



Young Lives Policy Insights on Female Genital Mutilation/Cutting and Child Marriage in Ethiopia

Overview

Young Lives' sixth wave of qualitative research (Qual 6) in Ethiopia provides vital insights into how young people's lives are changing as they navigate multiple intersecting crises, including the impacts of conflict, COVID-19, climate change, high inflation and increasing living costs and how these challenges have affected their health and well-being and that of their children and families.

This note is an extract from Young Lives' Policy Brief [Strengthening Resilience of Young Lives in Ethiopia in Times of Crises](#) (Ford et al., 2026) presenting emerging recommendations on **eliminating female genital mutilation (FGM/C) and child marriage** in Ethiopia, based on initial findings from Qual 6 and more than two decades of Young Lives longitudinal research.

This is one of eight interconnected research themes, as presented in the Young Lives Research Report, [Experiences of Young Lives During Crises in Ethiopia](#) (Tafere et al., 2026) and drawing on the Young Lives [Literature Review of Health Services and Trends in Health Expenditure and Health Outcomes in Ethiopia](#) (Endale, 2026).

It also incorporates insights from discussions at the [Young Lives Qual 6 high-level event](#) held in Addis Ababa on 29 January 2026, which brought together over 130 policymakers, researchers and practitioners, helping to ensure that the policy recommendations reflect local contexts and, where possible, align with key government priorities.

Young Lives study and Qual 6 in Ethiopia

[Young Lives](#) has been following the lives of 12,000 young people in Ethiopia, India, Peru and Vietnam, from infancy into early adulthood, since 2001. In Ethiopia, the study follows 3,000 young people located in 20 sites across Addis Ababa, Amhara, Oromia, Tigray and the former Southern Nations, Nationalities and Peoples' Region (SNNPR), now located within the Central Ethiopia Regional State, South Ethiopia Regional State and Sidama Region.

Young Lives is one of the few longitudinal studies collecting data in the conflict-affected areas of Tigray and Amhara – including through a COVID-19 phone survey in 2020–21 and in-person Round 7 survey in 2023–24. Young Lives has also conducted in-depth longitudinal qualitative interviews since 2007 with a sub-sample of young people, their families and communities located in seven sites across Addis Ababa, Amhara, Oromia, Sidama and Tigray. The current Qual 6 programme, co-funded by FCDO and Irish Aid, has enabled Young Lives to undertake a sixth wave of qualitative longitudinal data collection in 2025, involving a total of 494 respondents.

Young Lives is led by the University of Oxford, in partnership in Ethiopia with the Policy Studies Institute (PSI) and Pankhurst Development Research and Consulting (PDRC).

FGM/C and Child Marriage Policy Context

Ethiopia has banned all forms FGM/C under the Federal Criminal Code, prohibited its medicalisation in all health facilities and committed to eliminating both FGM/C and child marriage as harmful traditional practices by 2025.

These commitments were reflected in the [National Costed Roadmap to End Child Marriage and FGM/C \(2020–2024\)](#), developed collaboratively by the Ministry of Women, Children and Youth, UN agencies and other partners, with discussions underway for a potential second phase. The roadmap outlines multisectoral actions to empower girls and families, engage communities and leaders, strengthen legal enforcement and service delivery, promote an enabling legal and social environment and improve data and accountability. These actions are intended to align with national priorities and the aims of SDG 5.3 – to eliminate harmful practices while safeguarding the rights and well-being of women and girls.

Young Lives findings on FGM/C and Child Marriage

Despite recent declining rates, FGM/C remains prevalent in some parts of Ethiopia, particularly in rural areas, with practices and ages varying by region. In the Young Lives site in rural Oromia, most girls undergo FGM/C in their early teens regardless of their education, family wealth or knowledge of the potential health risks, driven by social expectations of purity and preparation for marriage, as well as peer pressure and stigma.

While overall rates of child marriage have declined over the last two decades, among the full Young Lives sample almost one in five (19%) of married women were married before the legal age of 18, highlighting the importance of sustained efforts to eliminate child marriage ([Tanima, 2025](#)).

Economic hardship, conflict and rising living costs are reshaping marriage practices, sometimes delaying or preventing marriage, and in other contexts accelerating early marriage and risking a reversal of earlier declines. In Tigray, conflict has led some families to encourage early marriage or childbearing to offset lives lost during the war and deter their daughters from migrating.

Financial barriers – including high dowry and bridewealth payments, scarcity of land and parents' constrained resources – and limited job opportunities for young people are making formal marriage and establishing separate households increasingly difficult. Changing social norms mean that young people are increasingly making their own marriage decisions, with many opting for cohabitation or informal unions; however, limited resources often make these early unions fragile, increasing the risk of separation or divorce, which can have especially negative effects on the livelihoods of single women and mothers.

Policy recommendations on FGM/C and child marriage

These evidence-based recommendations are primarily designed to guide government policies and programmes, informing decision-makers in the Ministry of Health, Ministry of Women and Social Affairs, Ministry of Education, and Ministry of Labour and Skills (among others). Their effective implementation requires a broad, coordinated approach that promotes cross-sectoral collaboration across government ministries, agencies and organisations.

The recommendations build on the earlier Young Lives policy brief, [Improving Sexual and Reproductive Health in Ethiopia](#) (Ford and Pankhurst, 2023), drawing on evidence from 27 Young Lives publications focused on sexual and reproductive health.

1. **Challenging discriminatory gender norms, which are often reinforced in times of crises, requires targeted initiatives to engage whole communities.** It is crucial to engage boys and men – and mothers-in-law – to challenge patriarchal norms and the discrimination faced by girls and women; this should also include working with traditional and religious leaders, regional government officials, local and national NGOs and the media.
2. **Sustained focus on eliminating FGM/C in regions where prevalence remains high is vital to meet the government’s goal of ending the practice, particularly in rural areas.** This should include regionally tailored programmes that respond to different local practices and beliefs, including the type of FGM/C and age at which girls are affected.
3. **Where FGM/C is practised during adolescence, programming should target girls themselves, alongside their mothers and the wider community;** in regions where FGM/C is practised shortly after birth, prioritising engagement with pregnant women and Health Extension Workers may be more effective.
4. **Awareness-raising campaigns on the legal and health risks of FGM/C should also challenge cultural beliefs and patriarchal norms.** This includes addressing the stigma and discrimination experienced by unmarried girls who are uncut, and avoiding unintended consequences, such as increasing the extent of clandestine practices.
5. **Although overall rates have declined, sustained efforts to eliminate child marriage should address root causes** such as poverty and inequality, and persistent discriminatory gender norms, particularly in rural and conflict-affected areas.
6. **Supporting girls to stay in school can have a significant impact on reducing child marriage.** Ensuring that schools are safe and accessible becomes increasingly critical as girls enter adolescence to avoid them dropping out of school early, including providing safe and reliable transport and suitable water and sanitation facilities during menstruation.
7. **Strengthening women and girl’s empowerment is essential for reducing gender inequality and improving long-term life outcomes, including preventing child marriage.** Effective approaches combine education, life-skills training and mentorship in schools and communities, strengthening social and emotional skills to help adolescent girls manage relationships with partners and family and access education and employment.
8. **Efforts to reduce child marriage need to be underpinned by strong and comprehensive social protection – including through the PSNP –** to support vulnerable households and alleviate the economic hardships that may push parents towards arranging marriages for their daughters at a young age. This is particularly important in rural and conflict-affected areas.
9. **Analysis of child marriage should extend beyond formal marriage to include informal unions and cohabitation, which are becoming increasingly common.** Policies and programmes must ensure that the needs of vulnerable girls and women in such arrangements are adequately addressed, particularly those who experience separation, including young single mothers.
10. **In conflict-affected areas, restoring coordinated government and community action is essential** to addressing the drivers of child marriage and to mitigating the harmful effects of its resurgence, especially for girls and young women.

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