDI, young man, Abayatir, Kewet)

> *"Club members teach the society about different things. We give trainings for both parents and children. For instance, we teach the girls about contraceptives. We advise them not to have sexual intercourse before they turn 18. If she engaged in sex because of peer pressure or other factors, we teach them to use contraceptives. If they fail to use contraceptives and get pregnant, we would teach them to have safe abortion."* (IDI, young woman, Sefiberet, Kewet)

Lastly, there was a change between base- and endline (evidenced in the qualitative data) relating to the structures in place for reporting child marriage cases. These may be indirectly related to the prevention of teenage pregnancies within underage marriages (see Section 3.6).

3.5.4 CHANGES IN LIVES OF TEENAGE MOTHERS – CONSEQUENCES

Endline study participants outlined changes in community awareness of the impacts of teenage pregnancy. This was a result of the activities of NGOs, youth club members, and in some kebeles, health extension workers. This was particularly seen in Kewet. Various youth club members, kebele administrators and woreda Youth and Children's Affairs Office leaders reported that the Yes I Do programme contributed to raising awareness about the negative consequences of teenage pregnancy. In addition, there were indications in Kewet of changes over time in the reactions of families and relatives towards teenage pregnancy. These changing reactions included less negative responses (e.g. stigmatisation) towards unmarried teenage mothers than in the past. However, the study also found evidence of difficulties in the lives of unmarried teenage mothers related to negative community reactions towards them.

> *"If she is married, it would not be that much of problem, but if she gives birth while being a student, she might be demoralised, feel inferior, and drop out of school. Even if her parents are willing to raise her child, she wouldn't go back to school. Everyone would point at her and she wouldn't go back to school."* (IDI, young man, Latamba, Bahir Dar Zuria)

> *"These girls may not get appropriate health services from the nearby health centres because of their failure to go there. They can get the service if they bravely go to health centres. Most would hide the issue unless their belly gets bigger. Most go to health centres after their pregnancy is known. Most prefer to hide the pregnancy than going and getting such services. Since the pregnancy is out of marriage, she might be afraid of being seen. If she goes to the health centre and asks advice before she turned three months, she can abort the child and get back to school. Such girls don't share their secret. She wouldn't even get pregnancy check-up."* (FGD, young men, Yigoma Huletu, Bahir Dar Zuria)

These results clearly indicate that, as at baseline, unmarried teenage mothers faced multiple and complex challenges.

3.6 CHILD MARRIAGE

The child marriage rate is used as a key indicator of the prevalence of child marriage in the study areas. The child marriage rate is defined as the percentage of young people between 18 and 24 years who got married before their 18th birthday.

3.6.1 PREVALENCE OF CHILD MARRIAGE

Generally, the data indicate that significant progress has been made in reducing child marriage in Kewet, but the same cannot be said for Bahir Dar Zuria.

From base- to endline, the child marriage rate among young women showed a large and statistically significant decrease in Kewet, from 48% to 18% (OR= 0.11, p-value<0.001). In Bahir Dar Zuria, the child marriage rate among young women at endline was just under 2% lower than at baseline, but the decrease was not statistically significant (OR=0.79, p-value=0.186). In addition, the decrease in the rate of young women married before turning 16 was large and significant in Kewet (OR= 0.15, p-value<0.001) but not in Bahir Dar Zuria (OR=0.77, p-value=0.222).

As Table 14 indicates, child marriage was not common among young men, with no cases found at endline for Kewet and very few in Bahir Dar Zuria (2%). Most young women who were married as child brides were married to adult men. Finally, data show that in general, less than half of all married female respondents perceived that it had been their choice to get married, with a higher percentage of females at endline reporting that it was their choice to get married in Kewet (51%) than in Bahir Dar Zuria (30%). In both areas, the percentages of married young women who perceived it had been their choice to get married was lower at endline compared to baseline.

Table 14 **Child marriage**

	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Young women (18-24 years) who were married or in a union before age 18 (i.e. child marriage)	124/409 (30.3%)	136/281 (48.4%)	90/315 (28.6%)	47/255 (18.4%)
Young women (16-24 years) who were married or in a union before age 16 (i.e. child marriage)	64/498 (12.9%)	91/431 (21.1%)	51/459 (11.1%)	30/429 (7.0%)
Young women below 18 years old who are currently married	9/166 (5.4%)	14/271 (5.2%)	8/263 (3.0%)	11/304 (3.6%)
Married young women (15-24 years), who perceive that it was their choice to get married	105/229 (45.9%)	118/210 (56.2%)	48/160 (30.0%)	55/107 (51.4%)
(Married) young women (18-24 years) who were child brides, and who were married to an adult man	107/124 (87.0%)	125/136 (91.9%)	74/90 (82.2%)	42/47 (89.4%)
Young men (18-24 years) who were married or in a union before age 18 (i.e. child marriage)	5/187 (2.7%)	1/151 (0.7%)	3/185 (1.6%)	0/174 (0.0%)

3.6.2 MINIMUM, IDEAL AND PREFERRED AGE OF MARRIAGE

In Bahir Dar Zuria and Kewet, marriage under 18 seemed generally considered acceptable for girls. At end-line, respondents were asked for their views on the lowest acceptable age for girls and boys to marry, and the average age reported for girls was 17 years in Bahir Dar Zuria and 15 years in Kewet. The lowest reported acceptable age for boys to marry was higher than for girls, with 20 years and 19 years reported in Bahir Dar Zuria and Kewet respectively. The two communities seemed to hold different views about what was considered an acceptable age for marriage, with more Bahir Dar Zuria respondents suggesting that maturity before marriage was important compared to Kewet respondents, where marriage below 18 years for girls was more commonly considered acceptable.

Respondents' views regarding the ideal age of marriage for girls changed between base- and endline. In Bahir Dar Zuria at endline, 18 years (56%) and 20 years (18%) were the two most common responses, whereas at baseline the two most common responses were 18 years (62%) and 15 years (13%). Similarly, in Kewet at endline, the two most common responses were 18 years (52%) and 20 years (14.5%), which differed from baseline when nearly three quarters of the respondents identified 18 years as the ideal age for girls to marry. In Bahir Dar Zuria, most respondents at endline did not support underage marriage (i.e. <18 years), which indicates a change since baseline, when 15 years was considered by some as the ideal age for marriage. These results indicate the gradual alignment of community views with the legal minimum age of marriage.

Respondents' perceived and actual knowledge of the legal minimum age of marriage was already high at baseline and remained high at endline in Kewet and among males in Bahir Dar Zuria (Table 15). The study found a statistically significant increase in the percentage of young men who had actual knowledge about the legal age for marriage over time (OR=1.88, p-value<0.001). Among young women, the results show a significant decrease in the actual knowledge of legal minimum for marriage in Bahir Dar Zuria (OR=0.46, p-value<0.001).

Table 15 **Perceptions and knowledge on age of marriage**

	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Young women (15-24 years) who believe they have knowledge of the legal minimum age of marriage according to statutory law	430/579 (74.3%)	491/553 (88.8%)	334/578 (57.8%)	429/559 (76.7%)
Young men (15-24 years) who believe they have knowledge of the legal minimum age of marriage according to statutory law	139/229 (60.7%)	175/241 (72.6%)	147/220 (66.8%)	197/232 (84.9%)
Young women (15-24 years) who have actual knowledge of the legal minimum age of marriage for girls according to statutory law	405/579 (69.9%)	432/533 (78.1%)	300/578 (51.9%)	411/559 (73.5%)
Young men (15-24 years) who have actual knowledge of the legal minimum age of marriage for girls according to statutory law	130/229 (56.8%)	160/241 (66.4%)	133/220 (60.5%)	188/232 (81%)

Respondents were asked if children ever get married under the age of 18 years old, with the possible answer options 'never', 'rarely', 'sometimes', 'frequently', and 'all the time'. In Bahir Dar Zuria, the most common response at endline was rarely (43%), followed by sometimes (22.5%), and frequently (12%). Since baseline, there was a decrease in the percentage of respondents in Bahir Dar Zuria who said this happened frequently (from 29% to 12%), while the percentage who said it 'never' happened more than doubled, from 8% to 19%. This differed with the pattern of responses in Kewet; here the most common endline response was sometimes (41%), followed by frequently (25%) and rarely (22%). There have been increases in Kewet in the percentages of respondents who said child marriage occurs frequently (from 17% to 25%), and sometimes (from 20% to 41%). In contrast to the trend in Bahir Dar Zuria, the percentage in Kewet who said child marriage 'never' happened decreased by more than half, from 21% to 10%. These results do not fully correspond with the decreasing child marriage prevalence in Kewet, and could be a result of increased awareness about child marriage being illegal.

Unmarried respondents were also asked about the age at which they would like to get married. No large changes were seen over time in both woredas. In Bahir Dar Zuria, the most common endline survey responses were 25 (21%), 18 (15%), 20 (13%), and 30 years (13%), while in Kewet the common responses were: 25 (20%), 20 (13%) and 18 (12%) years. At baseline, respondents' most commonly preferred ages of marriage were 25, 20 and 18 years. The average (mean) in Bahir Dar Zuria was similar at baseline (23.8 years) and endline (23.6 years). In Kewet the average increased by 0.7 years from baseline (22.3 years) to endline (23.0 years). These results indicate that at endline, as at baseline, young peoples' preferred age for marriage was slightly older than the legal minimum age of marriage.

3.6.3 CIRCUMSTANCES, REASONS AND CONSEQUENCES OF CHILD MARRIAGE

Qualitative narratives reveal changes over time in the circumstances of and reasons for child marriage. Participants suggested that child marriage was more accepted and common in the past and was often perceived as a better alternative for young women than education. Family reputation, preventing pregnancies out of wedlock, social pressure, family ties, and the financial incentive of bride-price payments were some of the reasons for child marriage. At endline, the results show that education and employment were the main priorities of young women themselves, which was recognised and approved of by some parents. According to an older father from Chenta Sosetu:

> *"There are many girls, who haven't married at 18 or 19. They either prefer to learn or work."* (IDI, father, Chenta Sosetu, Bahir Dar Zuria)

At endline, young women more commonly reported postponing marriage to complete their education and to gain economic independence through migration (discussed in Kewet) or casual/daily labouring in construction, flower farming, or tomato/onion farming (in Bahir Dar Zuria).

Respondents were asked whether anyone intervened when children are married or about to be married under the legal minimum age. Most respondents responded that someone did (74%); a percentage which has increased since baseline (66%).

Respondents were asked as a follow-up question, to indicate if any of the following people usually intervene when a child marriage is arranged or planned: teachers, friends/peers, family members, relatives, anti-HTP committee members, women and child affairs' officers, health extension workers and members of the health development army. The results suggest that the police, followed by law enforcement (e.g. courts) were the main actors who intervened when child marriages were planned. Moreover, the results suggest that these actors played a more prominent role at endline compared to baseline as a higher percentage of respondents named these stakeholders as those who intervene in these circumstances. The study also found that various actors (governmental bodies, NGOs and relatives) were said to intervene when a child marriage was arranged (Table 16).

Table 16 **Who usually intervenes when a child marriage is planned?***				
	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Police	222/808 (22.5%)	272/794 (34.3%)	118/321 (36.8%)	391/501 (78.0%)
Law enforcement	214/808 (26.5%)	70/794 (8.8%)	138/321 (43.0%)	236/501 (47.1%)
Community leaders	34/808 (4.2%)	30/794 (3.8%)	22/321 (6.9%)	52/501 (10.4%)
Relatives	70/808 (8.7%)	53/794 (6.7%)	84/321 (26.2%)	78/501 (15.6%)
NGO staff	2/808 (0.3%)	0/794 (0%)	4/321 (1.3%)	50/501 (6.6%)

* The percentages are among the respondents who responded 'yes' to the question about whether someone intervenes when children were married or about to get married under the legal age.

In relation to the frequency of these interventions, at endline, respondents in Bahir Dar Zuria most commonly stated that someone intervened 'sometimes' (48%), 'frequently' (23%), or 'rarely' (22%). Since baseline, there was a decrease in the percentage of respondents in Bahir Dar Zuria who said interventions occurred 'all the time' (from 15% to 7%), and 'frequently' (from 30% to 23%), while the percentage who said these 'sometimes' occurred almost doubled, from 27% to 48%. Over time, respondents in Bahir Dar Zuria were less likely to say that interventions occurred more often. This was similar to the pattern of responses in Kewet; here the most common endline response was 'sometimes' (44%), followed by 'frequently' (38%). However, respondents in Kewet were more likely than those in Bahir Dar Zuria to say these interventions occurred 'all the time' (8% at endline), and less likely to say they occurred 'rarely' (9%). Similarly to the trend in Bahir Dar Zuria, the percentage of respondents in Kewet who said such interventions happened 'all the time' decreased by more than half, from 23% to 8%. Over time however, there was no clear trend in whether respondents felt interventions happened more or less frequently in Kewet.

3.6.4 ATTITUDES AROUND CHILD MARRIAGE

Qualitative narratives indicate that the study communities have witnessed a shift in people's attitudes towards child marriage. At endline, participants' accounts reveal a general awareness about the harms of child marriage among gatekeepers, including fathers, mothers, and religious and traditional leaders. Many gatekeepers had changed their attitudes towards child marriage and were raising awareness about the harms of child marriage. While the harms of child marriage were generally known, some also saw benefits such as economic gain, or preventing pregnancy out of wedlock. Hence, some participants suggested that while there had been some changes, child marriage was not eliminated:

> *"I can't say there is a huge change. Girls are still marrying at the age of 15 or 18. But, unlike the previous time, they can at least resist if they don't want to marry; though, they can't completely win."*
> (IDI, young woman, Chenta Sosetu, Bahir Dar Zuria)

Key informants referred to various factors that influenced the trends in attitudes against child marriage including general knowledge of the harms of child marriage as well as awareness of laws prohibiting marriage below the age of 18.

3.6.5 INTER-LINKAGES BETWEEN CHILD MARRIAGE AND PREGNANCY

The study found few cases of teenage mothers married below the age of 19: 16 at baseline and eight at endline. In all these cases, the teenage pregnancy occurred after the child marriage, indicating that teenage pregnancy was more a consequence rather than a cause of child marriage.

The same trend was seen for married mothers aged 15-24 years. The majority of them were first married, and then became pregnant. The study found very few cases where young women became pregnant first and married afterwards.

Table 17 **Inter-linkages between marriage and pregnancy**				
	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Number of (ever) married teenage mothers (15-19 years)	N=11	N=30	N=6	N=6
(Ever) married teenage mothers (15-19 years) who first experienced a child marriage followed by a teenage pregnancy	11/11 (100%)	20/20 (100%)	6/6 (100%)	6/6 (100%)
(Ever) married teenage mothers (15-19 years) who first experienced a teenage pregnancy followed by a child marriage	0/11 (0%)	0/20 (0%)	0/6 (0%)	0/6 (0%)
(Ever) married teenage mothers (15-19 years) who experienced a teenage pregnancy and a child marriage in the same year	0/11 (0%)	0/20 (0%)	0/6 (0%)	0/6 (0%)
(Ever) married mothers (15-24) who were first married and then became pregnant	79/100 (79%)	85/103 (82.5%)	61/77 (79.2%)	53/60 (88.3%)
Married mothers (15-24) who first became pregnant and were then married	1/100 (1%)	3/103 (2.9%)	2/77 (2.6%)	0/60 (0%)
Married mothers (15-24) who married and became pregnant in the same year	20/100 (20%)	14/103 (13.7%)	14/77 (18/2%)	6/60 (10%)

3.6.6 DECISION-MAKING DYNAMICS REGARDING MARRIAGE

Qualitative data show that young women and men have gained decision-making space relating to marriage. Most participants argued that young people were more commonly participating in decisions about when and whom to marry as well as expressing rejection and refusal of marriage arrangements. Parents were more commonly taking their children's preferences into consideration. This is illustrated in the following quotes from FGDs with mothers and fathers.

> *"If a guy asks my child for marriage, I consult my daughter. I won't give her unless she agrees. Her decision should be respected. Every parent doesn't give their children unless they are old enough for marriage."* (FGD, mothers, Yelen, Kewet)

> *"Previously, parents were the sole decision makers for marriage. Unlike the previous time, now, it is the kids, who decide the marriage."* (FGD, fathers, Robit, Bahir Dar Zuria)

Various young people also stated explicitly that young people are now able to make decisions about marriage. During an FGD discussion with males, two participants said:

> *"Previously, girls used to get married based on their parents will. Now, they get married based on their will."*

> *"Mostly, girls in this area get married based on their free will. There are some parents that force their girls to get married to respected families."* (FGD, young men, Yigoma Huletu, Bahir Dar Zuria)

While young participants argued that young women were increasingly acquiring the abilities and skills needed to negotiate and even refuse marriage arrangements, parents often had the final say. The quantitative results suggest that, particularly in Bahir Dar Zuria, parents or relatives often made decisions about young people's future partners (Table 18). In Kewet, the percentage of young women and men who agreed that their parents or relatives decide their future partners was lower at endline (25%) compared to baseline (31%) while in Bahir Dar Zuria the percentages remained largely the same (63% at endline compared to 61% at baseline).

Table 18 **Decision-making regarding marriage**				
	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Young women (15-24 years) who agree that their parents or relatives decide their future partner	352/579 (60.8%)	172/553 (31.1%)	362/62.6%)	137/559 (24.5%)
Young men (15-24 years) who agree that their parents or relatives decide their future partner	81/229 (35.4%)	22/241 (41.2%)	77/220 (35%)	54/232 (23.3%)

Married respondents were asked whether it was their choice to get married at the time of their marriage, and whether they had felt pressured to do so. The results indicate that less than half of the married female respondents at base- and endline felt it had been their choice to get married at the time (Table 19). In Bahir Dar Zuria, 42% felt pressured to get married at baseline which increased to 62% at endline. In Kewet, the percentages were 49% and 39% for base- and endline respectively. The low overall numbers of married males, particularly at endline, make it impossible to draw conclusions about statistical trends over time.

Table 19 **Choice and pressure to get married**					
		Bahir Dar Zuria		**Kewet**	
		Baseline	Endline	Baseline	Endline
Your choice to get married at the time					
Female	Yes	105 (45.9%)	48 (30.0%)	118 (56.2%)	55 (51.4%)
	No	112 (48.9%)	111 (69.5%)	92 (43.8%)	52 (48.6%)
Male	Yes	27 (67.5%)	8 (47.1%)	5 (33.3%)	8 (80.0%)
	No	12 (30.0%)	9 (52.9%)	10 (66.7%)	2 (20.0%)
Feel pressured to get married					
Female	Yes	95 (41.5%)	99 (61.9%)	94 (44.8%)	42 (39.3%)
	No	132 (57.6%)	57 (35.6%)	116 (55.4%)	64 (59.8%)
Male	Yes	26 (65.0%)	8 (47.1%)	7 (46.7%)	4 (40.0%)
	No	14 (35.0%)	9 (52.9%)	8 (53.3%)	6 (60.0%)

Most married males reported that they felt it was the right time to marry when they did so (59% in Bahir Dar Zuria and 90% in Kewet). Among females, these percentages were lower, with only 39% of the married females from Bahir Dar Zuria reporting it was the right time to marry when they did so and 61% in Kewet. All these results indicate that it was more common for young men to make decisions about their marriages than for young women, particularly young women from Bahir Dar Zuria.

3.6.7 PREVENTION OF CHILD MARRIAGE

In the study communities, a number of strategies to reduce and eventually stop child marriage were reported. Targeting young women below the age of 18 to become active change agents was one. Young women were encouraged to report arranged child marriages, and school clubs played an important role in educating their members about the importance of reporting child marriages. However, participants acknowledged that despite increased reporting, challenges persisted in relation to enforcement and community acceptance of legislation:

"They also tell the girls to report when someone is about to get married. The problem is that the report wouldn't bring any change if her parents have money. The society doesn't understand that it is being done for their own sake. They only want to see their child getting married."
(IDI, young woman, Chenta Sosetu, Bahir Dar Zuria)

In Abayatir, club members were teaching other girls to say no to child marriage, as explained by one of the young women participating in an FGD:

"We, club members, teach girls not to get married. We even tell them the effects of early marriage. Surprisingly, some girls tell us that they want to get married." (FGD, young women, Abayatir, Kewet)

"My friend was about to get married and she asked me what to do. I am member of Biruh Tesfa club and told her to reject the marriage. I told her that the club would help her in any aspect. Then, she did as I told her, and the marriage was cancelled." (IDI, young man, Abayatir, Kewet)

Some schools (e.g., in Abayatir and in Yigoma Huletu) had suggestion boxes where students could leave messages of planned child marriages in their neighbourhood. Members of women´s groups were vigilant about planned child weddings. Women's groups, through their participation in development teams (consisting of up to 30 members), raised awareness about child marriage and the importance of reporting cases of arranged child marriages. A 35-year-old female member of a women's league in Robit kebele suggested that their members were actively involved in anti-child marriage efforts:

"We teach one another in coffee and other ceremonies… development group members report to concerned bodies. If we strictly act against early marriage, it will end." (KII, Women's League, Robit, Bahir Dar Zuria)

Participants also mentioned that the Yes I Do programme has been actively working (with grass-roots groups such girls' clubs and ECHO-groups, and government bodies such as woreda Women, Children and Youth Affairs Offices) to reduce child marriage. The Yes I Do's contribution to anti-child marriage efforts was highlighted by a key informant:

"Yes I Do is also teaching us about the effects of early marriage. They also teach us about the rules against early marriage. They teach in kebele, Woreda and development groups…."
(KII, Women's League, Robit, Bahir Dar Zuria)

In addition, the Yes I Do programme played a role in encouraging young women to stay in school (thereby helping them to avoid child marriages) by providing in-school girls with educational materials such as exercise books and pens.

3.7 FEMALE GENITAL MUTILATION/CUTTING

3.7.1 CIRCUMSTANCES, KNOWLEDGE, OPINIONS AND ATTITUDES REGARDING FEMALE GENITAL MUTILATION/CUTTING

The quantitative data show that over the study period, the percentage of young women who reported to have undergone FGM/C decreased significantly (OR=0.57, p-value<0.001)[7]. As Table 20 shows, the FGM/C rates decreased from 54% to 39% in Bahir Dar Zuria and from 53% to 45% in Kewet. The qualitative narratives also suggest a decline in FGM/C, with some participants stating that FGM/C was not prevalent, or less prevalent than child marriage:

"There is greater change in FGM/C than child marriage. I can say that FGM/C has declined by 80%."
(KII, women's and children affairs office, Bahir Dar Zuria)

"When we vaccinate the infants, we check whether they are circumcised or not, and I have never seen a circumcised girl. It has showed a dramatic decrease." (KII, health extension worker, Robit, Bahir Dar Zuria)

7 As FGM/C takes place (mainly) at infant age this is not a result of Yes I Do.

Young women who were circumcised were also asked about how they felt about being circumcised, and 53% (120/226) in Bahir Dar Zuria and 57% (143/253) in Kewet indicated that they felt bad when they found out. The baseline percentage in Bahir Dar Zuria was similar to the endline percentage, while in Kewet the percentage who said that they felt bad increased from 29% at baseline to 57%.

As the baseline study also showed, clitoridectomy was the most common type of FGM/C in the study areas. It was unclear whether young women knew which type of circumcision they had as more than half did not reply to this question. The majority reported that they had been circumcised at the age of seven days old (51%) and 30 said they had been circumcised shortly after birth (zero years old). While the majority of female respondents who had been circumcised reported not knowing who the circumciser was (64% in Bahir Dar Zuria and 48% in Kewet), traditional healers were the most commonly reported circumciser among survey respondents as well as interview participants.

> *"Traditional healers are the main performer of FGM/C."*
> (IDI, grandmother, Yelen, Kewet)

Table 20 **FGM/C**

	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Young women (15-24 years) who want their daughters to be circumcised	75/579 (13.0%)	121/553 (21.9%)	55/578 (9.5%)	61/559 (10.9%)
Unmarried boys and young men (15-24 years) who prefer a non-circumcised partner in the future	51/190 (26.8%)	61/228 (26.8%)	109/205 (53.2%)	128/222 (57.7%)
Young women (15-24 years) who underwent FGM/C	312/575 (54.3%)	294/552 (53.3%)	226/578 (39.1%)	253/559 (45.3%)

The study found changes in young people's attitudes towards FGM/C (Table 20). The percentage of young women who reported that in the future they would want their daughters to be circumcised significantly decreased (OR=0.47, p-value<0.001). Among males, there was a significant increase in unmarried boys who said they would prefer a non-circumcised partner in the future (OR=4.04, p-value<0.001). The qualitative narratives were in line with the change in attitudes towards FGM/C seen in the survey results. As the following quotes illustrate, the preference to not circumcise their daughters was also more commonly expressed by older people.

> *"I have two daughters and neither of them are circumcised. The society is being aware of the effect and it is not being practiced. It is considered as burning a girl."* (KII, kebele official, Yigoma Huletu, Bahir Dar Zuria)

> *"I have a girl, who has never been circumcised. She is 17 years old now. I believe that being uncircumcised helps my girl when she gets married and when she gives birth."* (IDI, grandmother, Yelen, Kewet)

Changes were also observed in opinions about FGM/C. At baseline, six out of ten (60%) respondents reported not knowing whether circumcision increased or decreased marriageability, and this percentage increased to more than three in four (77%) at endline. At endline, fewer respondents therefore thought that it either increased or decreased marriageability. More specifically, at baseline, 22% of the respondents in Bahir Dar Zuria and in Kewet believed that being circumcised would increase someone's chance of getting married while at endline, only 5% in Bahir Dar Zuria and 4% in Kewet thought so. Moreover, at endline, fewer respondents in both woredas (5%) believed that circumcision reduces marriageability compared to 18% and 13% at baseline in Bahir Dar Zuria and Kewet respectively.

Table 21 **Consequences of FGM/C according to young people**				
Which of the following are consequences of FGM/C?	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Menstrual problem	97/808 (12%)	481/794 (18.6%)	53/798 (6.6%)	256/791 (32.4%)
Sexual problem	361/808 (44.7%)	255/794 (32.1%)	253/798 (31.7%)	335/791 (42.4%)
Fertility problem	361/808 (44.7%)	288/794 (36.3%)	306/798 (38.3%)	301/791 (38.1%)
Complications during labour	545/808 (67.5%)	420/794 (52.9%)	607/798 (76.1%)	556/791 (70.3%)

3.7.2 AWARENESS OF THE CONSEQUENCES OF FEMALE GENITAL MUTILATION/CUTTING

The study results, both quantitative and qualitative, point towards an increased awareness of FGM/C and its consequences in Bahir Dar Zuria and Kewet.

In both woredas, the percentage of young people who believed that fertility problems are a consequence of FGM/C was slightly lower at endline than at baseline. At endline, a higher percentage of respondents from both woredas cited labour complications as a consequence of FGM/C (Table 21). These results were in line with the qualitative narratives which reveal that young people and adults understood the negative consequences of FGM/C, particularly the potential complications during labour. The following quotes illustrate participants' recognition of this:

> *"Previously, the society used to mutilate females at their 7th day. It has several impacts such as pain during sex and birth giving. It also decreases the feeling and the need of sexual intercourse. Fistula and infibulations are also some of the effects."* (FGD, young women, Abayatir, Kewet)

> *"Circumcision puts a scar, which prohibits women's body from stretching. The lack of body elasticity makes childbirth complicated. As a result, many girls are dying."* (IDI, grandmother, Yelen, Kewet)

Participants were also aware that FGM/C was prohibited by law. However, various participants argued that knowledge of the law did not guarantee that FGM/C would not be practiced:

> *"In my opinion, every one in the society has the awareness on the law and the effect of female genital mutilation… The traditional professionals who were circumcising the girls have also stopped to mutilate females just because they become aware of the law."* (FGD, young women, Abayatir, Kewet)

> *"I think most of the society knows the law very well, but nobody respects the law. I have never heard anyone getting sued because of female genital mutilation."* (FGD, young women, Abayatir, Kewet)

The extent to which the legal prohibition of FGM/C was enforced is unclear from participants' accounts as a variety of different opinions on this topic were expressed. The qualitative data provide an indication of the contribution of the Yes I Do programme to the increased awareness of FGM/C in the intervention areas. Various participants, for example in Abayatir, suggested that trainings provided by Yes I Do had contributed to the society's improved awareness of practices like FGM/C. However, participants also raised questions about the longevity of these changes. In the words of study participants:

> *"NGOs like Plan and Amref did lots of things. They were able to change the society's awareness, but the society gets back to their previous trend when the projects phase out."*
> (KII, kebele official, Abayatir, Kewet)

> *"There were frequent trainings. I usually hear an organisation called Amref. They give different trainings on different issues. They give training to mothers, got [village] and kebele leaders. Comparing to the past four years (since the implementation of the Yes I Do programme), there are some changes in the society. Nowadays almost everyone has stopped practicing such bad traditions."*
> (IDI, mothers, Abayatir, Kewet)

Moreover, as the following quote from a youth representative indicates, young people and change agents trained by Yes I Do on topics like FGM/C disseminated relevant information in different villages. However, these activities did not appear to have reached all villages, particularly the most remote ones, where awareness of FGM/C may have improved less:

> *"Yes I Do trained ten people, of which four were youth, four others were from change force, and two were from Iddirs. The training was about female genital mutilation. Those of us who took the training train the society in each got. Even though we train people in many gots, there might be some distant gots that didn't take the training. So, FGM/C might be prevalent in these gots."*
> (KII, youth representative, Yigoma Huletu, Bahir Dar Zuria)

Some participants also attributed these changes to the increased activity of health extension workers, which was suggested to be related to the Yes I Do programme. In interviews, many participants explained that health extension workers, during both home visits and visits carried out at community level, also checked whether baby girls were being circumcised or not.

> *"NGOs like Amref Health Africa, Plan International and DEC are working with health extension workers and women's development groups. So, I don't think there would be a person, who circumcises their child, but FGM/C would be prevalent in remote areas, where there is no information about the harms. In general, I can say that FGM/C is not 99% prevalent."* (KII, NGO staff, Bahir Dar Zuria)

> *"We work together with health extension workers. They check and report to us if they get circumcised girls during vaccination. Besides, a woman who gives birth to a girl would be checked by development groups."*
> (KII, Women's and Children Affairs office, Bahir Dar Zuria)

3.8 EDUCATION AND ECONOMIC EMPOWERMENT

3.8.1 ACCESS TO (HIGHER) EDUCATION

Endline results show a significantly increased level of secondary school attendance among young women (aged 15-18 years) compared to the baseline (OR=2.08, p-value<0.001). Attendance almost doubled in Bahir Dar Zuria (from

Table 22 **Education**

	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Young women aged 15-18 currently attending secondary school	28/294 (9.5%)	93/349 (26.7%)	68/383 (17.8%)	154/387 (39.8%)
Young women aged below 18 years who dropped out of school	37/165 (22.4%)	60/268 (22.4%)	82/263 (31.2%)	79/304 (26%)
Young women below 18 years who left school due to marriage	1/165 (0.6%)	11/268 (4.1%)	1/263 (0.4%)	7/304 (2.3%)
Young women below 18 years who left school due to pregnancy	0/165 (0%)	0/268 (0%)	0/263 (0%)	0/304 (0%)
Young women (15-18 years) who have a child and follow education	4/6 (66.7%)	7/10 (70%)	0/5 (0%)	0/3 (0%)
Young men below 18 years who left school due to marriage	0/42 (0%)	0/89 (0%)	0/35 (0%)	0/58 (0%)

10% to 18%). In Kewet, an increase of 13% since baseline was observed (Table 22). In relation to school drop-out, while Table 22 shows a higher percentage of girls below 18 years who had dropped out of school, the increase is not statistically significant (OR=1.17, p-value=0.293). The results also suggest that neither pregnancy nor marriage was a common reason for school drop-out among girls below the age of 18. However, among young women aged 18-24 who had a child marriage, the majority had dropped out of school (74% at endline). For these young women in Kewet, marriage was reported by around half of them as a reason for school drop-out (56% at baseline and 44% at endline), while this was not commonly the case among this group of females in Bahir Dar Zuria (13% at endline).

The qualitative data indicate that in the study communities, the link between education and economic empowerment was questioned. Adults and young people alike tended to believe that education was not helping young people to secure employment and incomes, as even those who obtained a university degree were finding it difficult to get a job. An NGO field staff working in Kewet described the situation:

> *"There are many unemployed graduates in our area. If you post a vacancy looking for an engineer, you will get 300-400 applicants. Such things don't motivate them to learn. Migration is more encouraged than education."* (KII, NGO staff, Kewet)

3.8.2 SAFETY IN SCHOOLS

The endline study did not find a lot of evidence about how safe young people felt within school environments. In-school safety was not reported as an issue by study participants, while some school initiatives and measures could have contributed to the safety of girls in schools. Some of these measures included an anonymous box where students could leave messages relating to planned or suspected child marriages. The provision of youth-friendly services in schools such as the establishment of a girls' corner for changing menstrual pads contributed to the general feeling that schools are safe spaces for girls. In many schools, young women played an active role in school club activities and mini-media (e.g., drama) which may be an indicator that the school environments were becoming more girl-friendly. At the same time, safety outside of schools was mentioned as a concern particularly for young women who had to walk long distances to access secondary education. In kebeles that were further away from schools, some young women reported that they did not always feel safe during these walks. Walking in groups was a measure they were taking to increase safety. For primary education, this was not an issue as girls attended school in nearby villages.

3.8.3 ACCESS TO ECONOMIC EMPOWERMENT OPPORTUNITIES

As Table 23 shows, the economic empowerment of young people did not improve during the four years of the programme implementation. The majority of the respondents were unemployed (60% at baseline and 77% at endline). This increase in unemployment was most notable in Bahir Dar Zuria; while fewer than half of those in this woreda (43%) were unemployed at baseline, at endline this increased to 70%. A smaller increase in unemployment was seen in Kewet (from 77% at baseline to 84% at endline), though respondents in Kewet were less likely to be employed at both study stages. Overall, at endline, less than one in four respondents were currently employed (23%). Only 5% of unemployed endline respondents stated that their lack of employment was directly related to the COVID-19 pandemic.

Data show a significant decrease from base- to endline in the percentages of young women and men who were economically active outside of the household (OR=0.48, p-value<0.001 and OR=0.21, p-value<0.001 respectively). The percentages of young women and men who had received any income in the six months prior to the study (before COVID-19) also declined significantly (OR=0.39, p-value<0.001 and OR=0.20, p-value<0.001 respectively). The qualitative narratives were consistent with this. One of the fathers who participated in an FGD linked current economic difficulties to the COVID-19 pandemic:

> *"Both the students and the workers are at home due to COVID-19. The economy is dead. Since schools are closed, a person who lives by selling exercise books and pens cannot get money. The daily labourer is at home and cannot get income. Unless he works, he cannot buy anything. The virus killed both the farmer and the merchant."* (FGD, fathers, Bahir Dar Zuria)

Table 23 **Economic empowerment**				
	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Young women (18-24 years) who are economically active outside of the household	294/409 (71.9%)	55/281 (19.5%)	131/315 (41.6%)	19/255 (7.5%)
Young women (18-24 years) who have received any income in the last six months	280/409 (68.5%)	68/281 (24.2%)	141/315 (45.4%)	28/255 (11%)
Young men (18-24 years) who are economically active outside of the household	121/187 (64.7%)	95/151 (62.9%)	80/185 (43.2%)	86/174 (49.4%)
Young men (18-24 years) who have received any income in the last six months	124/187 (66.3%)	102/151 (67.6%)	71/185 (38.4%)	89/174 (51.2%)

At the same time, data from qualitative interviews suggest that some young women and men were able to gain a degree of economic independence by undertaking various business activities including Bajaj taxis (young men) and poultry production (mostly young women). Yes I do had been helping the youth by supporting income generating activities through vocational and business trainings and the provision of credit after training. Some others were engaged in cattle fattening and planting vegetables and fruits. One of the young women who participated in an FGD said:

> *"There are changes. The youth get credit and started to engage in different businesses like boutique, beauty salon and Bajaj driving."* (FGD, young women, Abayatir, Kewet)

This was also echoed by a 22-year-old young woman from Sefeberet:

> *"They are engaged in poultry, dairy business, cattle fattening and restaurant business. Women work and save money in women support. They can also get loan from women support. So, they can work and generate their own money. They don't want monetary support from their husbands."*
> (IDI, young woman, Sefeberet, Kewet)

Parents who worried about their daughters' future were more likely to see child marriage as an option. This was seen mainly in Bahir Dar Zuria where more than 54% of the respondents believed that economic empowerment is a solution to child marriage (Table 24). At the same time, the percentages of respondents who agreed that economic empowerment is a solution to child marriage were lower at endline compared to baseline.

Table 24 **Responses to the statement: 'economic empowerment is a solution to child marriage'**				
	Baseline		Endline	
	Bahir Dar Zuria	**Kewet**	**Bahir Dar Zuria**	**Kewet**
Yes	540 (66.8%)	478 (60.2%)	434 (54.4%)	362 (45.8%)
No	221 (27.4%)	228 (28.7%)	324 (40.6%)	401 (50.7%)
Don't know /No answer	47 (5.8%)	88 (11.0%)	40 (5.0%)	28 (3.5%)
Total	808 (100.0%)	794 (100.0%)	798 (100.0%)	701 (100.0%)

3.9 POLICY AND LEGAL ISSUES

3.9.1 KNOWLEDGE AND AWARENESS OF LAWS

As illustrated in the previous sections on child marriage and FGM/C (3.6 and 3.7), the results indicate high levels of knowledge and awareness of laws against harmful traditional practices in Bahir Dar Zuria and Kewet. Young people, adults and key stakeholders all knew that child marriage and FGM/C were prohibited by law:

> *"Everyone in the society has the awareness on the law and the effect of female genital mutilation… The traditional professionals who were circumcising the girls have also stopped mutilating females just because they became aware of the law. Comparing to the past four years, there are some changes in the society. Nowadays almost everyone has stopped practicing such bad traditions."*
> (FGD, young women, Abayatir, Kewet)

Participants' accounts also demonstrate their awareness of law enforcement measures. Some participants shared that they had witnessed people who practiced child marriage and FGM/C being detained and fined. A health extension worker explained that the existing law not only criminalised parents involved in child marriage but also elders accused of negotiating such marriages. Various participants stated that knowledge of the law seemed to have deterred some people from practicing child marriage and FGM/C. Moreover, the qualitative narratives point to evidence that some community members were not only aware of the illegality of child marriage but also reported cases to police and kebele officials. Improved knowledge of laws prohibiting child marriage was also illustrated by the increase in bride/groom age estimations that were carried out before marriages take place.

The quantitative data show that only 2% of respondents' marriages were registered by the government. Most reported to have it registered by religious authorities (72% at baseline and 79% at endline). Of those who said that their marriage was registered with either government or religious authorities, the percentage who had a copy of their marriage certificate increased from 38% at baseline to 50% at endline. The vast majority of those who had a certificate (98%) reported that their marriage was registered with religious rather than government authorities.

3.9.2 LOCAL LAW AND POLICY

While the study found no evidence of new or adjusted laws on child marriage or FGM/C over the five years period of the Yes I Do programme, the qualitative narratives reveal that over the five past years there were evident efforts focused on the enforcement of the laws. Law enforcement was reported to be a clear commitment from the government, evident in the national policies to eliminate harmful traditional practices, including the National Costed Roadmap to End Child Marriage and Female Genital Mutilation/Cutting 2020- 2024. An NGO representative stated:

> *"The government has a road map to avoid child marriage by 2020. So, the government has developed polices and strategies. For instance, the government has started vital event registration. If birthdays start to be registered, underage girls can easily be identified."*
> (KII, NGO field staff, Bahir Dar Zuria)

The Women and Children's Affairs office, kebele officials and the police were the main actors in enacting laws on child marriage and FGM/C, as well as the anti-HTP committees. Key informants explained that there were cases of detentions and fines because of planned child marriages.

> *"If someone marries off his/her child, the parents would be taken to the kebele. Then, they would contact the police, and they would be asked to bring age estimation papers from health centres. If the person is above 18, the marriage would be legalised. If not, parents, the children and elders that ask the girl for marriage would be asked by the law. If they don't respect the law, and don't cancel the marriage, they would be detained for a year or a year and half. They would also pay 3,000 ETB."*
> (KII, kebele official, Medina, Kewet)

"Previously, there was no commitment. They even didn't take any action on parents who forced their child to stop education and get married. Now, everyone is committed. Kebele and political leaders believe in gender equality. If people are caught in child marriage, they would come to the police station and vow not to commit it again. For example, a commander who planned to marry off his daughter was detained." (KII, police officer, Latamba, Bahir Dar Zuria)

Notwithstanding the positive changes in relation to law enforcement and the role of policy makers, a few participants also commented on the lack of political will among government and inconsistency in policy implementation. Another source of complaint underscored by a youth club leader was a lack of clearly set accountability in relation to preventing child marriage and corruption (bribing) related to age estimation.

4. DISCUSSION

This endline study assessed the extent to which child marriage, teenage pregnancy and FGM/C were present in the intervention areas of the Yes I Do programme in Ethiopia implemented between 2016 and 2020. The results show a significant decrease in the child marriage and teenage pregnancy rates as well as in the percentage of young women who have undergone FGM/C over the past four years. In relation to child marriage, the main changes observed are the actions taken by various stakeholders, particularly by teachers and young people, to stop planned child marriages and the increased participation of young women in decisions about if, when and whom to marry. Regarding FGM/C, there is a significant decrease in the percentage of young women who want their (future) daughters to be circumcised as well as a significant increase in the percentage of young men who prefer a non-circumcised partner. As for teenage pregnancy, there are indications of changes with some parents' reactions being less negative. Overall, the results also suggest differences between the two woredas, such as the more prominent emergence and role of youth clubs in Kewet, and more use of SRH services in Bahir Dar Zuria.

The study aimed to provide insights into the different pathways of change and the assumptions of the programme´s ToC. This discussion presents a synthesis of the changes observed along each pathway of change with insights about the contributing factors to the identified changes, and reflections on what these suggest about the underlying assumptions of the ToC.

4.1 PATHWAY 1

COMMUNITY MEMBERS AND GATEKEEPERS HAVE CHANGED ATTITUDES AND TAKE ACTIONS TO PREVENT CHILD MARRIAGE, TEENAGE PREGNANCY AND FEMALE GENITAL MUTILATION/CUTTING

The results indicate that, compared to the start of the programme, more gatekeepers (including parents and religious leaders) have become aware of the harms of child marriage and FGM/C and the laws prohibiting these practices. The extent to which communities believe child marriage and FGM/C to be beneficial appears to have decreased, particularly where economic and educational alternatives to marriage for young women exist. Some religious leaders have started to raise awareness about the harms of child marriage. Parents are more willing to consider their daughters' concerns and preferences regarding marriage, including accepting girls' refusals to marry underage. Consultation and dialogue around marriage proposals are becoming more common. Parents and community members are now realising that traditional arranged marriages are no longer so readily accepted by younger generations, paving the way for marriages based on own choice, success in education and economic independence. Some circumcisers have stopped the practice of FGM/C after participating in sessions that provided information about the harm of FGM/C. The study also found evidence that some parents were reacting less negatively towards pregnant unmarried girls and have become more supportive over time. These results support the assumption that with improvements in awareness of rights and the availability of alternatives, people take action to change their social environment.

Over the programme implementation period, actions to stop planned child marriages have emerged as a new and increasingly utilised strategy and these actions are particularly driven by teachers and youth clubs. The police and kebele officials are working to stop arranged child marriages, often through committees against harmful traditional practices. Health (extension) workers are raising awareness about the use of contraceptives in school settings. Newly established youth clubs are becoming a driving force in transforming norms around child marriage, particularly in Kewet. These results support the programme's underlying assumption that various change agents are willing to organise themselves to influence the behaviour and attitudes of community members.

Through its interventions focusing on awareness-raising, community dialogue, promoting role models, establishing youth clubs and strengthening SRH and education facilities, the Yes I Do Ethiopia programme has actively contributed to the change in attitudes and actions of community members and gatekeepers in preventing child marriage, teenage pregnancy and FGM/C. Actions taken by most gatekeepers have primarily focused on the prevention of child marriage, whereas health (extension) workers and teachers have been more active on FGM/C. Increases in knowledge and activity on the part of gatekeepers, especially around child marriage and FGM/C, are also facilitated by the reduction of harmful traditional practices as a national political priority.

At the same time, the study found evidence of obstacles which impeded the programme's aims, such as cases of corruption among health workers and police who allowed child marriages to take place and the persistence of neutral attitudes among some religious leaders (particularly in relation to FGM/C). Young people were also less engaged in taking action on FGM/C in comparison with child marriage, which may be due to the fact that FGM/C usually takes place soon after birth. There was less evidence of change in social and gender norms around sexual behaviour, which meant less progress in attitudes towards pregnancies outside of wedlock. Actions to prevent teenage pregnancy focussed on knowledge about modern contraceptives, undertaken by health workers and teachers.

Finally, despite indications of some improvement in intergenerational dialogue, large gaps remain between older and younger generations in terms of their positions towards social and gender norms related to marriage and childbearing. Therefore, the underlying assumption that by participating in intergenerational dialogues, men and boys become allies in changing social norms, was not borne out in the cultural context of the Amhara region in Ethiopia, where intergenerational gaps in communication are evident.

4.2 PATHWAY 2

YOUNG WOMEN AND MEN ARE MEANINGFULLY ENGAGED TO CLAIM THEIR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The second pathway concerns the meaningful engagement of young people in claiming their sexual and reproductive rights based on young people's knowledge about their rights and space to raise their voice.

Linked to broader social and gender norms, sexual and reproductive health and rights are considered sensitive issues by many, with both young people and adults finding these topics difficult to discuss. However, in the two intervention woredas, young people appear better able to express themselves to their parents. It is becoming more common for young people to discuss topics like marriage and education with their parents. In Kewet, in particular, the percentage of young people who find it easy to discuss marriage and sexuality has significantly increased over the course of the Yes I Do programme, from 25% at baseline to 45% at endline.

Young people are gaining more confidence in their ability to advocate and decide for themselves, especially in relation to marriage. Young women are more commonly influencing decisions about when and whom to marry as well as expressing their refusal of marriage arrangements to parents, relatives, teachers and sometimes kebele officials.

In Ethiopia, in general, different youth clubs, like in-school and girls' clubs, have played an active and important role in tackling child marriage (Getachew, 2020). At the start of the Yes I Do programme, there were limited structures through which young people could organise themselves and claim their rights in both intervention woredas. Over the Yes I Do programme implementation period, a variety of youth groups have been created and strengthened, such as the ECHO group, and in-school SRH clubs. These youth groups are important structures which improve young people's knowledge of their entitlements and support them to claim their rights and be meaningfully engaged. These youth groups have played an important role in encouraging young people to raise their voices and advocate for these rights, particularly in Kewet. The engagement and increasingly prominent roles of various young women and men in these clubs in Kewet is in line with the underlying assumption of the ToC that when young people have improved knowledge of their rights, they want to organise themselves to influence others.

The Yes I Do programme has contributed to the emergence and strengthened position of these youth groups, with clearer evidence of impact seen in Kewet. Youth clubs were the Yes I Do activity in which most survey respondents from Kewet had participated (74% of those who had participated in Yes I Do activities) while in Bahir Dar it was the third most common activity in which respondents participated. All young people who had participated in Yes I Do activities related to youth clubs found activities beneficial.

4.3 PATHWAY 3

YOUNG WOMEN AND MEN TAKE INFORMED ACTION ON THEIR SEXUAL HEALTH

This third pathway of change, aimed at young people taking informed action on their sexual health, implied two mutually reinforcing strategies: access to sexuality education and SRHR information, and access to SRH services.

In general, young people have access to information on SRH and improvements have been seen as a result of the increased variety of sources, some of which related to the Yes I Do programme, such as new youth clubs, youth-friendly services or media programmes. Schools have become the preferred source of information for young people in both woredas. The use of media as an information source has increased among males, particularly in Bahir Dar, where it is also becoming the preferred source. The comprehensiveness and quality of the information received through some of these channels is less clear. Regarding sexuality education, there appear to be gaps, particularly in Bahir Dar Zuria where less than half of all respondents have ever received sexuality education. In Kewet, however, the situation is different, particularly in kebeles like Yelen where the overwhelming majority (93%) had received education on sexuality and sexual health. The Yes I Do programme seems to have contributed to this by developing and providing comprehensive sexuality education manuals (Meharabe).

The majority of young women and men in Bahir Dar Zuria and Kewet who have engaged in sexual activity have also used SRH services. Family planning and VCT are the most used services, with family planning used more by young women, and VCT by young men. It is remarkable that life skills and sexuality counselling are mainly being used by men. The knowledge on how to prevent pregnancy among youth is high, and most young people who have engaged in sexual intercourse acknowledged that they use contraceptives to prevent pregnancy. The most known and used contraceptive method among married and unmarried youth are injectables, which do not prevent young people from contracting STIs. The use of condoms is low although the majority (around 60% of the respondents) believe it is easy for a boy to propose condom use and most (around 70%) do not think it is inappropriate for a girl to propose condom use. Some possible reasons can be related to beliefs around sexual pleasure, trust or shyness around purchasing condoms from local shops.

The study results do not provide very rich evidence regarding the underlying assumptions of the ToC related to this pathway which state that a) when young people are meaningful engaged to claim their SRHR they will take informed action on their SRH and b) meaningful engagement is required for increased access and uptake of quality SRH services and information. The results do point at knowledge on pregnancy prevention, contraceptives and SRH services as factors contributing to young peoples informed actions on their sexual health and uptake of SRH services.

4.4 PATHWAY 4

YOUNG WOMEN HAVE ALTERNATIVES BEYOND CHILD MARRIAGE, TEENAGE PREGNANCY AND FEMALE GENITAL MUTILATION/CUTTING THROUGH EDUCATION AND SOCIO-ECONOMIC EMPOWERMENT

In Ethiopia, child brides are more likely to reside in poor households and in rural areas and have less education (UNICEF, 2018). According to UNICEF (2018), in Ethiopia, 58% of girls living in the poorest households were married before turning 18 and 68% of Ethiopian girls with no education were married before the age of 18, compared to 13% who completed secondary education. The fourth pathway of the Yes I Do ToC aimed to create alternatives to child marriage, teenage pregnancy and FGM/C by improving post-primary education and increasing employment opportunities.

Between base and endline, post-primary education has improved in both woredas. The percentage of young women attending secondary school has increased significantly over the programme period, with the percentage almost doubling in Bahir Dar Zuria. This is an important change when parents' worries (e.g. around rape or abduction) about the distances travelled by young women to secondary schools are taken into account (UNICEF, 2018).

At the same time, there is a declining trust in secondary and higher education as ways to increase income and employment opportunities. Alternatives, such as migration in Kewet, are perceived to pay off better economically than higher education. Hence, the underlying assumption of the ToC that when young women complete post-primary education they have more chances to be economically empowered is weak in contexts with very limited economic opportunities such as Kewet and Bahir Dar Zuria. While there are indications of income-generating opportunities facilitated by programmes and NGOs (e.g. the provision of credits), the general trend over the Yes I Do implementation period shows a significant decrease in the percentage of young people who are economically active outside of the household.

The research does not provide evidence regarding the assumption that private sector actors are willing to provide traineeships and jobs for girls. What the research does reaffirm is the importance of economic alternatives to eliminate child marriage, a belief that is shared by the local population. Parents who worry about their daughters' future are more likely to see child marriage as an option. Many young people agree that economic empowerment is a solution to child marriage (e.g. 54% of surveyed youth in Bahir Dar Zuria).

4.5 PATHWAY 5

POLICYMAKERS AND DUTY BEARERS DEVELOP, REFORM AND IMPLEMENT POLICIES AS WELL AS ENFORCE LAWS ON CHILD MARRIAGE, FEMALE GENITAL MUTILATION/CUTTING AND TEENAGE PREGNANCY

In Ethiopia, there is a clear political commitment to advance towards the elimination of child marriage and FGM/C (also prior to the start of the Yes I Do programme). The National Coasted Roadmap to End Child Marriage and FGM/C 2020-2024 presented in 2019 is an indication of this commitment (Girls not Brides, n.d.).

In the Yes I Do intervention woredas, there have been clear efforts to implementing the national policies on child marriage and FGM/C; particularly visible in the enforcement of the law prohibiting child marriage through emerging structures (e.g. anti-HTP committees) and actors (e.g. the police) stopping cases of planned child marriages. In Kewet, in particular, the intervention of the police in cases of planned child marriages has seen an important increase over the Yes I Do programme implementation period. In relation to FGM/C, the efforts have been more focused on awareness-raising and on closely monitoring of newborn by health extension workers. Iddirs have included child marriage and FGM/C in their bylaws, a change to which the Yes I Do programme has contributed through awareness-raising.

In general, the results are in line with the assumption that policymakers are as much influenced by social norms as people in the communities. Changes in social norms, as well as political commitment and will, are more visible in relation to child marriage and FGM/C than in relation to teenage pregnancy.

4.6 CROSSCUTTING STRATEGIES

Gender transformative thinking, girls' empowerment, men and boys engagement and meaningful youth participation are four core strategies across all pathways of change of the Yes I Do ToC.

4.6.1 GENDER TRANSFORMATIVE THINKING

In relation to gender transformative thinking, there are indications of changes regarding certain gender norms in the interventions areas. There is a clear changing trend over the past decades around the value attributed to young women who are not associated only with marriage and childbearing and whose education is important in most families. These changes are influenced by a context of migration and a growing urban culture, particularly in Kewet (Kassegne et al., 2019). The gendered division of labour and norms around young women's sexuality are the main expressions of gender inequalities in the two intervention woredas (Kassegne et al., 2019). There are indications of changes in relation to gender roles such as the engagement of some young men in domestic tasks. However, norms around sex and sexuality, which translate, for example, into negative attitudes towards out of wedlock pregnancies, have shown less change.

4.6.2 MALE ENGAGEMENT

Actively engaging young men and boys as part of programme strategies to reduce child marriage, teenage pregnancy and FGM/C was not apparent in the intervention areas at the start of the Yes I Do programme. Particularly young men are becoming increasingly aware and have a positive appreciation for programme efforts in their communities to reduce child marriage and teenage pregnancy. For example, young men are actively engaged in new youth clubs, such as ECHO, that proactively report child marriage cases and speak up in public exposing arranged child marriages. Young males also contribute to facilitate the use of contraceptives and thus preventing pregnancy. Moreover, it is becoming common for your males to prefer a non-circumcised partner in the future. At the same time, young men, as well as young women, are less engaged in strategies to reduce FGM/C. Youth groups and in-school clubs, some created or supported by Yes I Do, involve young men; thereby contributing to their engagement in challenging child marriage and teenage pregnancy.

4.6.3 GIRLS' EMPOWERMENT

The significant increase in young women attending secondary education, partly due to the building of new secondary schools in the last years, is an important progress towards girls empowerment. In a context of limited economic opportunities for young people, there have been initiatives supporting girls' economic empowerment. In Bahir Dar, some girls are engaged in family business. Horticulture is becoming an area of small business. In Kewet, some young women are getting credit from district offices and women support groups and start small business. Finally, the increasing autonomy of young women to influence marriage decision is another sign of young women's empowerment, to which youth groups and clubs have contributed.

4.6.4 MEANINGFUL YOUTH ENGAGEMENT

Young people in the two intervention woredas are becoming more able to express themselves and advocate for their rights, particularly in relation to marriage. Youth groups and clubs, particularly in Kewet, are playing a leading role in making young people more aware of their rights and encouraging to raise their voices. The youth groups and clubs have played a key role in facilitating youth engagement. Youth groups and clubs have shown to be important drivers of change in community attitudes and actions around child marriage. The research conducted within the Yes I Do programme, however, has not collected further insights on meaningful engagement of youth within other structures or organisations.

4.7 STRENGTHS AND LIMITATIONS OF THE STUDY

The use of mixed methods is a strength of the study. The qualitative narratives provide rich insights from a wide variety of key stakeholders in both woredas. The quantitative survey provides insight into the prevalence of child marriage, teenage pregnancy and FGM/C in the intervention areas as well as the attitudes and beliefs among young people. The triangulation of the different types of data has enhanced a comprehensive interpretation of the main findings. The core research team has been involved in all the studies conducted within the Yes I Do Ethiopia programme, facilitating the interpretations of changes over time.

The main limitation of the study is that the results are not representative of the whole of the two woredas, but are only representative of the kebeles selected for the studies. The Yes I Do programme has been implemented in other kebeles which have not been covered in the study. Due to the sampling strategy used, the survey results cannot be generalized to the woreda level. Moreover, at baseline, partly due to the season when data collection took place, remote villages from some kebeles where not accessible and could not be included in the sample. While differences in the demographic characteristics between the base- and endline samples have been controlled for in the statistical models, this difference between the base- and endline sampling needs to be mentioned. Finally, due to the large presence of actors and programmes working on child marriage in the Amhara region, a control area was not included.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1. CONCLUSION

The Yes I Do programme aimed to contribute to the reduction of the prevalence of child marriage, teenage pregnancy and FGM/C in Bahir Dar Zuria and Kewet woredas in the Amhara region of Ethiopia. This report shows that there has been progress towards the overall aim of the project, as the prevalence of child marriage and teenage pregnancy decreased significantly in Kewet between baseline and endline, while the prevalence of FGM/C decreased significantly in both areas.

The results of the Yes I Do programme in Ethiopia confirm the main underlying assumption of the ToC stating that only a combined approach of strategies will reduce child marriage, teenage pregnancy and FGM/C. At the same time, the results indicate that the combination of strategies and the weight of each pathway can be different to tackle each of the three problems, in line with the countty context. In Ethiopia, the combination of strategies of the Yes I Do ToC has been more relevant to reduce child marriage. As FGM/C generally occurs on the 7th day of a newborn, pathways of change such as youth engagement and claiming of SRH rights seem to be less effective in eliminating the practice in the short term. The results show that young people are more silent regarding FGM/C compared to child marriage and teenage pregnancy. With respect to teenage pregnancy and its consequences, strategies related to norms transformation require a stronger weight in the context of the Amhara region.

The linkages between the different pathways of changes and the effectiveness of the combination of strategies have shown to be different in each woreda. This can be due to contextual factors as well as to implementation differences (e.g. ECHO initially established only in Kewet and later in Bahir Dar). In Kewet, gatekeepers' actions and the meaningul engagement of youth in claiming their rights seem to have been mutually reinforcing and facilitated by the political commitment and law enforcement efforts. Together, these strategies have contributed to the clear progress in the reduction of child marriage in Kewet. In Bahir Dar Zuria, the combination of improved secondary education and service provision has contributed to the increased knowledge of young men about contraceptives and the more common use of SRH services among those who are sexuality active as compared to Kewet.

5.2. RECOMMENDATIONS FOR FUTURE PROGRAMMES

Based on the study findings, the following recommendations are made, categorised by pathways of the Yes I Do ToC.

Pathway 1

- Invest in and leverage on emerging groups of change agents (religious leaders, youth clubs and their members, anti-HTP committees, teachers) to become stronger catalysts of changes in attitudes and action taking to eliminate child marriage and FGM/C.
- Continue with the creation of spaces to facilitate inter-generational and cross-sex dialogues.
- Programmes need to recognise that caretakers and guardians can have as much influence on decision-making as biological parents. There is a need to extend programme interventions for parents to also include caretakers and guardians.
- More recognition of out of wedlock (teenage) pregnancy as a social problem is needed. Programmes need to mitigate the negative consequences of teenage pregnancy; not only the health risks but also the psychosocial implications of being socially ostracised. Therefore, enhanced open dialogue on out of wedlock (teenage) pregnancy in communities is needed.
- Programmes need to further invest in improving gatekeepers' and young people's knowledge about the customs, types and consequences of FGM/C, which is better adapted to the context of the Amhara region and Ethiopia.

Pathway 2

- In Kewet, youth groups and clubs have been shown to contribute to young people's understanding of their rights and empowerment to raise their voice, particularly in relation to marriage. Programmes can learn from these experiences in Kewet and facilitate the emergence of similar groups in Bahir Dar Zuria.
- Ensure that out-of-school youth are included in programme activities and interventions, including youth clubs, which at the moment are primarily targeting in-school youth.

- Encourage young people to broaden their understanding of sexual and reproductive rights beyond if, when and whom to marry. For example, the right to decide when to get pregnant and have a child; when to start using contraceptives; when to start having sexual relations; and their knowledge about the importance of consent in all sexual relationships and bodily integrity.

Pathway 3

- Strengthening health facilities that provide SRH services especially for young girls in rural areas.
- Further sensitise young people about the use of condoms not only to prevent pregnancies but also to protect from STIs.
- Programmes need to innovate in the area of like skills and sexuality counselling among young women to increase their acceptability and use of it.
- Further encourage the coordination between teacher and health (extension) workers in providing information about sexuality and SRH services and creating safe and friendly spaces to discuss these topics.
- Ensure better outreach activities on sexuality and sexual health education for young people, particularly young men in Bahir Dar Zuria, by drawing lessons from Kewet.
- Diversify the platforms and channels to communicate with young people, for example making more use of media, namely radio programmes, for which young males in Bahir Dar Zuria indicated to have preference for.

Pathway 4

- The economic alternatives available to young people are limited and unemployment is increasing, which is negatively affecting trust in secondary and higher education. Programmes need to become more creative, innovative and bold in creating job opportunities for young people. Multiple stakeholders need to be mapped and engaged in these reflections (e.g. universities, the private sector, technical vocational education, kebele officials, NGOs).
- Programmes can call for more attention regarding the limited employment opportunities for young people, as well as poor working conditions and low wages.
- There is a need for designing tailor-made training in local small-scale business initiatives for young people.
- Some young women are not attending secondary education due to long journey times and limited transportation. Programmes can invest in making secondary schools more accessible for young women and mitigating the financial burden on families.

Pathway 5

- Programmes can call for attention to identify the legal and policy gaps around violence against young women, as current efforts on policy making and law enforcement seem to be more focused on child marriage and FGM/C.
- Programmes can better enable the extension of health and social protection services to victims of sexual and gender-based violence, for example to teenagers who become pregnant due to rape.
- Develop policies to extend health services, social services and psychosocial counselling and support for young women who have pregnancies and children out of wedlock.
- Bring attention to and raise awareness about the mismanaged cases in law enforcement such as taking brides in age estimation processes or secret child weddings.

5.3 RECOMMENDATIONS FOR FUTURE RESEARCH

- Investigate conducive environments, drivers and facilitators for the proliferation of groups of change agents taking action to eliminate child marriage and FGM/C.
- Explore the dynamics and linkages between deep-rooted social norms and the desire and need for social change.
- Better understanding is required of the desires, worries and interests of out-of-school young people, particularly in more remote areas. This could help to ensure that programme interventions are more appropriate and tailored to the realities of these young people's lives.
- Studies to explore young people's knowledge on the different types of contraceptives and their experiences with it, including reasons for their choices.
- Identifying and understanding factors (social, cultural, economic) affecting the uptake of SRH services to improve service provision.

- Identify potential development opportunities of small-scale business for young people in rural areas.
- Investigate the role of remittances and its implications for young people and their opportunities.
- Understand the economic and social situation for returned labour migrants in Kewet.
- Address gaps in research about the prevalence, causes and consequences of sexual violence among young women in Ethiopia to better inform policies on sexual violence.

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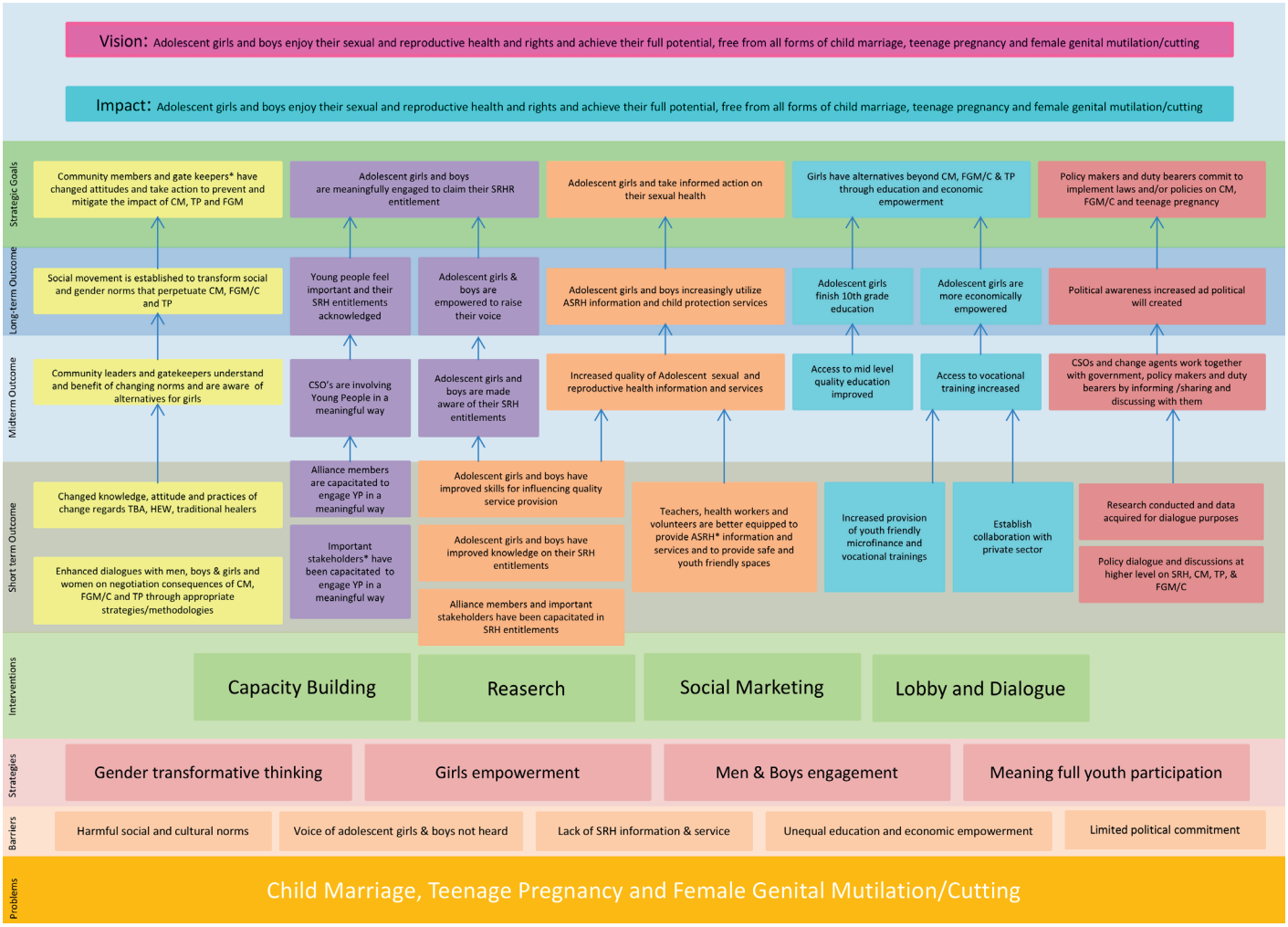
7. ANNEXES

ANNEX 1. THEORY OF CHANGE ETHIOPIA



ANNEX 2. OVERVIEW AND DESCRIPTION OF MODELS

The models presented below aim to assess the trend over time in the intervention areas of the Yes I Do programme. All models are logistic regression models as the outcome variables are all binary. This means that the parameters estimated and provided in the tables below are odds ratios (OR). An odds ratio below 1 indicates and inverse association, e.g. an increase in 'x' is associated with a decrease in 'y'. An odds ratio of more than one indicates a positive association, e.g. an increase in `x' is associated with an increase in 'y'. An odds ratio of 1, means that the odds in both groups are the same. Note: an odds ratio can be >1 or <1 but as long as it is not statistically significant we assume no association. All logistic regression models were adjusted for school attendance (yes/no). The following outcome variables were modelled:

Outcomes	
Theme	**Outcome variable**
SRHR knowledge and behaviour	Young women who have actual knowledge of legal minimum age according to statutory law
	Young men who have actual knowledge of legal minimum age according to statutory law
	Young women who know how to prevent pregnancy using modern contraceptives
	Young men who know how to prevent pregnancy using modern contraceptives
	Young women who can decide for themselves whom to date and go out with
	Young men who can decide for themselves whom to date and go out with
SRHR support	Young women who agree that their parents or relatives decide their future partner
	Young men who agree that their parents or relatives decide their future partner
	Young women who have someone at home with whom they can talk about feelings/hopes or worries
	Young men who have someone at home with whom they can talk about feelings/hopes or worries
	Young women and men who find it easy to talk to their parents about sexuality and marriage
Teenage Pregnancy	Young women aged 20-24 years who had their first child under the age of 20
Child Marriage	Young women aged 18-24 who were married or in a union before age 18
	Young women aged 16-24 who were married or in a union before age 16
	Married young women who perceive that it was their choice to get married
FGM/C	Young women who underwent FGM/C
	Young women who want their daughters to be circumcised
	Unmarried young men who prefer a non-circumcised partner in the future
Education	Young women below 18 years who dropped out of school
	Young women aged 15-18 currently attending secondary school
Employment	Young women between 18 and 24 years old who are economically active outside of the household
	Young women between 18 and 24 years old who have received any income in the last six months

SRHR knowledge and behaviour								1/3
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Young women who have actual knowledge of legal minimum age according to statutory law								
Constant					1.528795	1.231639	1.897645	0.0001185
Time	0.59	0.49	0.7	0	0.6495335	0.5410031	0.779836	3.73E-06
School attendance	2.27	1.85	2.79	0	2.104674	1.708025	2.593436	2.86E-12
Bahir Dar								
Constant					1.199611	0.907911	1.585031	0.2004286
Time	0.46	0.36	0.59	0	0.4673234	0.3657159	0.5971607	1.19E-09
School attendance	2.4	1.81	3.17	0	2.374981	1.786614	3.157109	2.59E-09
Kewet								
Constant					1.84698	1.291773	2.640817	0.0007699
Time	0.78	0.59	1.02	0.074	0.9466575	0.7059296	1.269476	0.7142414
School attendance	2.12	1.55	2.91	0	2.080428	1.49167	2.901567	0.0000159
Outcome variable: Young men who have actual knowledge of legal minimum age according to statutory law								
Constant					0.739167	0.5212505	1.048187	0.0899069
Time	1.52	1.15	2	0.003	1.886596	1.40451	2.534153	0.0000248
School attendance	1.98	1.44	2.72	0	2.442231	1.742388	3.423172	2.18E-07
Bahir Dar								
Constant					0.7134067	0.4390638	1.159169	0.1727028
Time	1.16	0.8	1.7	0.428	1.279343	0.8699212	1.881455	0.2106314
School attendance	1.94	1.21	3.09	0.005	2.03611	1.267066	3.271923	0.0033031
Kewet								
Constant					0.539658	0.3089836	0.9425443	0.0301635
Time	2.16	1.42	3.3	0	3.812648	2.275224	6.388945	3.75E-07
School attendance	2.31	1.48	3.62	0	4.327291	2.50557	7.473527	1.48E-07

SRHR knowledge and behaviour 2/3								
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Young women who know how to prevent a pregnancy using modern contraceptives								
Constant					14.38309	9.332622	22.1667	0
Time	1.09	0.77	1.54	0.621	1.095942	0.7717393	1.55634	0.6086699
School attendance	1.02	0.67	1.55	0.922	1.040186	0.6807615	1.589376	0.8554652
Bahir Dar								
Constant					12.41908	7.440872	20.72788	0
Time	0.86	0.56	1.34	0.518	0.8677691	0.5583965	1.348546	0.528336
School attendance	1.11	0.66	1.85	0.697	1.099135	0.6580082	1.835991	0.718031
Kewet								
Constant					16.89027	7.620192	37.43753	3.38E-12
Time	1.6	0.9	2.85	0.107	1.598503	0.8740183	2.92352	0.1278053
School attendance	0.83	0.4	1.73	0.623	0.9945888	0.4592234	2.154086	0.9890205
Outcome variable: Young men who know how to prevent a pregnancy using modern contraceptives								
Constant					5.396401	2.969795	9.805779	3.16E-08
Time	3.18	1.75	5.79	0	3.709741	1.985373	6.931784	0.0000396
School attendance	1.25	0.69	2.26	0.461	1.863199	0.9944987	3.490712	0.0520473
Bahir Dar								
Constant					4.785472	2.150895	10.64708	0.0001245
Time	4.41	1.89	10.3	0.001	4.7001	1.988147	11.11132	0.0004228
School attendance	1.15	0.51	2.62	0.734	1.545111	0.658676	3.624495	0.3172238
Kewet								
Constant					6.512058	2.590336	16.3712	0.0000679
Time	2.15	0.91	5.09	0.081	2.837455	1.107345	7.27068	0.0298289
School attendance	1.47	0.62	3.5	0.386	2.238811	0.8631786	5.806765	0.0974406

SRHR knowledge and behaviour								3/3
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Young women who can decide for themselves whom to date and go out with								
Constant					1.263736	1.020859	1.564398	0.0315908
Time	0.94	0.79	1.11	0.465	1.007243	0.8439533	1.202125	0.9362642
School attendance	1.68	1.37	2.06	0	1.680317	1.365085	2.068343	9.79E-07
Bahir Dar								
Constant					1.107531	0.8428119	1.455395	0.4636435
Time	0.92	0.73	1.16	0.491	0.9271038	0.7349387	1.169515	0.5230383
School attendance	1.18	0.89	1.55	0.25	1.171316	0.8885581	1.544053	0.2619618
Kewet								
Constant					1.294237	0.9037127	1.853519	0.1592861
Time	0.95	0.72	1.25	0.703	1.274122	0.9405969	1.725912	0.1177054
School attendance	2.66	1.94	3.64	0	2.917433	2.081029	4.090002	5.24E-10
Outcome variable: Young men who can decide for themselves whom to date and go out with								
Constant					1.890301	1.287776	2.774733	0.0011481
Time	1.99	1.46	2.71	0	2.074233	1.505766	2.857311	8.02E-06
School attendance	0.97	0.67	1.39	0.855	1.21074	0.8289077	1.768463	0.3225379
Bahir Dar								
Constant					1.618899	0.9756016	2.686378	0.0622697
Time	1.37	0.92	2.04	0.125	1.397175	0.9312504	2.096212	0.1061281
School attendance	1.1	0.67	1.8	0.697	1.177599	0.7142789	1.941453	0.5216057
Kewet								
Constant					1.689545	0.911774	3.130778	0.0956181
Time	3.73	2.19	6.35	0	4.439599	2.481945	7.941367	5.07E-07
School attendance	0.92	0.53	1.59	0.753	1.692548	0.906773	3.159245	0.0984068

SRHR support								1/3
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Young women who agree that their parents or relatives decide their future partner								
Constant					1.185714	0.9619328	1.461555	0.1104273
Time	0.91	0.77	1.07	0.25	0.8631176	0.7293443	1.021427	0.086672
School attendance	0.71	0.58	0.87	0.001	0.6873271	0.5607085	0.8425388	0.0003071
Bahir Dar								
Constant					1.41726	1.073972	1.870279	0.01373
Time	1.08	0.85	1.37	0.521	1.085392	0.8559888	1.376274	0.4987934
School attendance	1.12	0.84	1.48	0.444	1.120753	0.8458472	1.485006	0.4272112
Kewet								
Constant					1.244795	0.8760511	1.768749	0.2218321
Time	0.72	0.55	0.94	0.014	0.5225174	0.3899927	0.7000759	0.0000137
School attendance	0.42	0.31	0.57	0	0.3256045	0.2331964	0.4546308	4.45E-11
Outcome variable: Young men who agree that their parents or relatives decide their future partner								
Constant					0.8300176	0.5856411	1.176368	0.2950635
Time	0.66	0.5	0.87	0.003	0.6111826	0.4587231	0.8143129	0.000771
School attendance	0.84	0.6	1.15	0.276	0.7174566	0.5117112	1.005927	0.0541428
Bahir Dar								
Constant					0.5293258	0.3201763	0.8750986	0.0131341
Time	0.98	0.67	1.45	0.934	0.9885771	0.6678726	1.46328	0.9542128
School attendance	1.04	0.64	1.69	0.869	1.039542	0.6358941	1.699415	0.877102
Kewet								
Constant					1.514931	0.9032471	2.54085	0.1154209
Time	0.44	0.29	0.65	0	0.32368	0.2064132	0.5075679	8.91E-07
School attendance	0.68	0.44	1.06	0.088	0.4195755	0.2545156	0.6916813	0.0006609

SRHR support 2/3								
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Young women who have someone at home with whom they can talk about feelings/ hopes or worries								
Constant					1.28245	1.029093	1.598181	0.0267363
Time	2.17	1.82	2.59	0	2.160488	1.807773	2.582022	0
School attendance	0.83	0.67	1.03	0.093	0.9708136	0.7801716	1.208041	0.7905827
Bahir Dar								
Constant					1.904132	1.428898	2.537423	0.000011
Time	0.89	0.69	1.14	0.362	0.8997687	0.7004106	1.15587	0.4085376
School attendance	1.34	1	1.79	0.047	1.334564	0.9978502	1.784898	0.05172
Kewet								
Constant					0.7114351	0.4939967	1.024582	0.0673284
Time	5.44	4.18	7.08	0	5.334547	4.049561	7.027277	0
School attendance	0.51	0.37	0.7	0	0.92986	0.6532937	1.323508	0.6863874
Outcome variable: Young men who have someone at home with whom they can talk about feelings/hopes or worries								
Constant					1.189795	0.8479471	1.669457	0.3146231
Time	0.56	0.43	0.72	0	0.5514436	0.4206476	0.7229091	0.0000164
School attendance	1.15	0.84	1.57	0.392	0.9583395	0.6920688	1.327057	0.797784
Bahir Dar								
Constant					1.536643	0.9389591	2.514774	0.087385
Time	0.39	0.27	0.58	0	0.3866012	0.2623795	0.5696349	1.54E-06
School attendance	1.03	0.65	1.63	0.907	0.8506855	0.524753	1.37906	0.5117871
Kewet								
Constant					0.874968	0.544041	1.40719	0.5816715
Time	0.76	0.53	1.1	0.145	0.7950684	0.541415	1.167558	0.2420953
School attendance	1.26	0.82	1.92	0.289	1.149981	0.7340981	1.80147	0.5417259

SRHR support 3/3								
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Young women and men who find it easy to talk to their parents about sexuality and marriage								
Constant					0.3622909	0.2983641	0.4399146	0
Time	1.34	1.16	1.56	0	1.356025	1.162476	1.581798	0.0001062
School attendance	0.98	0.82	1.17	0.817	1.048839	0.8710853	1.262865	0.6147678
Bahir Dar								
Constant					0.3913379	0.2987741	0.5125791	9.54E-12
Time	0.72	0.57	0.9	0.004	0.7200242	0.5751879	0.9013315	0.0041499
School attendance	1.11	0.84	1.45	0.466	1.075081	0.8174328	1.413937	0.6045338
Kewet								
Constant					0.284583	0.2128373	0.3805137	0
Time	2.35	1.9	2.91	0	2.477067	1.981648	3.096343	1.55E-15
School attendance	0.88	0.68	1.13	0.304	1.219816	0.9363726	1.589058	0.1408307

Teenage pregnancy								
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Young women aged 20-24 years who had their first child under the age of 20								
Constant					0.8930941	0.6417131	1.242949	0.5026047
Time	0.86	0.62	1.2	0.369	0.6429923	0.4470051	0.9249091	0.0172759
School attendance	0.5	0.36	0.7	0	0.4301614	0.3004309	0.6159117	4.10E-06
Bahir Dar								
Constant					0.6291467	0.4166966	0.9499131	0.0274957
Time	1.24	0.8	1.93	0.339	1.046741	0.6606629	1.658435	0.8457392
School attendance	0.48	0.31	0.75	0.001	0.4840872	0.3067081	0.7640504	0.0018347
Kewet								
Constant					1.883201	1.021396	3.472156	0.0425821
Time	0.52	0.31	0.87	0.013	0.2667809	0.138797	0.512778	0.0000739
School attendance	0.53	0.32	0.88	0.013	0.2695592	0.1416148	0.5130974	0.0000656

Child marriage								1/2
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Young women aged 18-24 who were married or in a union before age 18								
Constant					1.328863	1.021472	1.728757	0.0341546
Time	0.52	0.41	0.67	0	0.4037224	0.3094274	0.5267528	2.34E-11
School attendance	0.47	0.37	0.61	0	0.3642263	0.2773953	0.4782374	3.63E-13
Bahir Dar								
Constant					0.844671	0.6150299	1.160056	0.2970376
Time	0.92	0.67	1.27	0.61	0.7978046	0.5707884	1.115111	0.1860945
School attendance	0.41	0.29	0.57	0	0.3940823	0.2805108	0.553636	7.93E-08
Kewet								
Constant					4.069138	2.341276	7.072161	6.48E-07
Time	0.24	0.16	0.36	0	0.1140247	0.0672854	0.1932311	6.66E-16
School attendance	0.55	0.38	0.82	0.003	0.1885475	0.1090925	0.3258716	2.28E-09
Outcome variable: Young women aged 18-24 who were married or in a union before age 16								
Constant					0.4858012	0.3678129	0.6416382	3.66E-07
Time	0.5	0.38	0.67	0	0.4011441	0.2970453	0.5417241	2.54E-09
School attendance	0.39	0.29	0.52	0	0.3186062	0.2361705	0.429816	7.02E-14
Bahir Dar								
Constant					0.3038687	0.210496	0.4386598	2.03E-10
Time	0.85	0.57	1.25	0.409	0.7796328	0.5229035	1.162408	0.2218976
School attendance	0.37	0.24	0.55	0	0.3568664	0.2385054	0.5339654	5.40E-07
Kewet								
Constant					1.128837	0.6964845	1.829579	0.6228096
Time	0.28	0.18	0.43	0	0.1524131	0.0908454	0.2557065	1.04E-12
School attendance	0.41	0.27	0.62	0	0.1865249	0.1127158	0.308666	6.40E-11

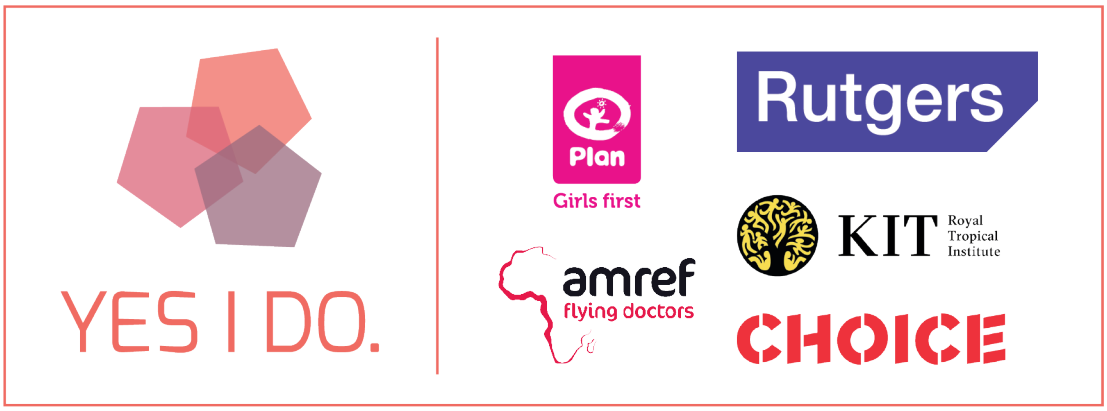
Child marriage								2/2
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Married young women who perceive that it was their choice to get married								
Constant					1.255268	0.9329723	1.688901	0.133176
Time	0.64	0.48	0.85	0.003	0.5788159	0.4179532	0.8015917	0.0009977
School attendance	1.01	0.76	1.35	0.922	0.8046778	0.5854009	1.10609	0.1806421
Bahir Dar								
Constant					1.212694	0.8390939	1.752637	0.3047432
Time	0.48	0.32	0.71	0	0.4358682	0.2872395	0.661403	0.0000951
School attendance	0.9	0.62	1.32	0.593	0.7157487	0.4769464	1.074117	0.1063671
Kewet								
Constant					1.003556	0.5907593	1.704797	0.9895247
Time	0.97	0.62	1.51	0.885	1.123373	0.6258542	2.016392	0.6966954
School attendance	1.17	0.76	1.8	0.488	1.252208	0.7123708	2.201138	0.4345127

FGM/C								1/2
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Young women who underwent FGM/C								
Constant					1.845518	1.489656	2.286393	2.07E-08
Time	0.63	0.53	0.74	0	0.5790111	0.4883763	0.6864665	3.15E-10
School attendance	0.66	0.54	0.8	0	0.583634	0.4743717	0.7180628	3.55E-07
Bahir Dar								
Constant					1.792232	1.354106	2.372116	0.0000451
Time	0.54	0.43	0.68	0	0.5270389	0.4161513	0.6674737	1.07E-07
School attendance	0.62	0.47	0.82	0.001	0.5958825	0.4495981	0.7897631	0.0003156
Kewet								
Constant					1.875521	1.344518	2.616239	0.0002129
Time	0.73	0.57	0.92	0.008	0.6371799	0.496264	0.8181092	0.0004089
School attendance	0.69	0.51	0.93	0.013	0.5816431	0.4260429	0.794072	0.0006457
Outcome variable: Young women who want their daughters to be circumcised								
Constant					0.4096207	0.3148747	0.5328757	2.93E-11
Time	0.54	0.42	0.69	0	0.4721261	0.366028	0.6089781	7.51E-09
School attendance	0.52	0.4	0.67	0	0.43989	0.3353616	0.5769986	2.98E-09
Bahir Dar								
Constant					0.2575665	0.178773	0.3710881	3.32E-13
Time	0.71	0.49	1.02	0.065	0.6820286	0.4702389	0.9892057	0.0436777
School attendance	0.49	0.33	0.72	0	0.478121	0.3233407	0.7069932	0.0002179
Kewet								
Constant					0.7764925	0.5151755	1.170359	0.2268678
Time	0.44	0.31	0.61	0	0.3048899	0.2091777	0.4443967	6.45E-10
School attendance	0.52	0.37	0.75	0	0.3190098	0.2123623	0.4792152	3.73E-08

FGM/C 2/2								
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Unmarried young men who prefer a non-circumcised partner in the future								
Constant					0.1797376	0.1189926	0.2714925	4.44E-16
Time	3.41	2.55	4.55	0	4.043812	2.981452	5.484715	0
School attendance	1.38	0.97	1.95	0.071	2.180225	1.495659	3.178117	0.0000504
Bahir Dar								
Constant					0.1884131	0.1013038	0.3504259	1.35E-07
Time	3.09	2.03	4.72	0	3.400461	2.205037	5.243964	3.06E-08
School attendance	1.61	0.93	2.79	0.09	2.100591	1.17819	3.745139	0.0118771
Kewet								
Constant					0.1605386	0.0912116	0.2825589	2.27E-10
Time	3.73	2.51	5.54	0	4.897885	3.167204	7.574277	9.13E-13
School attendance	1.25	0.8	1.96	0.333	2.430248	1.457167	4.053141	0.0006674

Education								
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Young women below 18 years who dropped out of school								
Constant					1.078254	0.6904462	1.683884	0.7404362
Time	1.37	1.03	1.84	0.032	1.175191	0.8696706	1.588042	0.293301
School attendance	0.23	0.16	0.35	0	0.2427986	0.1603429	0.3676568	2.28E-11
Bahir Dar								
Constant					0.6398427	0.3068102	1.334371	0.2337541
Time	1.57	1	2.46	0.05	1.614865	1.025627	2.542629	0.0385258
School attendance	0.43	0.21	0.88	0.021	0.4095781	0.1978269	0.8479851	0.0162142
Kewet								
Constant					1.878218	1.027624	3.432871	0.0405087
Time	1.22	0.83	1.79	0.317	0.7504964	0.4854776	1.160187	0.1965542
School attendance	0.16	0.1	0.27	0	0.1421187	0.0820118	0.2462785	3.52E-12
Outcome variable: Young women aged 15-18 currently attending secondary school								
Constant					0.2596567	0.2125937	0.3171383	0
Time	1.75	1.36	2.25	0	2.085305	1.610784	2.699616	2.42E-08
School attendance	1	1	1		1	1	1	
Bahir Dar								
Constant					0.1255606	0.08476	0.1860012	0
Time	2.05	1.28	3.28	0.003	2.035983	1.266508	3.272958	0.0033309
School attendance	1	1	1		1	1	1	
Kewet								
Constant					0.3827161	0.3013605	0.4860346	3.33E-15
Time	1.82	1.33	2.49	0	2.794355	2.009428	3.885891	1.01E-09
School attendance	1	1	1		1	1	1	

Employment								
	Univariable				Multivariable			
		95%CI				95%CI		
	B	Lower bound	Upper bound	P-value	B	Lower bound	Upper bound	P-value
Outcome variable: Young women between 18 and 24 years old who are economically active outside of the household								
Constant					2.157624	1.64871	2.823627	2.11E-08
Time	0.35	0.27	0.44	0	0.2720361	0.2097653	0.3527926	0
School attendance	0.58	0.45	0.74	0	0.3938442	0.2998367	0.5173259	2.13E-11
Bahir Dar								
Constant					5.181189	3.5836	7.490992	0
Time	0.28	0.2	0.38	0	0.2342653	0.1686274	0.3254525	0
School attendance	0.56	0.4	0.77	0	0.405627	0.2827612	0.5818807	9.52E-07
Kewet								
Constant					0.6825306	0.3914695	1.189998	0.1780921
Time	0.33	0.19	0.57	0	0.2022447	0.1077381	0.3796515	6.56E-07
School attendance	0.55	0.33	0.92	0.022	0.2851188	0.1570598	0.5175908	0.0000371
Outcome variable: Young women between 18 and 24 years old who have received any income in the last six months								
Constant					1.8617	1.434135	2.416738	3.04E-06
Time	0.42	0.33	0.53	0	0.3491468	0.2722995	0.4476817	0
School attendance	0.63	0.49	0.8	0	0.4689783	0.3602791	0.6104729	1.82E-08
Bahir Dar								
Constant					4.112356	2.889799	5.852128	4.00E-15
Time	0.38	0.28	0.52	0	0.3315951	0.2412219	0.4558264	1.05E-11
School attendance	0.55	0.39	0.76	0	0.4383952	0.3090176	0.6219399	3.81E-06
Kewet								
Constant					0.5585558	0.3310062	0.9425339	0.0291343
Time	0.39	0.24	0.62	0	0.3067232	0.1813087	0.5188891	0.0000105
School attendance	0.82	0.51	1.33	0.432	0.5161796	0.301535	0.8836166	0.015905


YES I DO.
Plan
Girls first
amref
flying doctors
Rutgers
KIT
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Tropical
Institute
CHOICE