Addis Ababa University

College of Development Studies

Center for Population Studies

Consequences of Early Marriage on Lifetime Fertility, Maternal health and School participation Among Reproductive Age Women in Mursi Community, Salamago Woreda, Sothern Region, Ethiopia.

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A thesis submitted in partial fulfillment for the degree of Master of Science in Population Studies, Center for Population Studies. College of Development Studies, Addis Ababa University

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Approval sheet by the board of examiners

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   External Examiner Signature Date

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Acronyms /Abbreviation

CEB- Children Ever Born

CSA- Central statistics agency

EM- Early Marriage

EDHS- Ethiopian Demographic Health Survey

FGD - Focus Group Discussion

LF- Lifetime Fertility

MOE- Ministry of Education

MOH- Ministry of Health

SDG- Sustainable Developmental Goal

SNNPR- Southern Nation Nationalities and Peoples Region

TBA- Traditional Birth Attendant

TFR- Total Fertility Rate

UDHR- Universal Declaration of Human Right

UNICEF- United Nations Children's Fund

WCYA- Women Children and youths Affairs

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Abstract

Early marriage has profound psychological, emotional, physical/health and social impact for girl victims of early marriage. It constricts educational opportunities and the chance for personal growth for both girls. and boys. Mursi women marry at earlier age than men and most girls are forced to be married soon after puberty.

The main objective of this study is to assess the magnitude, pattern and consequences of early marriage on lifetime fertility, maternal health and school participation of reproductive age women residing in Mursi.

A mixed methods approach, involving both quantitative and qualitative methods, was used in the study. A community based crossectional study was conducted in Mursi district, Selamago Woreda, Jinka Zone in Sothern Region during March, 2019. The target population was all ever-married Mursi women in reproductive age in Mursi district. The community survey was based on a sample of 357 ever-married women in reproductive age. Two way associations were assessed by chi-square test. In addition multivariable Poisson regression model was applied to examine effect of age at marriage and other variables on number of children ever born.

The finding showed early marriage is widely practiced in Mursi community, 95% of respondents' age at first marriage was in the interval 10-19. Cultural norms, economic motives of parents of the girls to get dowry are major factors for early marriage in Mursi. Marriage at a very early age of 10 -16 years was significantly more prevalent (87%) for older women (aged 35 and above) compared to younger women aged 15 - 24 with a percentage of married at 10-16 being 63%, (X^2 p value = 0.000), implying marrying at a very early age is declining in time. Significantly higher proportion of women who married at very early age (10 -16) had wider age difference at marriage from their husband compared to that of women whose age at marriage was 17 and above years. Illiteracy is very high for the study group of women at 80%,and from those who were literate and have been to school 78% have dropped out and 82% of these dropouts stated that early marriage was the cause. It was found also early marriage was soon followed by teen pregnancy and child birth in the study group. First birth complications, as prolonged labor and hemorrhage, happened in significantly higher proportion (86%) for women married at very early age of 10-16 compared to those married at later age (56%) (with X^2 p value of 0.000). The effect of early marriage on children ever born to women was assessed using Poisson regression model by controlling other factors. It was found that marriage at very early age of 10-16 increases CEB by 26% (AOR=1.26, p value = 0.002) compared to those married after 16, after controlling for current age and abortion experience.

Recommendation : Stakeholders like (MOH, MOE, Ministry of Women and Children, others) to plan and implement proper programs like promoting and protecting human right , Providing quality education in every district and raising awareness of the extent of the consequences of early marriage**.**

Key words: Early marriage, Liftime Fertility, Dowry, Polygamy, Prolonged labor, Hemorrhage

CHAPTER ONE

1.1 Background of the study

Early marriage has profound physical, intellectual, psychological and emotional impacts and reduces educational opportunities and the chance for personal growth for both boys and girls. Birth, marriage and death are key events in most people's lives, while marriage is a matter of choice. The right to exercise that choice is recognized as a principle of law and has long been established in international human rights instruments(UNICEF, 2001).However, many girls and a smaller number of boys are married without their free and full consent. Some girls are forced in to marriage at a very early age. They are too young to make an informed decision about their marriage partner or about implications of marriage(Grace,2017).

Early marriage is common across much of Africa, Asia and Latin America (Susheela, 1996). The problem with the magnitude of early marriage is lack of comprehensive statistics. In the Ethiopian context even though DHSs collect data on age at first marriage, the sample is representative only at regional level and not to small communities like Mursi. Early marriage is a widespread problem in developing countries. Generally girls are forced in to marriage; especially the low status of girls in many countries makes them to marry at earlier age and at times to older people. While early marriage is usually practiced there is no registration of marriage particularly in the rural area. Therefore, it is difficult to measure the magnitude at that level.

Women, who marry early, when they are in there teenage, start child bearing too early and they have a long period of exposure for fertility until they reach to the end of child bearing age. Therefore they end up having many children. High fertility is one contributing factor to women's poor health as well as that of their children.

At population level fertility is one of the major elements in population dynamics that has a significant contribution towards changing population size and structure over time. Children ever born to woman or life time fertility refers to the number of children ever born alive to a woman since she start bearing children and it is one of the indicators of fertility.

Ethiopia is the second most populous country in Africa next to Nigeria. The age at which women marry has a strong influence on fertility levels in a society. According to the Population and

Housing Census two in five girls are married before their 18th birthday and nearly one in five girls married before the age of 15. The legal age of marriage in Ethiopia is 18 years for both girls and boys, but these laws are not always enforced. The Amhara region has the highest rate of child marriage rate of early marriage with nearly 44% of girls married before age of 18. Over the last decade, Ethiopia has witnessed one of the largest declines in child marriage rates, from around 60% to around 40% (Katie, 2016). However the magnitude and pattern of early marriage in smaller communities like Mursi is not known.

Mursi people are very isolated and live in Ethiopia in the South Omo Valley. Mursi speak Mursi language. According to the Central Statistical Agency report (CSA, 2007) there were a total of **6,916** Mursi counted during census from these 3,470 were male and 3,446 were female. However in 2018 the Mursi populations were estimated to be 13,488 by using exponential population projection formula[1] and also from the total female population of Mursi women 2,217 were estimated to be in reproductive age group . The Mursi depend greatly on that they grow for their economy, but do also participate in livestock and they are called agro- pastoralist. Their wealth lies within the cattle because of the values incorporated with the dowry and the meaning of attaining a wife. (David, 2010)

The Mursi people are highly recognized for their clay lip plates that a girl is eligible to wear once she turns 15 years old. The Mursi actually have a very interesting view on family value s and marriage in their society. **Polygamy** is a normal thing that is found in Mursi marriage (as men are allowed to wed multiple women) concept of marriage to a Mursi man is something of a great debt to his wife's family. The cultural and societal orientation of the Mursi society leans heavily in a hierarchical direction that is, a more male dominated society. Lineage is carried through the males, so it is a patrilineal affair (LiseJorgenson et al., 2011).

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[1] $P_1=Po*e^{rt}$ Where:

P_1=population at the end of the period, Po=population at the beginning of the period.

r=Constant rate of change (0.024), t= projection period in years. e= constant. (2.718)

One of the main divisions in Mursi family-life is that of clans. Mursi people naturally tend to clump together as clans that are based on their ancestors' names. These clans are usually very tightly bound and treat each other close like family and tend to become pretty large and can consist of up to fifty men and are so tightly bound that, in the case of an infertile Mursi man, he will ask one of his clansmen to impregnate his wife on his behalf. The infertile man will still be considered the child's legal father, and the biological father will have no role in the child's name or life outside of clansmen roles. (David, 2010)

In general Mursi women marry earlier than men and most girls are married soon after puberty. The Mursi family expect to collect dowry by marrying off their young daughters. Though this may clearly delay the time at which a man is able to marry, there is no particular advantage by delaying the marriage of a daughter or sister. In the contrary from the dowry gained by marrying off a daughter or sister a family will accumulate more cattle that can be again used as dowry to get a wife for the men of the family. The longer a girl remains unmarried after puberty, the greater chances that she will be impregnated, possibly by a man with few or no cattle and no system of birth control is practiced. (David, 1973) This practice has clearly impact in increasing the number of children born by a woman.

1.2 Statement of the problem

Early marriage has been discussed from health perspective in relation to fistula (Tabeyin, 1993) in Amahara; Education (Guday, 2005) in Amahara; family pressure and economic interest of parents (Netsanet, 2015)in Nyangatom, South Omo and polygamous marriage, where men are allowed to wed multiple women in Mursi. (Bardole.O, 2017).

Age at first marriage has direct impact on childbearing. Women who married at early age have on average a longer period of exposure to pregnancy and thus greater number of lifetime births. At some point relationship between women's age at first marriage and fertility have gained a considerable attention both in developing and developed countries. Generally women with young age at first marriage tend to experience early childbearing and high fertility. Previous research pointed out a variety of social, health, and economical outcomes that are strongly correlated with early marriage and low education. So, postponement of first marriage has been outlined as one of the main determinants of declining fertility.

Although early marriage is researched predominantly centering on the Amhara and Oromia communities and recently in 2015, Nyagnatom community none of these studies documented the effect of early marriage on life time fertility in the case of Mursi community, found in South Omo region. Therefore, the researcher became interested to find out the magnitude and consequences of early marriage on life time fertility, maternal health and school participation in the case of reproductive age women of the Mursi.

The finding from reading different materials related to early marriage mention in the first paragraph suggest that early marriage is due to various factors such as, economic survival, presumed protection of young girls, pressure from peer groups and family, controlling of female behavior and sexuality, wars and civil conflicts and socio-cultural and religious norms. Early or forced marriage affects not only the girls themselves (by way of limiting their ability to reach their full social and economic potential), but their children, families, communities and societies at large.

Early marriage is a deep rooted tradition in some Ethiopia communities, perpetuated by poverty, lack of education and economic opportunities and social customs that limit rights of women and girls. According to the recent EDHS of 2016, the median age at first marriage among women of

age 25-49 has increased slightly since 2011, from16.5 years to 17.1 years. During the same period, the percentage of women marrying before age 18 has declined from 63% to 58%. It is also reported that the percentage of women 45-49 married before age 15 was 29%, while this indicator is 14% for women 20-24 and 6% for the youngest women (15-19).Women living in urban areas marry later than women living in rural areas. Median age at first marriage is 2.6 years older among urban women than rural women (19.3 years versus 16.7 years). (CSA,2016) Same report indicated that there is variation in prevalence of early marriage by place of residence and education of women. Accordingly rural area has high prevalence than urban. Based on educational background age at first marriage increases with increasing education, from 16.3 years among women with no education to 24.0 years among women with more than a secondary education.

Mursi is one of the communities in South Omo Zone and parents continue to give their daughters for marriage at an early age which is below the age of eighteen years. In Mursi this problem is aggravated due to expectation to get dowry by the girl's parents. Therefore, the gaps identified from most literatures is that the magnitude, effects of early marriage on lifetime fertility, maternal health and school participation among reproductive age women is not specifically studied from the context of the Mursi community, thus the interest of the researcher is to further explain magnitude of early marriage and its effects.

1.3 Research questions

To what extent early marriage affects life time fertility level?

What are the consequences of early marriage on maternal health and girl's school participation among Mursi women of reproductive age?

1.4 Objectives of the study

1.4.1 General objective

The overall objective of the study is to measure the magnitude, pattern and consequences of early marriage on lifetime fertility, maternal health and school participation of reproductive age women in Mursi community.

1.4.2 Specific objective

To measure the prevalence of early marriage in Mursi community.

To assess the effect of early marriage on children ever born among Mursi community.

To assess the association of early marriage on maternal health and school participation of early married girls.

1.5 Significance of the study

The findings of this study and recommendations will be an eye opener to parents to help abandon early marriage among young girls in Mursi area. Also the findings will help the ministry of health, ministry of education and ministry of women and children and concerned stakeholders to come out with proper policy, strategies to overcome the problem. The research also is adding new knowledge on the existing one on early marriage among young girls.

The study also is relevant in generating data to support and implement of the SDG. **SDG** - which define global development priorities between now and 2030 - includes target 5.3, ‘Eliminate all harmful practices, such as child, early, and forced marriage and female genital mutilation under Goal 5’ achieve gender equality and empower all women and girls. Therefore, this study will examine and answer the research questions.

Recent research studies and Demographic Health Surveys show that prevalence of early marriage is gradually become decreasing however, Early marriage is one of the harmful tradition and it has been shown to be common in some Ethiopian communities. It is associated with school dropout, poor health, too many children or raises fertility, high mortality rate of the child and mother due to the complication of pregnancy and early child bearing beside poor quality of life for these young mothers and their family’s size. There is limited information on early marriage and its effect on the girl in the community. Therefore, this study seeks to find out the burden of early marriage and its effects on the girls in the community. This information should allow for intervention measures to be formulated and also formulation of a policy to address the problem. Since the study is an attempt to identify the effect of early marriage on life time fertility health and socio-demographic factors that affect reproductive age women and fertility, the end user governmental and non-governmental organizations could take intervention measures and set appropriate plans to tackle fertility problems.

1.6 Scope and limitation of the study

This study was carried out in Mursi reproductive age ever married women and it sought to explore consequence of early marriage on lifetime fertility, maternal health and school participation. However, it was noted that lack of information led respondents not to disclose relevant facts or information when probing for more information. In addition, given the fact that the study was carried out in a particular location precaution needs to be taken in generalizing the findings to the wider spatial context. This study was also conducted in a rural setting, and therefore, findings are not likely to apply to an urban setting. The major limitation of the study is language and finding all ever married women for the survey .

CHAPTER TWO - LITERATURE REVIEW

2.1 Early marriage

Child, early, and forced marriage is fundamental violation of the human rights and harmful traditional practice that disproportionately affects women and girls globally, preventing them living their lives free from all forms of violence. Many Girls and a smaller number of boys are married without their free and full consent. By international conventions, 18years has been established as legal age of consent to marriage. (UNHR, 2014) Therefore any marriage where one or both spouses are under the age of 18, presents a significant public health concern for adolescent girls and their communities. It undermines efforts to improve child health and survival, to reduce maternal mortality, and to achieve universal primary education. Ninety percent of early first births happen within the context of child marriage, and girls between 15 and 19 years of age are far more likely to experience complications during pregnancy and child birth than those over twenty. (Erulkar A, 2013)

Early marriage is also directly associated with lower educational attainment for girls, limiting their employment opportunities, economic security and productive capacity to society (Mathura et al, 2003). The convention on the rights of the child in 1989 defines children as people under the age of 18.Governments are often either unable to enforce existing laws, or rectify discrepancies between national laws on marriage age and entrenched customary and religious laws. This is because of official tolerance of cultural, societal and customary norms that shape and govern the institution of marriage and family life. (UDHR, 2011)

2.2 Early marriage in the Ethiopian context

In the Ethiopia context, research carried out in Amhara and Tigray regions identified six types of marriages namely promissory marriage, child marriage, early adolescent marriage, late adolescent marriage, adult marriage, and old age marriage. According to this comprehensive survey, the age preferred by the parents and community to marry off their children (ideal age) is 14.4 years for girls while 20.1 years for boys. (Haile, 1994).

While describing early marriage in Northern Ethiopia, four kinds of marriage arrangements have been identified based on the age of the bride: Promissory marriage (before the birth of the child),

child marriage (usually under 10 years of age in a form of Madego: that is introduction of a girl to wife-hood under the custody of parents-in-law until she reaches puberty age), early adolescent marriage (between 10-14 years in a form of Meleles: the married child may stay with parents but periodically visits her parents-in-law), and late adolescent marriage between15-18 years (Guday,2005).

According to a study by (Assefa, 2015) Sothern Nation Nationalities and peoples region is one of fifth region of the country where Early Marriage is practiced for a long period of time. The percentage occurrence of early marriage is 13.5% in the region Women Development and Change Package of SNNPR, 2014. In SNNPR South Omo Zone is the top prone area where early marriage and other forms of Gender Based Violence like Abduction, Rape, Labour Exploitation, Physical Violence, Economic Violence, and FGM practiced in South Omo Zone (WCYAs, 2015). The percentage occurrence of early marriage documented as the reason why girls are not in school in sub-Saharan African countries is the highest in the Zone which is 11.2%.However, the increase of early marriage may tend to raise fertility. Early marriage has been documented as the reason why girls are not in school in Sub-Saharan Africa (UNICEF, 2001:1).Young girls' education is interrupted without even completing their primary education in order to get married. (Assefa, 2015)

2.3 Fertility and early marriage

Demographic Characteristics age and sex are important demographic variables and are the primary basis of demographic classification in vital statistics, censuses, and surveys. They are also very important variables to study fertility, mortality, and migration.(EDHS, 2000)

Fertility is one of the three major components of population dynamics that determine the size and structure of the population of a country. Differential in fertility behavior and fertility levels in different areas and among population characteristics have been among the most pervasive finding in demography (Ramesh, 2010). It is also a complex variable affected by multiple factors. According to Bongart's (1978), factors affecting fertility are broadly classified into proximate (direct) and (indirect) factors. The proximal factors are bio behavioral factors, like marriage, being sexually active, use of contraceptive, duration of postpartum infecundability,

abortion and sterilizing, which affect fertility directly, whereas, indirect determinant are socio-cultural factors which affect fertility indirectly through affecting the bio-behavioral factors.

According to (EDHS, 2016) **Teenage pregnancy**: Among women age 15-19, 10% are already mothers and 2% are pregnant with their first child and there **Age at first Marriage** is about 6.6 years earlier than men on average there median age at first marriage is 17.1 years among women and 23.7 years among men age 25-49. Regarding p**olygamy**: 11% of currently married women report that their husband has multiple wives. **Total fertility rate has reached 4.6** children per woman. By region **in urban areas 2.3** and **5.2in rural areas** and among women in rural areas declined from 6.0 children in 2000 to 5.2 children in 2016. In urban areas, the TFR declined from 3.0 children in 2000 to 2.3 children in 2016. **Patterns of fertility**: levels are much lower among highly educated women. Similarly, women in the lowest wealth quintile have 3.8 or more children than women in the highest wealth quintile (6.4 children versus 2.6 children). However in SNNPR urban region TFR is 4.4 and in the rural 8.0 and the mean of TFR is 6.9 recorded.

The EDHS,2016 also collected information on the number of children ever born to women age 15-49 and those still surviving by the time of the survey. On average, women age 45-49 have given birth to 6.6 children, of whom 5.4 survived to the time of the survey. From the total of CEB 7.0 children on average born to currently married women age 45-49, 5.8 survived to the time of the survey.

2.4 Maternal health and early Marriage

Early marriage is driven by poverty and a cultural norm has many effects on girl's health: increased risk for sexually transmitted disease, cervical cancer, death during child birth and obstetric fistulas. Girl's offspring's are at increased risk for premature birth and death as neonates, infants, or children.(Nawal .M, 2006)

Early marriage is recognized as one of the main causes of obstetric complications such as obstructed/Prolonged labor and obstetric fistula also Early child bearing and unwanted pregnancies: Young girls who get married will most likely be forced into having sexual intercourse with their, usually much older, husbands. This has severe negative health consequences as the girl is often not psychologically, physically and sexually mature. Early marriage is associated with early child bearing. Young married girls are under tremendous

pressure to prove their fertility in the first year of marriage. Girls, who marry young, inevitably have children early, and have many children, because their knowledge of contraception is poor and their power to negotiate its use is weak.(Yemane et al, 2007, Jeannette .B, 2018)

Maternal age at pregnancy, Premature childbirth and family health: Maternal age affects children born to a mother under age 20 are more likely to die before their first birthday. Babies born to young mothers are more likely to be premature have Low Birth Weight, and suffer from complication of delivery. Premature childbirthcan lead to a variety of health problems for mothers, including vaginal tears, fistula and deterioration in general health. Girls with fistula are often abandoned by their husbands and ostracized by society and almost all fistulas are caused by obstructed labor. (Conde. A, Belizan JM, et al, 2004)

Maternal Mortality: Girls below the age of 15 are five times more likely to die during child birth or pregnancy than a little elderly woman. Pregnancy-related deaths are the leading major cause of mortality for girls aged 15 to 19 worldwide, and girls aged 15 years or under are five times more likely to die than those over 20.Therefore it is higher in women living in rural areas and among poorer communities. Skilled care before, during and after childbirth can save the lives of women and newborn babies. (Nasrullah M et al, 2014)

Infant Mortality: Mortality rates for babies born to mothers under age 20 are almost 75% higher than for children born to older mothers. The children that survive are more likely to be premature, have a low birth weight.(Conde. A, Belizan JM, et al, 2004)

2.5 School Participation and Early Marriage

Illiteracy: Early married girls are often pulled out of school and denied further education. Their children are also more likely to be illiterate. Human rights research shows that the greatest obstacles to girls' education, as identified in many government reports to human rights monitoring bodies, are child marriage, pregnancy and domestic violence. Finally early marriage had negative consequences for girls' education.(Kazutaka .S, Marian Ellen. H, 2014)

Economic survival: According to a study by (Jeannette,2018) Poverty is one of the major factors underpinning early marriage. Where poverty is acute, a young girl may be regarded as an economic burden where one less daughter is one less mouth to feed. Parents encourage the

marriage of their daughters while they are still children in hope that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. The marriage to a much older – sometimes even elderly – man is common practice in some societies. In traditional societies such us in Sub-Saharan Africa, the bride's family may receive cattle from the groom, or the groom's family, as the bride price for their daughter, (UNICEF 2001). According to a study by (Bardole, 2017)

Religion, Healing and fertility

According to a study by(Bardole, 2017)Religion and healing for the Mursi are very much inter-connected. The Mursi are guided in matters of religion by their experience of the world around them, rather than by a strict theological doctrine. Similarly, illness is not seen as a mere process in the body but as stemming from a disturbance in the relationship between persons and their social and natural environment.

Priest at a healing ceremony Religion: Like many agro-pastoralists in East Africa, the Mursi experience a force greater than themselves, which they call Tumu. This is usually located in the Sky, although sometimes Tumu manifests itself as a thing of the sky such as a rainbow or a bird.(Bardole.O, 2017)

Traditional belief (animism belief in ancestral sprits , river spirt, sky spirt) For example when sorgum is planted to prevent a worm or grass hopper attack …etc at that time peoples gather and prepare a mud that no one can touch except the priest and mix it with water and spray on the crop. They will protect their crops from disease. Also this leader see dream and predict.

According to a study by (Sarah, 2008) in USA, Religion is very important in their everyday life have both higher fertility and higher intended fertility than those saying religion is "somewhat important" or "not important" to the community and have higher intended fertility than other women, and at older ages more religious women have both higher intention and higher number of children ever born. Results suggest that fertility differentials are part of a widespread association between religiosity and family behavior, rather than an expression of a specifically pro-natalist orientation associated with a particular religion. The joint association between importance of religion, fertility intentions and family values reflects the connection between religion and family in the construction of personal identity. During the period under study, the

association between religion and conservative family values is strong, visible and vocal. Religious-based political organizations like the Christian Coalition and Concerned Women for America advocate a return to Christian values; their agenda prominently features pro-family policies such as opposition to abortion and gay marriage and abstinence-only curricula in school sexed programs.

2.6 Marriage in Mursi context

According to (Bardole**.**O**,** 2017) Cattle in Mursi is very important because almost entirely every significant social relation is based on the exchange of cattle. They exchange cattle to get married and if people have enough cattle, they can marry more than one wife. Men are allowed to wed multiple women. A few men have up to **10 wives** because of their wealth of cattle. Mainly marriage exchange is called bride wealth or Dowry. The husband must give to the wife's family as compensation for taking their daughter's labor and fertility and the groom give **sixty cattle to have a wife** and handed over to brides family, to the bride’s father (uncle, brother) who in turn has to meet the demand of a wide range of relatives, from different clans who have a right to share in the bride wealth cattle. However, within each new marriage there begins a serious of cattle exchanges which continue until long after the bride and groom are dead. Because of this a man marry several times during his life time, the institution of bride wealth helps to ensure the continual of redistribution of this vital form of wealth, as it circulates around the population and if the husband died this married women will take all off the responsibility and manage and distribute to her children.(Bardole**,** 2017)

2.7 Conceptual Framework

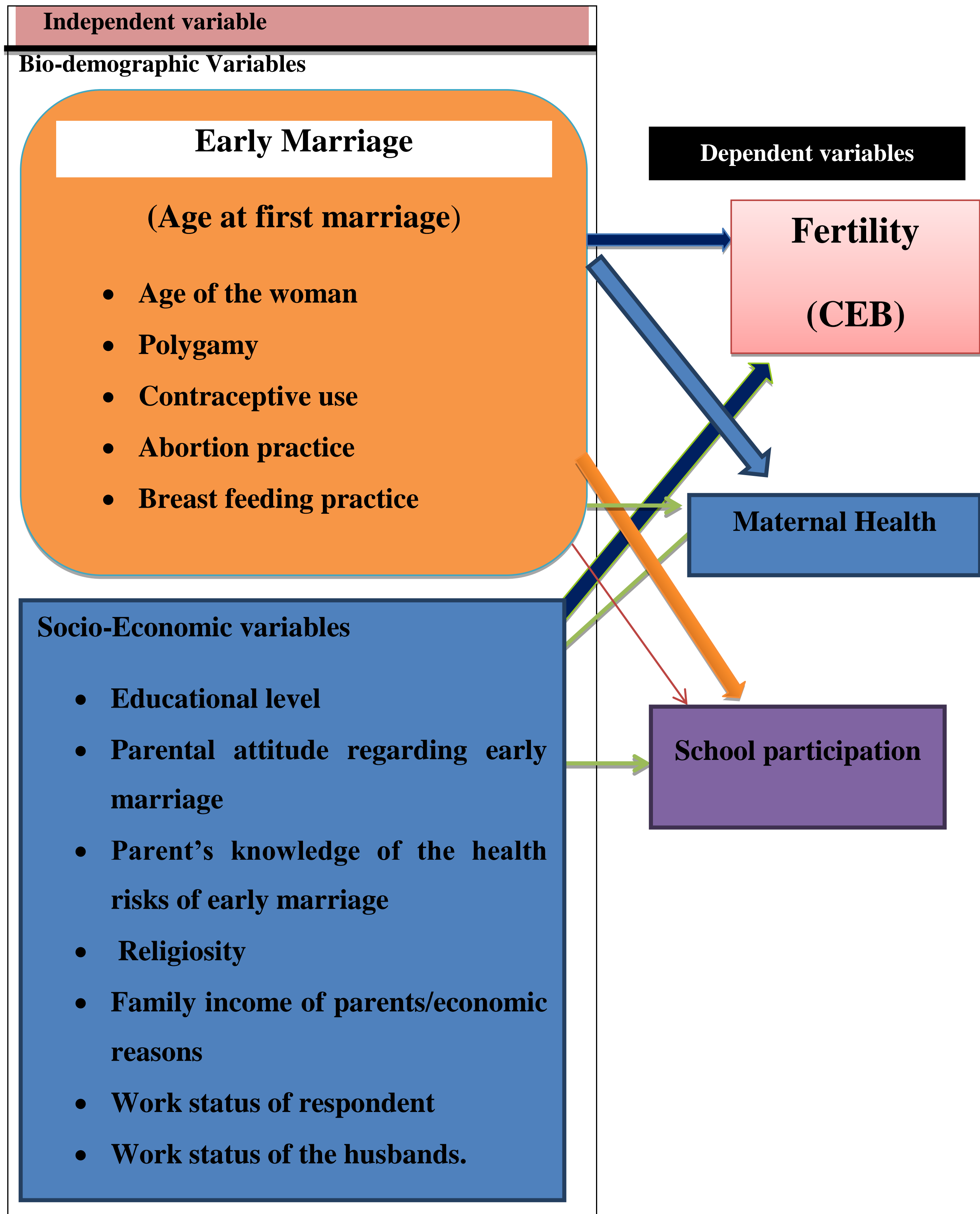


Figure 1. Conceptual framework developed by the researcher in (2018).

2.8 Definition of key terms

Early Marriage /Child Marriage: refers to both formal marriage and/or informal unions before the age of 18.(UNICEF ,2012)

Age at first marriage: the age at which the respondent began living with her/his first spouse/partner. (EDHS, 2016)

Polygamy: refers to a custom of having more than one spouse at the same time**.** (Duhaime.org)

Marriage: is the legal union of person of opposite sex, the legality being established by civil, religious or other means according to the custom and laws of each country. (Duhaime.org)

Maternal mortality(WHO) as " the death of woman while pregnant or within 42 days of termination of pregnancy , irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management. (Haile Gabriel, 1994)

Key concept

Dowry: refers to the amount of money or property given to the bride's family by the bride groom or his families when a girl marries.

Forced Marriage: refers to marriages arranged without the free will of a girl or woman**.**

Children ever born (CEB) the number of children ever born to a particular woman is a measure of her lifetime fertility experience up to the moment at which the data are collected.

Younger adolescent very early: 10-16 years of age group.

Late adolescent early: 18-19 years of age group.

CHAPTER THREE - METHODOLOGY

This chapter describes how the research was carried out. It contains study area, study period, study population, sample, source of data, sample size determination and sampling design, procedures of data collection, methods of analysis and interpretation. The study were measured the magnitude, pattern and effects of early marriage on life time fertility among reproductive age women in Mursi community.

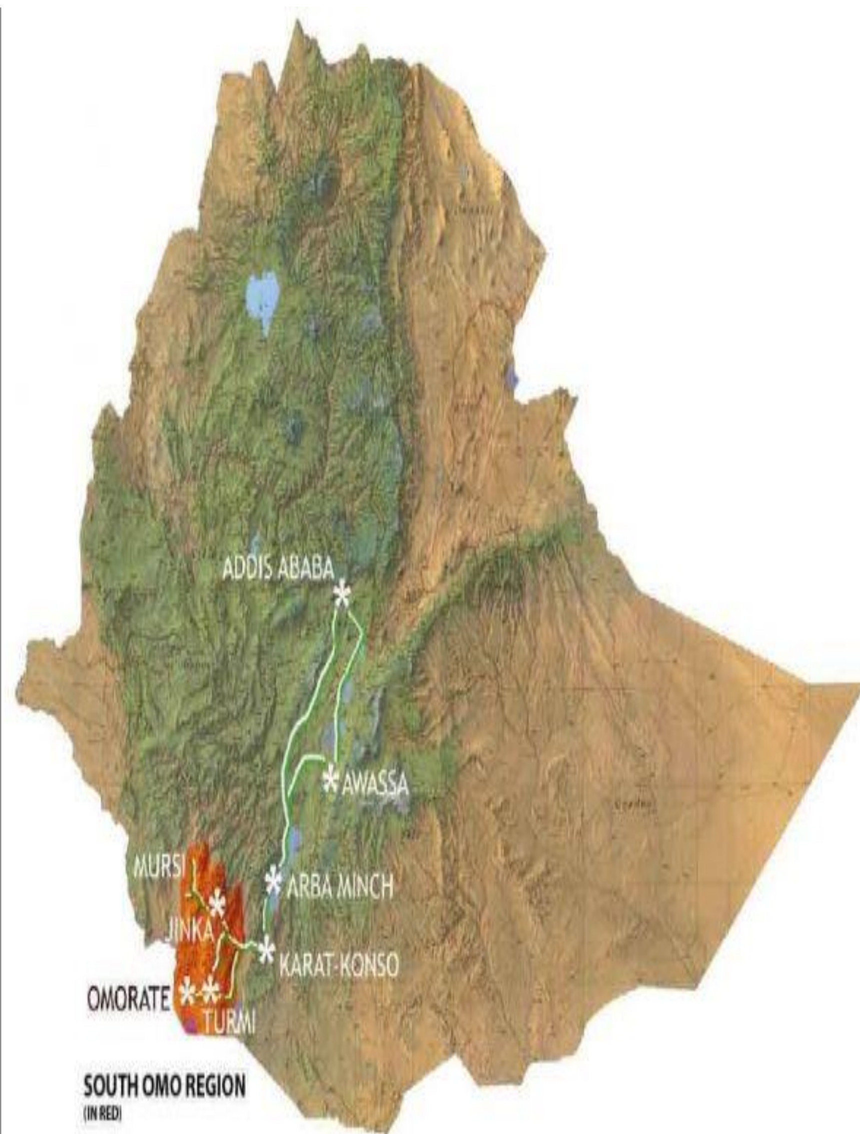
The study area Southern Nation Nationalities and Peoples Region is one of the nine regions of Ethiopia bordered by Kenya and South Sudan to the west, the Ethiopian region of Gambela to the North West and the Ethiopian Region of Oromia to the North and East. Besides Hawassa, is the Regional major city for SNNPR.

The study were conducted in Mursi community, Salamago woreda, Jinka Zone of Southern Region, Ethiopia. Salamago is one of the woredas in the SNNPR where the Mursi community are found. The administrative center of Salamago Woreda is Hana.

Study period data had been collected between March -May 2019. To assess the effect and measure prevalence of early marriage on life time fertility, maternal health and school participation among reproductive age Mursi women.

According to CSA, (2007) report there were a total of **6,916** Mursi counted during the census. From these 3,470 were male and 3,446 were female. However in 2018 the Mursi population is estimated to be 13,488 in size by using exponential population projection formula. Of these 6,720 were estimated to be female and 6,768 male and also from the total female population of Mursi women 2,217 were estimated to be reproductive age women.

The Target populations were all reproductive age Mursi women who are ever married at time of data collection. Estimated number of total reproductive age women 2,217. A sample of women from the population was enrolled for this study.


ADDIS ABABA
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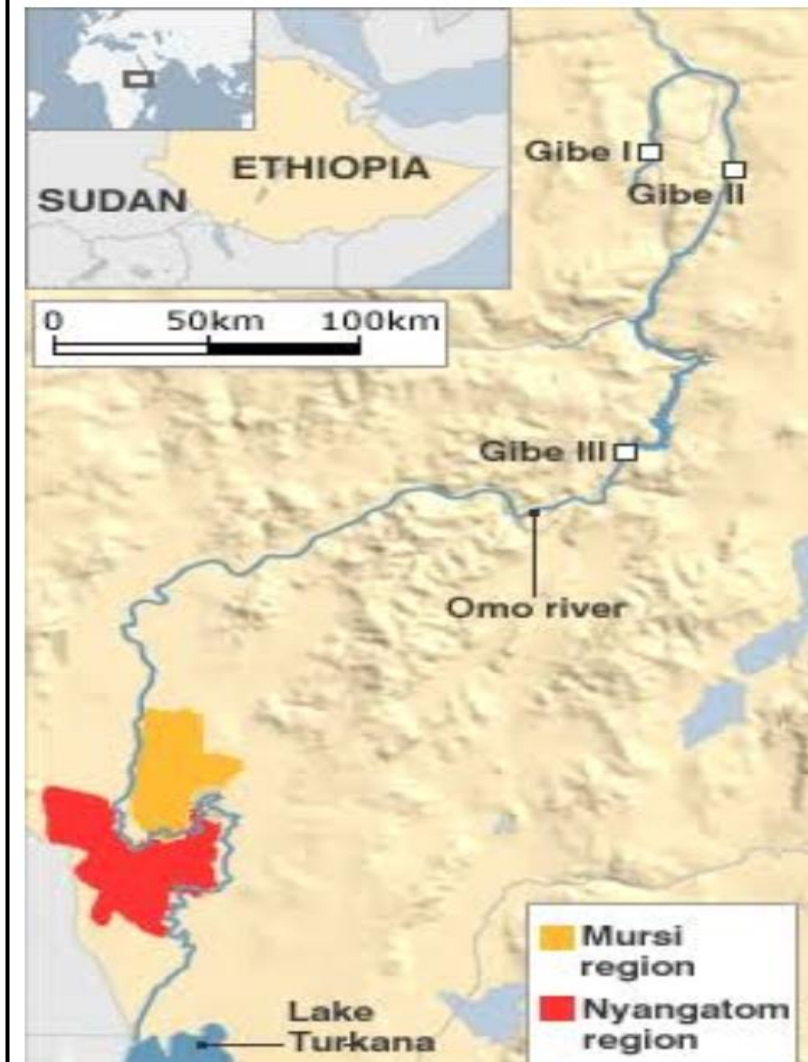

Study area location Mursi.org

3.1 Research approach and design

A mixed methods approach, involving both quantitative and qualitative methods, was used in the study. The approach takes an advantage of using multiple ways to explore a research problem this approach is to be applied involving quantitative and qualitative research. Under the quantitative part, descriptive method were used.

Descriptive research was used for this study to describe and explain the prevalence on the existing situations of early marriage. A Correlation research design have been selected because of its quantitative nature in examining whether a relationship exist between effects of early marriage on life time fertility. For the qualitative part in depth interviews and focus group discussions with women eligible for the study was conducted to assess the situation of marriage pattern and its consequences particularly on maternal health and school participation as lived by the women.

A community based crossectional study design was conducted in Mursi district, Selamago Woreda, Jinka Zone in SNNPR during March, 2019. The target population was all ever-married Mursi women in reproductive age in Mursi district.

3.2 Sampling techniques

There are about 2,217 reproductive age women live in the study area and from those total reproductive age women a sample of 360 ever married reproductive age women were selected. This sampling technique ensures that all population elements have an equal chance of being selected.

The method used to determine sample size is the single proportion, p, estimation formula. Where p is the proportion of women who practiced early marriage. As there is no prior estimate from a related population, P is taken to be 50%. Following common assumptions of 5% margin of error (MOE), 95% CI (α =0.05) and in addition of 10% to allow for none response the sample size is determined by the formula below.

X=the required sample size

Z= standard score corresponding to 95% CI

P= Assumed proportion of early married women.

MOE= the margin of error 5%

Formula

This calculator uses the following formula for the sample size n:

n = N*X / (X + N – 1), where,

X = $Z_{\alpha/2}^{2}$*p*(1-p) / MOE2, and Zα/2 is the critical value of the Normal distribution at α/2 (e.g. for a confidence level of 95%, α is 0.05 and the critical value is 1.96), MOE is the margin of error, p is the sample proportion, and N is the population size. Note that a Finite Population Correction has been applied to the sample size formula. (Daniel WW, 1999)

Considering None response rate = 10% = 32

Computed sample size n = 328+32=360

A sample of 360Mursi women who are ever married and in reproductive age range (15 - 49) from the Mursi community were selected for the quantitative study.

3.2.1 Eligibility criteria

Inclusion criteria; women who are ever married and in reproductive age in the study area.

Exclusion criteria; those who are seriously ill and unable to respond and who are not married.

3.2.2 Study variables

Dependent variables; the dependent variable were Children ever born (fertility), maternal health and school participation.

Children ever born (fertility): the number of children ever born to a particular woman is a measure of her lifetime fertility experience up to the moment at which the data are collected.

Maternal health : Girls in reproductive age likely to die during child birth or pregnancy complication like hemorrhage, prolonged labor , infection related deaths are the leading major cause of mortality for girls at younger age.

School participation: formal educational attendant in school

Independent variables; used in this study are categorized in to two groups which are Bio-demographic and socio-economic. The bio-demographic variables include early marriage or age at first marriage, age of the woman, child mortality, Polygamy, Contraceptive use, abortion practice and breast feeding practice. Socio-Economic variables include educational level, parental attitude regarding early marriage, parent's knowledge of the health risks of early marriage, religiosity, family income of parents/economic reasons, work status of respondent and husbands.

3.3 Data collection instruments and method

Quantitative component

Data collection: Quantitative data collection was by distributing structured questionnaires and going house to house and identifying and interviewing eligible women. For the qualitative component qualitative data were collected by preparing focus group discussion and interview with women. For the survey nearly 360 women were selected from Mursi community, using random sampling method because the Mursi communities are pastoralist and random selection is not practical.

Structured questionnaire was distributed to the data collectors. Translation of instruments were made from English language to Amharic language then Mursi and were back to English language by different experts who are familiar on the field of area and back to the original version of the questionnaire. Because of facilitate reliable responses to underline questions and keep the original meaning of the instruments.

The questionnaire was pretested in ever married 10 reproductive age women.

Qualitative component

Qualitative data collection through FGDs and key informant interview were prepared.

Data collection: The researcher was made a written description of the peoples' situation and also an audio record by smart mobile phone; it allows the researcher to record notes. In addition the

researcher were used camera to capture photographs because photograph used where there was a need to collect observable information or phenomena.

Focus Group Discussion (FGD): were conducted in order to generate information to supplement the quantitative data. Four groups of women were selected purposely for FGD from different age group level. Information was collected from those groups not participated in the quantitative study to minimize pre-information dissemination and bias during the study period. The 1st group was under age18 who are not married girls from school, the 2nd group were under age 20 boys group from school who are not married, 3rd group was village leaders who are married man over age 40 and the last group was over age 40 women. Finding was both written on a notebook and transcribed tape - recorded notes were compiled together and later translated. The categories were developed from code and data analyzed using theme. Important findings was discussed and presented.

Key informant Interview: In depth interview was carried out with the victims of early marriage and those who are at risk of early marriage so as to measure the consequences of early marriage on life time fertility from the experiences of different girls. In addition to the Key informant's interview are designed to explore a topic before digging for the details. Thus, a total of 5 key informant were interviewed which are 1st were conducted with women with maternal health complication victims of early marriage, 2nd interview was with the women stop participating in school due to early marriage, 3rd interview were conducted with Mursi clans leader, 4th interview were conducted with traditional birth attendants and finally, 5th interview was conducted with health providers and experts of sectorial offices to grasp ideas as to what the magnitude of the problem is and what is being done so far.

Information captured during interview and discussion through note taking and tape-recording was transcribed, categorized and thematically analyzed. Important findings were discussed and presented.

3.4 Data organization and Analysis

After the required data was collected, data organization follows. Quantitative data was coded and entered .In order to facilitate the analysis of data, the researcher were used statistical package for social science (SPSS) Version 20.0 software for windows. The descriptive analysis were show

prevalence using proportions and measure of central tendency. Associations were computed using odds ratio with 95% confidence interval. Bivariate and multivariate analyses were performed to examine relationship between outcome variables and selected determinant factors. Particularly Poisson regression model was applied. P-value less than 5% considered significant.

The findings from qualitative and quantitative data analyses were triangulated and brought together as the mixed method approach requires.

Data quality control

The questionnaire was also pre-tested prior to actual data collection in 10 cases.

Ethical consideration

The researcher ensured that all information collected in the study was confidential and respondents were informed about the purpose of the study. Their informed consent was obtained. All participants of the research, respondents and key informants were free to skip any question that they do not want to answer or discontinue at any time.

CHAPTER FOUR - RESULT

This study has the purpose of examining the prevalence, patterns and some consequences of early marriage such as life time fertility, maternal health and school participation among reproductive age women in Mursi. As stated on the previous chapter, the researcher selected a sample of 360 respondents residing in Mursi and the survey was carried out using structured questionnaire consisting of relevant variables for the quantitative study. In addition qualitative data were collected through in-depth interviews and focus group discussions held with women and men in the Mursi community. The findings from both are presented by supplementing each other.

4.1 Demographic and socio- economic characteristics of the respondents

A total of 357 women of reproductive age responded to the interview with a response rate of 99.1%. Table 4.1 and4.2 below describe the distribution of respondents according to major demographic and socio economic characteristics. For the purpose of comparison data on literacy, educational attainment and main occupation were shown for women and their husbands too.

Table 1.Distribution of respondents by demographic characteristic

Variable	Categories	Number	Percent
Age of women	15-19	17	4.8
	20-24	110	30.8
	25-29	69	19.3
	30-34	51	14.3
	35-39	34	9.5
	40-44	37	10.4
	45-50	39	10.9
	Total	357	100
Marital status	Married	336	94.1
	Divorced	9	2.5
	Widowed	12	3.4
	Total	357	100
Religion	Protestant	144	40.3
	Traditional Belief	213	59.7
	Total	357	100
Household size	4 and below	173	48.5
	5+	184	51.5
	Total	357	100

The distribution of respondents by age showed that in the prime reproductive ages of 20 – 24, 25 – 29 and 30 - 34 there were 30.8%, 19.3% and 14.3%, respectively, totaling to 64.4% whereas, in the late reproductive ages of 35 –39, 40-44 and 45-49 the proportions of women were 9.5%, 10.5% and 10.5% respectively, adding up to 30.5% together. Only 5% (17) of them were in the age interval 15-19. Most of the respondents are followers of traditional religion at (59.7% of respondents) whereas the others (40.3%) are followers of Protestant religion. The distribution by

current marital status showed that a great majority of them were married (94.1%) whereas only 6% (21) were divorced or widowed at time of the survey. In terms of household size a little above 50% had a household size of 5 and above and 48.1 % had size of below 5.

Table 2. Literacy and educational attainment

Variable	Categories	Number	Percent
Literacy(respondent's)	Non literate	286	80.1
	Literate	71	19.9
	Total	357	100
Husband's literacy	Non literate	316	88.5
	Literate	41	11.5
	Total	357	100
Educational attainment of respondent	primary 1 (1-6)	53	14.8
	primary 2 (7-8)	8	2.2
	secondary (9-12)	8	2.2
	10+ Certificate or diploma	2	0.6
	Total literate	71	19.9
	Not literate	286	80.1
	All total	357	100
Educational attainment of Respondents' husband	primary 1 (1-6)	19	5.3
	primary 2 (7-8)	8	2.2
	secondary (9-12)	9	2.5
	10+ Certificate	4	1.1
	Degree and above	1	0.3
	Total literate	41	11.5
	Not literate	316	88.5
	All total	357	100

Education is a key human capital that contributes a lot to a better life of any one and for the overall economic and social wellbeing of communities. It is also known to help people make rational decisions in the family and at the community level. The absence of it at the other end is known to signify the low level of wellbeing in all spheres of life. The description in the above

table shows that in the Mursi community literacy and level of education of the people in general is very low for both women and men. A great majority of women in the study (80.1%) are not literate or have received no education and only about 20% have reported that they are literate. Educational attainment of even the literate was only at the lower grades. About 15% of the sampled women were at the lower primary, only 2 % each were in junior secondary or secondary level. Two women had '10 +' education. Besides, literate husbands are few in Mursi,41 out of the 357 (11.1%), even less than that of women. The great majority 88.9 % were not literate. The low level of literacy and education in the whole community could have far reaching negative social and economic implications for the whole community.

Table 3.School discontinuation and reasons – respondents' experience

Variable	Categories	Number	Percent
School attendant respondents	No	55	77.5
	Yes	16	22.5
	Total	71	100.0
Reason for your school dropout	Marriage	45	81.8
	Unable to understand education	9	16.4
	My family do not allow me	1	1.8
	Total	55	100

From those who have been to school (71), 55 (77.5%) of them have discontinued. The main reason for school dropout mentioned by respondents was due to marriage (in 82% of cases).

Employment, occupation and household wealth

Employment and occupation: The findings indicate that very few women and husbands were employed in formal sector (Table -4 below). This is probably due to the respondents' low levels of education and this community is mainly engaged in pastoralism and agriculture. About 92.9% of women were not employed in the formal productive sector. However they participate in agriculture, pastoralist activities and in reproductive roles as house wife.

The qualitative interviews with key informants indicated that : Mursi girls responsibility is very hard and they have many duties to cover, comparing to the husband there daily responsibilities are like, cooking food for all families members, looking after the kids keeping crops from birds, weeding and collecting crops when it rips and putting in to store house (Granary) and also some of them participate in looking after their cattle if their husband die or until the kids are grown enough to look after the cattle.

When we come to our working duty is mostly keeping the cattle and sometimes we participate in agriculture but mostly women's do the agricultural part. However boys don't have much work as girls do.

Considering husbands' occupation for most of them main occupation and source of livelihood is pastoralism (close to 90%) whereas only for 2.6 % of them farming is indicated. Compared to this much higher percent of women reported agriculture as their main occupation (48.2 %) showing that women are more responsible for the farming task than men.

Table 4.Employment and occupation

Variable	**Categories**	**Number**	**Percent**
Are you Employed/respondent	No	329	92.2
	Yes	28	7.8
	Total	357	100.0
Your main occupation	House wife	130	36.4
	Farmer	172	48.2
	Pastoralist	27	7.6
	Government employee	28	7.8
	Total	357	100.0
Husband's main occupation	Pastoralist	318	89.8
	Farmer	10	2.8
	Government employee	20	5.6
	Non-government employee	9	2.5
	Total	357	100.0

Wealth status

Table 4-5 below shows the distribution of the respondents according to the number of livestock their household owned by way of indicating HH economical status. Key informant interviews/ qualitative study indicated that for many transactions including dowry payment for marriage cattle are used for payment and therefore the number of cattle a family has is an expression of wealth. Accordingly number of cattle owned is categorized into three to indicate relative wealth status of the household of respondent. The summary showed that 22.6% of respondents were in the lowest wealth status family, having 20 and below cattle. 26.3% of the respondents are in average wealth status family and women in the higher wealth status family that have 40 cattle and above constitute 50.1% of the sample.

Table 5.Distribution of women by household wealth status

Variable	Categories		Number of respondents	Percent
Wealth status Number of cattle	Low	20 and below	84	24.6
	Average	21 – 40	94	26.3
	High	Above 40	179	50.1
	Total		357	100

4.2 Marriage pattern and reproductive health experience

Age at first marriage

One of the main study variables on which data were collected was age at first marriage of the women. The purpose was to show the prevalenceof early marriage experienced by women in the Mursi community. Figure 1and Table -6show the distribution of the respondents by their age at marriage. As shown in the figure early marriage of girls is widely practiced in the Mursi community. From the respondents of this study, the youngest age of marriage is 10 years, and close to a third (32%)of the respondents were already married by age 14 whereas by age 16, 72% of them were married. (Figure 2)

Many of the girls are not happy about early marriage, though it is tradition to be followed. From those respondents who got married before age 18, (292) 69% of them responded that they regret that they married early. Their disappointment mainly is the discontinuation from school and later hardships in life. The other 31% accept it positively. This shows that the cultural norm has still weight on the attitude of the girls.

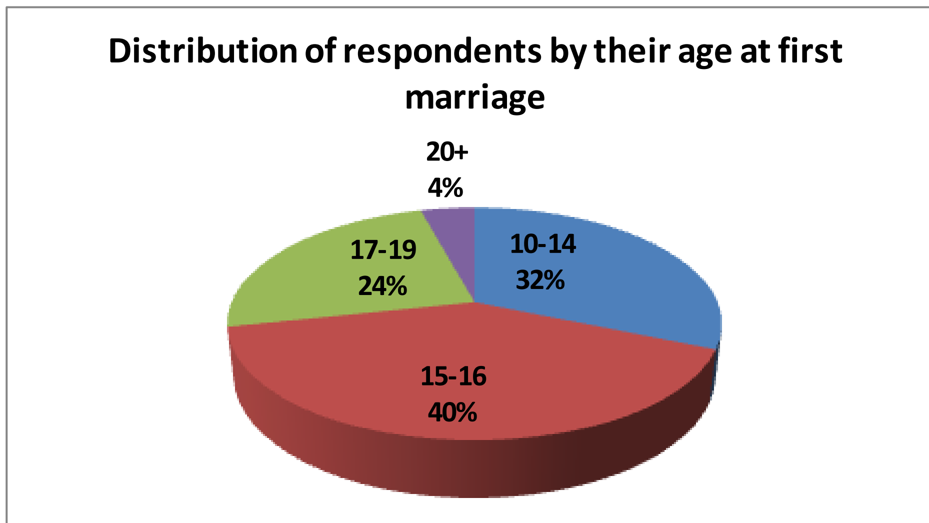

Figure 2.Distribution of respondents by their age at first marriage.

Age difference at marriage

Age difference at marriage between that of a girl and her husband was found to be wide in many marriages in Mursi. For 45.4 % of surveyed women husbands were more than 10 years older than their wives.

Polygamous marriage

Polygamous marriage is also common tradition in Mursi. In the sampled women for this study it was found that 63% of them were in polygamous marriage. It can also be expected that even those in monogamous marriage at time of the study, a portion of them may change to polygamous marriage, following tradition.

Table 6. Distribution of respondents by age at marriage and age gap from husband's

Variable	Categories	Number	Percent
Age at first marriage	10-16	255	71.4
	17+	102	28.6
	Total	357	100
Age difference at marriage (age of husband minus age of wife)	5 or below	75	21.0
	6-10yrs	120	33.6
	11-15yrs	98	27.5
	16 and above yrs	64	17.9
	Total	357	100
Co-wife/s(Polygamous marriage)	No	133	37.3
	Yes	224	62.7
	Total	357	100

The traditional marriage pattern and practice in Mursi, dominantly young girls marrying at a very early age (at early teens), to much older men in many cases, coupled with the practice of dowry (bride money) payment to marry a girl are marriage traditions that put young girls to a total subordination status in the marriage and as a result they face many health and social consequences. This study attempted to capture some of the consequences by the survey questions and qualitative interviews. The qualitative findings are narrated in subsequent section.

4.3 Knowledge of contraceptives/modern family planning/ and use

The awareness of the respondents with regards to modern contraceptives was examined and a large proportion of respondent (84.3%) had no awareness about modern contraceptives. When asked if they have ever used modern contraceptives 99% of the sampled women have not used any contraceptives. The result obtained is presented in table-7.

Table 7. Family planning knowledge and use

Variable	Categories	Number	Percent
Family planning knowledge	No	301	84.3
	Yes	56	15.7
	Total	357	100
Use of contraceptives	No	354	99.2
	Yes	3	0.8
	Total	357	100

4.4 Pregnancy and reproductive health outcomes

From the sampled 357 women in the study 345 (96.6%)have been pregnant at least once and the remaining 12 (3.4%) reported that they haven't experienced pregnancy. In order to examine their maternal health situation the 345 women were further asked questions and the following is the description

Age at first pregnancy and children ever born

Table -7 shows the distribution of the respondents according to their age at first pregnancies and or 93 of the 345 women (27%) had their first pregnancy when they were between age 10 and 14 and another 52% of them had their first pregnancy when they were between 15 -17 years of age. By age seventeen 79% of the girls have already given birth to a child. This is clearly the effect of early marriage in the community. The very early age at marriage is closely followed by early pregnancy and child birth. Considering the number of children ever born by respondents, majority of the respondents, about (41.5%), had one or two children, (34.5%) had three up to four children's and the others which is (21.3%) were found to have more than five children.

Table 8. Fertility and reproductive health characteristics

Variable	Categories	Number	Percent
Ever been pregnant (n=357)	No	12	3.4
	Yes	345	96.6
	Total	357	100
Age at first pregnancy (n=345)	10-14yrs	93	27
	15-17yrs	179	52
	18 –20yrs	59	17
	21+	14	4
	Total	345	100%
Children ever born	1-2	146	40.9
	3-4	123	34.5
	5+	76	21.3
	Total	345	96.6
	No child	12	3.4
	Total	357	100

Anti Natal Care

Use of maternal health services was found to be very limited. From the 345 women who had pregnancy experience 91% didn't have ANC follow up during their firs pregnancy and 93% didn't have ANC during pregnancy of their last child. ANC use from health post or visit by HEW was very low for both first and last pregnancies of respondents.

Child delivery and skilled birth attendance

Most of the deliveries were conducted at home or at the villages or on the road, under TBA observation in such cases TBA had assisted the delivery procedure. If the TBA couldn't control the complication in the case of few respondents (5%) had their deliveries at clinic or hospital.

Most of the pregnant women went to hospital only if they had complication. Cases were also reported where no such help was taken and delivery was assisted by the untrained ladies from the family. (Table 4-9)

Table 9. Antenatal follow-up on 1st and last pregnancy and place of delivery

Variable	Categories	Number	Percent
ANC use for 1st pregnancy	No	325	91.0
	Yes	20	5.6
	Total	345	96.6
Place of ANC attendance for 1st pregnancy (n=20)	Health post	2	0.6
	Health centre	13	3.6
	Hospital	2	0.6
	Visit by health extension workers	3	0.8
	Total ANC users	20	
	Not used ANC	325	91
	Total	345	100
ANC use in last pregnancy	No	284	93
	Yes	23	7
	Total	307	100
Place of ANC attendance for last pregnancy	Health post	9	2.5
	Health centre	9	2.5
	Hospital	3	0.8
	health extension workers-visit	2	0.6
	Total ANC users	23	
	Not used ANC	284	93%
	Total	307	100%
ANC provider	Health extension worker	4	17
	Nurse	17	74
	Doctor / HO	2	9
	Total	23	100
Place of birth for your 1st child birth	Health centre	5	1%
	Hospital	5	1%
	home by traditional birth attendant	250	72%
	Bush by my self	85	25%
	Total	345	100%

Complications during delivery

As shown in Table 4-10 close to 50% of women who had pregnancy at least ones, have reported experiencing health complication during their first birth. (169 women from 345)ed Among complications reported were Hemorrhage and prolonged labor were very common (at 27% and 19% of respondents respectively). Encountering complication during their last birth was also reported with less prevalence, at 19% from 311 women who responded to the question. Hemorrhage and prolonged labor were reported to be common complication encountered during their last birth too.

The respondents were also asked about abortion history. It was found that around 49 of them had undergone abortion once and 12.3% women had an abortion history.

Table 10. Complications on first and last birth and abortion

Variable	Categories	Number	Percent
Had complication during 1st birth (n=345)	No	176	51
	Yes	169	49
	Total	345	100
Type of complication during your first birth (n=345)	Haemorrhage	92	27%
	Infection	6	2%
	Prolonged labour	65	19%
	Fever	6	2%
	Total with complication	169	
	No complication	176	51%
	Total	345	100
Had complication during your last birth (n=311)	No	251	81
	Yes	60	19
	Total	311	100
Type of complication during your last birth (n=311)	Haemorrhage	23	7.4%
	Fistula	1	0.3%
	Infection	7	2.3%
	Prolonged labor	24	7.7%
	headache and seizure	1	0.3%
	Fever	4	1.3%
	Total with complication	60	
	No complication	251	80.7%
	Total	311	100%
Abortion history	No	300	87
	Yes	43	13
	Total	345	100

4.5 Association of early marriage and socio demographic characteristics of women/ differentials- Bivariate analysis

The preceding section described the socio demographic characteristics including marriage patterns of the sampled women and their reproductive health outcomes. In order to further understand pattern in practice of early marriage in the Mursi community, this section explored the association of age at first marriage of women with some socio demographic variables. Variables examined for association with age at first marriage were religion, literacy, household wealth, polygamous marriage, current age and spousal age difference. Chi-square test is used to examine significance of the associations.

Table 11 shows distribution of the study group according to their age at first marriage, as very early (10-16) and older, (17 +) by different potentially associated variables in order to explore if early marriage is associated with these variables.

Table 11. Respondents age at first marriage by socio-demographic variables

Age at first marriage by socio demographic variables - cross tabulation					
Variable	Categories/ values	Age at first marriage		X^2 chi-square	p-value (Significance)
		Early 10-16	Late 17+		
Religion (n=357)	Protestant	72.9%	27.1%	0.262	0.609
	Traditional belief	70.4%	29.6%		
Age of respondent (n=357)	15-24	63.0%	37.0%	19.801	0.000**
	25-34	65.8%	34.2%		
	35+	87.3%	12.7%		
Literacy(n=357)	Literate	70.4%	29.6%	0.044	0.834
	Non literate	71.7%	28.3%		
Wealth(Number of cattle in the household) (n=357)	Low: 20 &below	72.7%	27.3%	2.449	0.294
	Average: 21-40	66.0%	34.0%		
	High: 40+	74.9%	25.1%		
Age difference with husband at marriage (n=357)	5 or below	61.3%	38.7%	9.869	0.020*
	6-10	72.5%	27.5%		
	11-15	81.6%	18.4%		
	16+	65.6%	34.4%		
In Polygamous marriage (n=357)	Yes	74.3%	25.7%	2.552	0.110
	No	66.4%	33.6%		

* Significant at 0.05 level **very significant at 0.01 level

The percentages of women who married at early age (10 -16) among protestant and traditional religion followers were 73% and 70 % respectively showing no significant difference. (at p-value 0.61) . This may mean that the type of religion that the community follows has no relationship with their age at marriage, early or older. Culture dominates in Mursi community regarding early marriage.

Considering current age of the women by their age at marriage, practice of early marriage was much higher /dominant for older women (in age group 35+) where 87% of them were married before age 17. Whereas younger women, those in 15- 24 and in 25 -34 years of age in comparison practiced early marriage in lesser proportion at 63% and 66% respectively. This inverse association of current age and age at marriage is highly significant. (Chi-square p-value = 0.000). The implication of this is prevalence of early marriage is decreasing in time where younger girls are marrying at later ages.

Distribution of women's age at marriage by their literacy status as literate or illiterate showed that 70.4% and 71.7% respectively were married at early age of 10 -16 years. The difference was not significant (Chi-square= 0.044 p- value = 0.8340). Therefore literacy and early age at marriage are not associated in this study group. As seen in earlier discussion the educational level of the women is very low in general where 81% were illiterate and only 5% were past primary (grade 6). The literate group thus has no adequate education to influence age at first marriage.

Household wealth in pastoralist community is expressed in terms of number of cattle that the household owns, as informed by interviews held with community members and literature. Number of cattle owned by a household as proxy to wealth, therefore, is grouped in to three categories as to show relatively low, average and high level of wealth. The cross tabulation of level of wealth by age at first marriage of women showed that the proportion of women in each wealth group that marry very early were not significantly different from each other. (chi-square = 2.449 p value = 0.294). The data implies that the variable age at first marriage and family wealth are not associated with each other.

Age difference between a woman and her spouse was examined against age at marriage of the woman. The cross tabulation showed that the proportion of women who married at early age is much higher for those who had wide gap in age with their husbands. That is for women who had age difference of 11-16 years with their husbands, the proportion married early was 81.6% while for those women having age gap of 5 years or less the proportion who married early was 61.3%. The difference is significant. (chi square = 9.869 p-value of 0.02) . Actually the pattern observed is as the spousal age difference increases the proportion of early married women

increases except for the last age group gap in age. This implies that women who marry very early mostly experience greater age gap with that of their husbands.

Being in a polygamous marriage and age at first marriage were not found to be significantly associated (chi square = 2.552 p value = 0.11). That means the proportions of women who had an early age at marriage are not significantly different in the polygamous and monogamous marriages

4.6 Early marriage and maternal health outcomes

This section explores the association of age at first marriage and some reproductive health outcomes

Table 12. Respondents' age at first marriage and some reproductive outcomes

Age at first marriage by health outcomes - cross tabulation					
Variable	Categories/ values	Age at first marriage		X^2 chi-square	p-value (Significance)
		Early 10-16	Late 17+		
Complication at 1st birth (n=349)	Yes	85.9%	14.1%	34.25	0.000**
	No	57.5%	42.5%		
Complication at last birth (n=314)	Yes	77.0%	23.0%	5.935	0.051*
	No	72.5%	27.5%		
Abortion experience (n=352)	Yes	77.3%	22.7%	0.798	0.372
	No	70.8%	29.2%		

* Significant at 0.05 level **very significant at 0.01 level

Complication at first birth

Grouping women who had ever given birth as those who experienced or not a complication during their first birth, the proportion that had early age at marriage is significantly higher (89%) in those who had first birth complication compared to the proportion (57.5%) in those who had

no complication. The association is highly significant (chi square 34.25, p - value = 0.000).The data implies age at first marriage and complication at 1st birth are associated and women in the Mursi community who marry at a very early age are more likely to experience first birth complication compared to women who marry at a later age, after 17. This is an important finding that affirms the undesirable maternal health effects of early marriage.

Complication at last birth

To explore if early age at marriage is associated to presence of complications at last birth, experience of complication at last birth was cross tabulated with age at first marriage. The proportion who married at early age (10-16) in those who had complication at last birth was 77% where as it was 72.5% for women who didn't have complication at last birth. The difference though not strong it is marginally significant (chi square 5.935, P value= 0.051). This implies that women who married early in that community are more likely to experience complication even in later births.

Abortion experience

Age at first marriage and experience of abortion were not found significantly associated. That is the proportion of women who had early marriage in the group that experienced abortion is not significantly different from the proportion from those without abortion experience. (Chi square = 0.798 p-value = 0.372) the result is not significant.

4.7 Factors associated to life time fertility/children ever born and the influence of early marriage

In the preceding sections the association of early marriage with school dropping out and some reproductive outcomes was assessed using bi-variety analysis. One of the objectives of this study is to examine the effect of early marriage on life time fertility, or children ever born to a woman. The number of children ever born to a woman could be affected by many other factors including age of the woman. (The older the woman the more exposure time to have more children) religion, literacy, household wealth, being in polygamous marriage, experience of abortion were considered as possible factors. All independent variables are categorical except age which is continuous variable. In order to examine the net influence of early marriage on life time fertility by controlling the effect of other factors a multi-variable model was applied to the data. The

dependent variable in this model is children ever born to respondents and since it is an ordinal variable the appropriate model is identified as Poisson regression. The adjusted odds ratio (exponent of Beta) is the effect indicator. It tells the percentage increase or decrease in number of children ever born in categories of interest as compared to reference categories of a given independent variable

The result obtained from SPSS application of Poisson regression is shown in table 4-13 below. 338 cases were found having data on all variables included in the model. The finding is that age at first marriage is found to have a significant effect on children ever born after controlling for age of woman, abortion experience and other behavior influencing factors included in the model. Age at marriage is categorized in to 2 groups which is very early (below16) and older (16 and above) Our reference category is (16+). Marriage at a very early age(below 16) has effect on increasing number of children (Y) by 26% as compared to later age at marriage (16+) (AOR=1.26, p value =0.002)

Considering the other factors, significant factors to affect children ever born to a woman were, age of woman, abortion experience, religion and household wealth.

Current Age of women and CEB: Age was found to have significant effect on CEB, as age is a continuous variable, the effect is interpreted as , when women's age increases by a year number of children also increases by 2%, (AOR= 1.02, p-value= 0.000 -highly significant.)

Abortion experience and CEB: The variable is categorized in to two groups as women with no abortion and with abortion our reference was no abortion. It was found that a 67% increase in CEB is indicated for women with no abortion than those who had abortion experience (p-value = 0.000, highly significant.)

Religion and CEB: The two types of religion followed by study population were Protestant and traditional belief. Protestant is used as reference. It is found that women following Being traditional belief have 37% more number of children as compared to those following traditional belief. (AOR = 1.38, p-value 0.000) religion showed highly significant effect on fertility.

Household wealth (as number of cattle owned) and CEB: Number of cattle owned was categorized in 5 groups. The reference is highest /wealthy family group with number of cattle

61and above. A HH with a big number of cattle compared to a HH with small number of cattle has effect to increase fertility and it is significant p- value is 0.000. Comparing women in well off households (having 61 + cattle) women in the poorest household (having below 10 cattle) had 26 % less CEB. Similarly women in the households with 21-40 and 41 - 60 cattle have 21% less CEB (p value .006) and 22% less CEB (p value 0.003) compared to reference category (women in the well off households)

Polygamous marriage and CEB: Number of children ever born to women in polygamous marriage compared to that of women in monogamous marriage didn't show significant difference. The p-value is 0.15

Literacy and CEB: Number of children ever born was not significantly different for literate and illiterate women. The p-value is 0.874.

Table 13. Factors affecting children ever born- a multivariable Poisson regression model

* significant at 0.05 level

Independent Variables- factors	N	P-value	Exp(B) = AOR (95%CI)
Religion			
Protestant	134	0.000*	1.376 (1.2, 1.58)*
Traditional belief	204		1(R)
Total	338		
Have co-wife/s (polygamous marriage)			
No	119	0.150	0.896 (.772,1.041)
Yes	219		1(R)
Total	338		
Literacy status			
No	275	0.874	1.014 (.851,1.208)
Yes	63		1(R)
Total	338		
Age at first marriage			
10-16	244	0.002*	1.263 (1.090,1.463)*
17+	94		1(R)
Total	338		
Wealth status Number of cattle			
less or equal10	28	0.021*	0.740 (0.573,.956)*
11-20	44	0.131	0.850 (0.686,1.049)
21-40	93	0.006*	0.791 (0.668,0.936)*
41-60	77	0.003*	0.775 (0.655,0.918)*
61+	96		1(R)
Total	338		
Abortion			
No	296	0.000*	1.670 (1.337,2.085)*
Yes	42		1(R)
Total	338		
Continues variable			
Age of respondent	338	0.000*	1.023 (1.016,1.030)*

4.8 Findings from the qualitative study

As described in chapter 3, this study has used qualitative data that is collected from the community by way of key informant and in-depth face to face interviews as well as focus group discussions in order to reach to a deeper understanding of the dynamics of early marriage, why it is practiced, its main factors and its consequences on women lives. The sources were three key informant interviews, one with a community leader, another with a midwife and, the third with a traditional birth attendant (TBA); two in depth interviews with victims of early marriage and who had experience of severe consequences and, two focus group discussions, one with young men and another with young girls who were not married yet.

Participants were clearly communicated about the purpose of the study. They were also informed that their participation is with their full free will and consent and they can decline or discontinue from participation any time they want. With their consent interviews and discussions were video recorded. Photographs, video films and field notes were employed as techniques to record all discussions and to control bias in data documentation. The photographs, including video-images served as culturally informed observations.

The information captured in the interviews and discussions was transcribed, thematically categorized and analyzed to produce findings as presented below.

4.8.1Early marriage and its dynamics

According to key informants, community leader and a midwife, in Mursi community girls mostly get married at very early age when they start having menstruation, which is around 12 and 13 years of age. One important determining factor for marriage to happen is dowry, bride money. In Mursi a boy or a man to marry a girl must give dowry to the family of the girl. The dowry is 38-40 cattle and a 'Klash' with 150 bullets. The interviews and discussions with all sources revealed that dowry is the driving force for early marriage of young girls. It is considered as a major source of income for the girl's family. Cattle is a major asset for a family. It can be sold when there is a need for money, say for health care or even to be used again as dowry upon marriage of a male family member. Another reason given in support of early marriage by the community leader informant is, young girls going to school may befriend boys before marriage and get pregnant which is not culturally acceptable.

"Now a days they(school going girls) are doing many mistakes so I don't know what to say but students sleep around in the school with boys while their family sent them to attend school but they have unsafe sex in school. This is not allowed even if you consider religion, so parents are not willing to send their children to school." Key informant community leader

Marriage initiation can happen in four ways. The community leader and another traditional birth attendant outlined the following;

One is where a man who wants to marry a girl initiates the marriage by sending elders to family of the girl with the request. The girl's family would agree based on the dowry payment. Alternatively the family of the girl could be involved in the marriage initiation /arrangement in order to get the dowry as source of income. The girl has no say in these arrangements.

Second is marriage by abduction where the man with his friends abduct the girl by force and later reconcile with the family of the girl by paying the required dowry. Here again the girl may have no say to the marriage.

Third is when the girl is given to a man as wife as compensation for a certain harm done by member of her family to the family of the man she is going to marry. For instance if her brother killed someone in another family, traditional negotiations follow and one outcome is giving away a girl for marriage.

The fourth is when the marrying couple may agree to be married and their families are requested for their consent, of course the dowry payment is part of the marriage.

Polygamy is another feature of marriage in Mursi. A man can marry more than one wife as long as he pays the required dowry. Having more than one wife is considered advantageous to get many children. Having more than one wife and many children is prestigious in Mursi.

'Having big family is an honor in the village so that family will not be attacked by others who have small member of family' community leader informant.

The key informant also informed that as a Christianity religion follower he regretted that he married two wives before changing religion.

It is common for young girls marrying at early age to marry an elderly man as long as the dowry is paid. Family of the marrying girl child considers that an elderly husband can take care of the girl better than a younger one according to a key informant.

Wife inheritance is another feature of marriage in Mursi. If a woman's husband dies, his brother can take the woman as wife. This is justified as cattle and dowry is paid already the family of the husband is entitled to keep the woman or else her family has to return the cattle to free the woman. The claim may include what was born and added from the cattle originally given as dowry. It is like the woman is sold as property to her husband and his family. On the other hand it was learnt from focus group discussion with young men that if a woman dies still her family is expected to return the 38 cattle dowry so that her husband can use it as dowry to marry again, or if she had born male children and they are under 15 /not married/ they get 11 cattle each to be used for dowry payment when they marry in the future and the rest is re owned by her husband.

It is observed that marriage and cattle transactions are not a onetime marriage arrangement but transcend to connect generations too.

4.8.2 Early marriage and school dropout

One of the adverse consequences of early marriage is girls' dropout of school when they get married. In most cases girls discontinue school upon marriage. Primarily the husband will not allow his wife to go to school. In addition household responsibilities of the woman do not give time for school. However in some cases when the marrying couple were both young and

willingly married with parents endorsement both husband and wife continue school, according to FGD with young men. The tradition of early marriage without the will of the girl, that resulted in school discontinuation creates frustration and depression on the young girls. this was informed by informants about their personal experience and also from focus group discussion with young men and girls held separately.

From the men FGD what came out was girls discontinuing and dropping out of school due to forced early marriage was very common, while the girls were very interested to continue education. In the discussion, it was mentioned that they knew at least four cases of girls' frustration leading to suicides.

The observation described show that women's education is not valued in the community by most and early marriage is the preferred and forced option for a Mursi girl. But in recent times some members of the community who are literate and with some education insist on education of girls and delay of marriage or even after marriage. Community leader key informant who was educated and also a school director described his views as:

"I have 9 children,3 girls and 6 boys. I sent all of them to school some are working with the government,some are married and some are still attending school. The married once are living with whom they choose and whom they love. I believe that marrying girls before age 18 is not right since I know health complication and sufferings result from early pregnancy. My children now are at different grades in school from grade six to ten, those in grades 9 and 10 are learning in Hawassa.(No high school in Mursi) However some discontinued from grade 9 and 10 and work as policemen or in sugar factory" key informant a school director

4.8.3 Marriage, fertility and traditional birth control

In Mursi having many children is desirable. Both male and female children are desired. Female children are considered as source of income and cattle for the family by way of dowry. male children are considered as protectors of family and the tribe and gate watchers of tradition.

“There is no child sex preference in the community both male and female are wanted. If the baby is girl what is said is that 'the cattle are replaced' (from prospective dowry), if it is boy the thinking is that they have someone to take care of the family and protect" An elderly community leader informant.

Upon marriage at early age girls start having family. In most cases modern family planning is not practiced as children are wanted. However traditionally ones a woman give birth return to sexual activity is delayed until the child gets teeth and starts eating food. The woman is left to breast feeding and another pregnancy is unacceptable during this time. To avoid this outcome the tradition is abstinence from sexual activity for about two years.

" As a Mursi culture husband is not allowed to sleep with his wife until the baby stops breast feeding or long time ago in my age it was 3 years after birth but now a days it is like 2 years." an elderly community leader and key informant

Still since there is no modern contraceptive and due to early marriage women continue bearing children until their menopauses.

4.8.4 Child bearing and maternal health consequences of early marriage

The major unfavorable consequence of early marriage in Mursi is obstetric complication in relation to pregnancy and child birth occurring at very young age. Because of physical immaturity for pregnancy the young girls face complications at labor and delivery. Prolonged labor and hemorrhage are commonly happening problems. The problem is aggravated due to very limited maternal health service in the area.

According to a midwife key informant, Lolabu, use of skilled birth attendance is very low. Women mostly plan to give birth in the bushes or at home with assistance from TBA or relative, sometimes by themselves. Only when complication arose as prolonged labor or excessive bleeding that health care is sought at health center or hospital. At times that could be late and death of the baby and/ or the mother could happen. Lolabu, the midwife described a case she encountered while assisting a teen pregnant.

"I had once an accident while I was working in clinic a young lady came laboring for a while to give birth in our clinic. The baby was born safely but after that the mother started heavy bleeding, (Post-Partum Hemorrhage) it was difficult to control the bleeding. I told to her and her family to lay down so that I can examine her.   But the MursiTBA who came with her did not allow me to help her they thought that if she laysdown she will die so I was so afraid to lose her. I went out to a place where I can get telephone network and called an ambulance from Jinka 60 km from Makki. The sad thing was she was not able to wait the ambulance.When I returned tothe clinic she has died. Many women in Mursido not come to clinic in time; they prefer to give birth at home or in the forest and when complication happensthey die out there."

The testimonies of some victims of early marriage were taken as follows. The testimonies show how cultural norms in relation to marriage, women's low status in the community and the adverse consequences intersect.

Story of Kene a victim of early marriage with maternal health complication

Her name is Kene. Her birth and growth was in Meent, neighbour tribe far from Mursi clinic. When she was 14 years old her mother become very sick and Kene and her uncle took Kene’s mother to an NGO clinic called Makki SIM. Kene's mother was diagnosed for PTB and the treatment for TB was to be given for six months and her mother needed very nutritious food for better improvement. Kene's family had no money for food. That was when Kene's uncle and mother decided to arrange marriage for Kene in exchange of the dowry so that the cattle can be sold to take care of Kene's mother. Kene's family took 38 cattle and one Klashincoff gun and gave away Kene for a husband. Following the marriage Kene became pregnant and gave birth by age 15. She experienced bleeding complication during labor and delivery which was difficult to manage even at the Maki Clinic. She was referred to Jinka hospital for better management fortunately she survived. Two years later by age 17 she had her second child which is after one year and five months. The whole marriage thing was for money, to be used for food and treatment of her mother to save her mother's life. The testimony was given by Kene

The following describes the lived experience of an informant, Ngagulu, on early marriage, wife inheritance and school drop out

Story of Ngagulu a victim of early marriage with maternal health complication and stopped attending School.

Ngagulu is a 17 year old girl at time of interview. She dropped out of school due to marriage, she had married two times at 13 and at 16 years of age. She grew up in Mursi in a district called Makki. She used to be an interpreter in Maki Clinic. When she was 12 years old her parents gave her for a man as wife by taking 38 cattle and one Klashincoof without her agreement. Her husband was 39 years old, 27 years older than her.

At age 13 she gave birth but had much complication during delivery, postpartum hemorrhage and anemia. Her family took her to Jinka hospital and they saved her life. Her husband was heavy alcohol drinker and he used to treat her very badly. After a while her husband became severely sick and passed away, three years after their marriage. In Mursi culture if someone pay full dowry to the bride's family the groom will take the bride to his parents and if her husband died his brother will remarry her as marriage inheritance. However Ngagulu refused to marry her husband's brother and her parents return the full dowry to her husband's family. That let Ngagulu to become free of marriage that she didn't want. She gave her daughter to her mother Kaka and continued her school. A year later her father got another dowry from another man to marry Ngagulu. His age was nearly 39. Without her will her father pushed her to re-marry to this man so she quit school to obey her father. She was miserable since her dream of being educated cannot be fulfilled. Finally she mentioned that there are many girls out there who have been through the same experience like hers.

In conclusion from the qualitative study what came out as major findings are:

Early and forced marriage of girls is commonly practiced as tradition. Dowry as income source to families of the girls is major factor fueling the practice. Dowry transaction transcend generations. Other traditional features of marriage in Mursi are polygamy and wife inheritance.

Major consequences of early marriage were school dropout, maternal health complication and depression and high fertility on the side of girls and women. Limited use of skilled maternal health service was also observed.

CHAPTER -FIVE DISCUSSION

5.1 Prevalence of early marriage

According to UNHR, 2014, any marriage where one or both spouses are under age of 18, considered as early marriage, presents a significant public health concern for adolescent girls and their community. The findings of this study both in quantitative and qualitative a firm that in Mursi early marriage is almost universally practiced (where 71%, of girls were already married aged 10-17 years) and it is therefore major public health concern.

5.2 Effect of early marriage on children ever born among Mursi community.

According to Bongaart's (1978), factors affecting fertility are broadly classified into proximate (direct) and (indirect) factors. The proximal factors are bio behavioral factors, like marriage, being sexually active, use of contraceptive, duration of postpartum infecundabilityand abortion which affect fertility directly, whereas, indirect determinant are socio-cultural factors which affect fertility indirectly through affecting the bio-behavioral factors. In this study the circumstances of the proximate determinants of fertility were examined. Contraception was found very low to affect fertility, both quantitative and qualitative findings showed this. Postpartum abstinence and lactation were traditionally supported resulting in wide birth intervals. This was indicated in the qualitative study (at least two years indicated by key informant). Therefore though not measured and included in the quantitative analysis, the qualitative finding indicates it has influence on fertility. Practice of abortion was measured in the quantitative part and included in the regression model. As expected abortion experience has effect on woman's lifetime fertility. Finally marriage as a factor to fertility was examined in both qualitative and quantitative analysis. Both affirmed that early age at marriage leading to longer exposure time to pregnancy had effect in increasing fertility. The works of Yemane et al, 2007, Jeanette 2018 (Yemane .B et al, 2007, Jeannette .B, 2018) also showed girls, who marry young, inevitably have children early, and have many children, because their knowledge of contraception is poor and their power to negotiate its use is weak.

Early marriage naturally leads to early pregnancy resulting into high fertility. Effect of early marriage on children ever born was indicated both in the qualitative and quantitative finding. The quantitative analysis showed the distribution of the respondents according to their age at first

pregnancies, 27% had their first pregnancy when they were between age 10 and 14 and another 52% of them had their first pregnancy when they were between 15 -17 years of age. By age seventeen 79% of the girls have already given birth to a child. This clearly show that marrying early is closely followed by early pregnancy and birth

In the quantitative survey the finding shows the awareness with regards to modern contraceptives was examined and a large proportion of respondent (84.3%) had no awareness about modern contraceptives. When asked if they have ever used modern contraceptives 99% of the sampled women have not used any contraceptives. So contraception is a missing element as factor to fertility.

5.3 Associations of early marriage on maternal health and school participation of early married girls.

As (Nawal .M, 2006) mentioned Early marriage have many effects on girl's health: increased risk for sexually transmitted disease, cervical cancer, death during child birth and obstetric fistulas. The qualitative study in this research showed the common obstetric complications for the early married girls. In addition in the quantitative study significant correlation was obtained between early age at marriage and complication during first and last births.

Early marriage naturally leads to early pregnancy resulting into many maternal health complications. Without proper knowledge about physiological condition, she cannot cope with changes in her body during pregnancy. Elderly women are not in a position to guide the younger population properly so is one of the effects of early marriage.

5.3.1 School participation

The finding in the quantitative study showed the majority of women in the study (80.1%) are not literate or have received no education and only about 20% have reported that they are literate. From those who have been to school, (77.5%) of them have discontinued. The main reason for school dropout mentioned by respondents was due to marriage (in 82% of cases). The result is similar to other studies. According to Kazutaka .S, Marian Ellen. H, 2014 in the literature part mentioned early married girls are often pulled out of school and denied further education. Their children are also more likely to be illiterate.

Education is a key human capital that contributes a lot to a better life of any one and for the overall economic and social wellbeing of communities but this could not be practical in Mursi community.

5.3.2 Economical factors of early marriage

According to a study by (Jeannette, 2018) Poverty is one of the major factors underpinning early marriage. Where poverty is acute, a young girl may be regarded as an economic burden where one less daughter is one less mouth to feed. The marriage to a much older man is common practice in some societies. In traditional societies such us in Sub-Saharan Africa, the bride's family may receive cattle from the groom, or the groom's family, as the bride price for their daughter similarly in the qualitative and quantitative study findings were Poverty of the parents will lead to female children denied equal access to common resources when a family is in poverty. Female members, mainly female children are victimized by poverty of the family.

In the qualitative study finding show clearly how the financial insecurity as in the case of Kene show how a girl at early age get married to solve a family's financial problem.

CHAPTER-SIX - CONCLUSIONAND RECOMMENDATION

In conclusion from the findings of this study both in quantitative and qualitative early marriage is almost widely practiced (where 71%, of respondents were already married when aged 10-17 years) and it is therefore major public health concern. Many girls are parts of early marriage and they face significant health outcomes. .

Proportion of illiterate women and men in Mursi community is high at 81% ,this is one of the major problems and a potential factor for the poor economy and poverty in the Mursi community.

Effects of early marriage on maternal health are mainly on their first birth while most were still in teen age and experiencing maternal complications.

From the qualitative study what came out as major findings are: Early and forced marriage of girls is commonly practiced as tradition. Dowry as income source to families of the girls is major factor fueling the practice. Dowry transaction transcend generations. Other traditional features of marriage in Mursi are polygamy and wife inheritance.

Major consequences of early marriage were school dropout, maternal health complication and depression and high fertility on the side of girls and women. Limited use of skilled maternal health service was also observed.

RECOMMENDATION

Firstly there has to be effective recognition of girls rights according to the Universal Declaration of Human Right(UDHR) of 1948. and also the fundamental reproductive rights as stated in the ICPD 1994. This can be improved by mainly constantly keeping in mind the stipulated rights and by creating awareness and teaching in the community to promote respect for the rights and freedom of women and girls in Mursi community.

- promoting human right
- protecting human rights
- promoting education of girls so that they stay in school and avoid early marriage.

Raising awareness of the extent of the consequences of early marriage.

Empowering women with information and skills for self confidence, self value, communication skills, assertiveness, speak out, decision making and negotiation skill empowerment will make difference to not engage in Harmful traditional practice.

Providing quality education in every district to all community so that parents are encouraged to send their children to school.

Creating awareness to youth on all aspects of reproduction , puberty, sex, conception knowledge of family planning to delay pregnancy and dangers of early pregnancy.

Different stakeholders like MOH, MOE and ministry of women and child that should be involved in the fighting against early marriage parents, youths, school, school directors , community leaders, church leaders , traditional birth attendants, health care providers also must participate on fighting against Harmful traditional practices.

Accessible and quality health services should be provided to Mursi community.

Education about polygamous marriage and its consequences like HIV,STD, Hepatitis...ETC Education about family planning to delay first pregnancy till the girl is physically capable to manage her family.

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APPENDICES

A: CONSENT FORM

I am a post graduate student in population studies (RH) in college of development studies of Addis Ababa University I am carrying out a research on the consequences of early marriage on life time fertility, maternal health and school participation among reproductive age women in Mursi community, Salamago woreda,

SNNPR. I wish to request your permission to participate in a study that will form part of my degree work. The study will involve requesting you to answer some questions from a structured questionnaire. This will be recorded and analyzed for research purposes only your identity and all the information given in this study will be kept confidential throughout the study and dissemination. Your participation in the study is purely voluntary, there is no monetary gain and you may withdraw from the study at any stage, without penalty.

Kindly respond to the questions with sincerity.

Thank you in advance for your assistance.

Signature________________ Date ______________

Please respond to the questions according to the instructions given:

B: SURVEY QUESTIONNAIRE

Q.NO	Section 1. place of residence Questions	Coding categories
1.1	Is Mursi your Place of birth? If no Where were you born?	1-Yes 2-No ----------------
1.2	When did you come here?	Months Years
Q.NO	**Section 2 demographic ,Social components, age, religion ,language ethnicity**	
2.1	Sex of respondent?	Male Female
2.2	How old are you? Age of respondent	_______Years old
2.3	What is your ethnicity?	1.Mursi 2. Ari 3. Bodi 4.Other (specify) ___________
2.4	What is your religion?	1.Orthodox 2.Catholic 3.Protestant 4.Muslim 5.Traditional 6.0ther (specify)_______
2.5	What is your marital status?	married divorced widowed
2.6	What was your age at first Marriage?	____________year old
2.7	If the age of her 1st marriage is below the age of 18 year, Why did you decide to get married at that age?	1. I got pregnant 2. to solve Financial issues in the family 3. Family pressure 4. culturally forced 5.OTHER specify

2.8	Do you have any regrets having married early?	Yes . No.
2.8.1	If you regretted early marriage what was your reason?	1.school dropped out 2. married to unknown 3.fear of pregnancy 4. OTHER specify
2.8.2	If you encourage early marriage why?	1. to make my family happy 2.it is culture 3. OTHER specify
2.9	how many years have you been in marriage?	................years
2.10	What is the Social position you're your husband?	A. Ordinary member B. Clan leader C. Religious leader D. Community leader E. Other --------
2.11	How old was your husband when he marries you?	................years
2.12	Does your husband had another wife at the same time in addition to you? **Co wives polygamy's** marriage	1. yes 2. No --------
2.13	If yes, how many?	Record the number ______
2.13.1	Which number are you?	Record the number ______
Q.NO	**Section 3. Educational level**	
3.1	Have you attend formal education?	l. non literate 2.literate
3.2	What grade are you in school?	1. Grade _______ 2.certificate 3. Diploma 4.Degree 5. 0ther (specify)

3.3	Are you still attending school or you dropped out?	1.dropped out school 2.still attending school
3.4	If you dropped out school what was the reason?	1.marriage 2.unable to understand 3.parents don't allow me 4.others
3.5	Is your husband attend formal education?	l. non literate 2.literate
3.6	What is the level of ur husband education?	1. Grade _______ 2.certificate 3. Diploma 4.Degree 5. 0ther (specify)
Q.NO	**Section 4. Economic characteristic**	
4.1	Are you employed?	1. Yes 2. No
4.2	If no to 4.1, what is the source of your livelihood?	1. family income 2. donation 3.others
4.3	If yes, what type of employment are you engaged in Occupation of the respondent Woman?	1. Housewife 2. Merchant 3. farmer 4.pastoralist 5.Government employees 4. Others specify, _____
4.4	If yes, how much do you earn per month?	..........................birr
4.5	Occupation of your husband?	1.Farmer 2. pastoralist 2. merchant 3. government employer 4. others specify------------

4.6	how much do he earn per month?	...........................birr
4.7	How many numbers of livestock do you have? (like cattle, goat, sheep….) Record numbers of livestock.	1. Cattle------------------ 2. Goats and sheep ---------- 3. Others specify --------
4.8	If family member need expense for health issue who will cover the expense?	1. My self 2. My husband 3.Both of as 4.Family members 5. others specify-------------
4.9	If family member need to buy goat, cattle who will decide ?	1. my self 2. my husband 3.both of as 4.family members 5. others specify-------------
4.10	If you want to see a health professional for health issues who will decide?	1. my self 2. my husband 3.both of as 4.family members 5. others specify-------------
Q.NO	**Section 5 fertility and mortality history**	
5.1	Have you ever been pregnant?	1.Yes 2.No
5.2	How old were you in your first pregnancy?	........................year
5.3	How many children's do you have **(CEB)?**	Record in number...............
5.4a	During your first pregnancy did you Attend any health center for prenatal care?	Yes No
5.4b	Where was the place?	1.health post 2.health center

		3.hospital 4.home to home health extension worker 5, others specify--------
5.4c	During your last pregnancy did you Attend any health center for prenatal care?	Yes No
5.4d	Where was the place?	1.health post 2.health center 3.hospital 4.home to home health extension worker 5, others specify--------
5.5	If you have follow up who attended you?	1. health extension worker 2.Nurse 3.Doctor/Health officer 4. others specify--------
5.6	Where did you give birth you 1st baby?	1.health post 2.health center 3.hospital 4.home to home health extension worker 5. bush by my self 6.others specify--------
5.7	Where did you give birth you last baby?	1.health post 2.health center 3.hospital 4.home to home health extension worker 5. bush by my self 6.others specify--------

5.8	Have you had any complication during first delivery?	Yes No
5.8.1	If yes, What was the complication?	1. hemorrhage 2.fistula 3.infection 4. prolonged labor 5. seizure and headache 6. fever 7. others specify--------
5.8.2	Have you had any complication during last delivery?	Yes No
5.8.3	If yes, What was the complication?	1. Hemorrhage 2.Fistula 3.Infection 4. Prolonged labor 5. Seizure and headache 6. Fever 7. Others specify--------
5.9	If you had complication during last where was the palace you have get help?	1.health post 2.health center 3.hospital 4.home by relative 5.TBA
5.10	Have you had any abortion?	1.yes 2.No
5.11	Have you lost a child?	1.yes 2.No
5.11.1	If you say yes how many?	
5.12	Have you heard about modern contraceptives?	1.yes 2.No
5.13	Which contraceptive method you know?	1. Condom

		2. Pills 3.Loop/IUCD 4.Depo injectable 5. Implanon
5.14	Have you ever use contraceptives?	1.yes 2.No
5.15	If you use contraceptive which type you use?	1. Condom 2. Pills 3.Loop/IUCD 4.Depo injectable 5. Implanon

5.16		Children ever born									
		Place of delivery		Complications at birth	Birth interval	Date of birth	Gender	Age	Alive		Dead
No	Name	home	health center						yes	no	At which age
					1						
					2						
					3						
					4						
					5						
					6						
					7						
					8						
					9						
					10						

C: KEY INFORMANT INTERVIEW GUIDE

1. What is your opinion on early marriage of young girls?

2. What in your opinion is the effect of early marriage in mursi girls?

3. What is your perception of early marriage and girl-child education?

4. What is your perception of early and maternal health

(probe: fistula, child health, child morbidity and mortality, maternal deaths).

5.Have you witnessed any case of early marriage in your community?

6.If yes, can you describe how it took place?

D: FOCUS GROUP DISCUSSION GUIDE

1. Are you aware of existence of early marriage in to Mursi?

2. What are your perceptions on girls who marry early?

3. Do these young girls enjoy in this marriage? Elaborate?

4. How does early marriage affect the girl child in your opinion?

5. What in your view is the best way forward to solve this problem?