Ayalenesh Muhabe is a 16-year-old girl and a tenth grade student. She comes from a poor family that earns a living from subsistence farming in Dabat Zuria Kebele of Dabat Woreda, North Gondar zone, Amhara Region. She is the eighth child in a family of 12 children. Large family size, such as Ayalenesh’s, is considered as an asset in rural families of Ethiopia. This is because families with larger number of children are more acceptable by the society than those with smaller number of children. The thinking is that girls will bring bride price to the family and thereby increase social ties when they get married and boys would turn out to be a source of respect and support when they are grown-ups. Therefore, many rural women bear an average of between five and six children in their reproductive years. In addition, traditional gender norms often result in poor treatment of girls as compared to boys. Ayalenesh is one of those girls who have experienced such practices. Despite her interest in going to school, she was often absent because she had to help her mother with the housework. She never had enough time to study. “The way my parents see it is that school is my time to do school work and home is for household chores.” She explains.

When it was eight o’clock in the evening, every family member would go to sleep except Ayalenesh. She would gather what little strength she had left from a hard day’s work and try to concentrate on her studies until midnight. She would use a flashlight to read as there is no electricity in her village. She would wake up at four in the morning the next day and read again till 6:00 o’clock. Then, she would go fetch water, clean the house and do other household chores as usual before she left for school. This, she says, affected her results because she did not have enough time to study and stood third in her class, unlike previous years where she always stood first despite all the challenges.

Besides all the burdens she bore which undermined her schoolwork, her parents also tried to marry her at the age of twelve to a man in his early twenties. “But I told my teacher, who helped me get the marriage cancelled,” Ayalenesh remembers. “If I was married at that time, I would have become a mother early and might have suffered fistula,” she adds. “My parents are uneducated and do not believe that any good can come out of sending girls to school. The only future for a girl, they believe, is to marry her off so that she may have as many children as possible.”

Realizing Ayalenesh’s academic performance and her great interest in education, her teacher helped her win a scholarship from a program supported by the Fisher Family Foundation through Pathfinder International Ethiopia. The program provides financial support to young girls, especially those in rural areas, to cover some school expenses. The USAID funded Integrated Family Health Program (IFHP), implemented by Pathfinder International and John Snow Inc. (JSI) in partnership with Consortium of Reproductive Health associations of (CORHA) carried out extensive community sensitization on the importance of educating girls and the empowerment of women. As a result, Ayalenesh’s parents began to sense the household burden on Ayalenesh and how she succeeded in her education despite the challenges. The financial support from Fisher’s Family Foundation also helped her buy everything she needs for school. She receives Birr 100.00 (US$ 6.00) every month. With this money, she covers her school related expenses such as school uniforms, exercise...
In Ethiopia, women mostly depend on their husbands in many respects. Thus, they have hardly any decision-making power. Social norms dictate that women are responsible for taking care of their children, their husbands, and the household. They have limited say over most matters regarding their family or household, or even over their own bodies. Young girls also undergo various forms of harmful traditional practices such as female genital cutting. They are also often forced into marriage and usually become victims of early marriage, where they may suffer from sexual violence, unintended pregnancies and exposed to the risk of developing fistula. They face different kinds of domestic violence, which usually go unreported. These unfair treatments are exacerbated by widespread poverty, which leaves women bearing the brunt of the problem.

USAID’s Integrated Family Health Program (IFHP) believes that women and girls, if given equal opportunities and treatment, are capable of bringing positive changes in the lives of their families and communities. It is therefore important to empower women through education, help them attain economic self-sufficiency, and enable them to access quality reproductive health services. Studies show that there is a correlation between a woman’s participation in decision-making at household level and her ability to access health services.

At the lowest level of the Health System in Ethiopia, Health Extension Workers (HEWs) also play a defining role in influencing communities. IFHP, through the support of USAID, plays an immense role in directly or indirectly supporting HEWs to mainstream gender issues in every aspect of their activities. They also reach each household and provide promotive, preventive and curative health services. Through referral systems with health centers, they also ensure the delivery of quality health services.

The women’s empowerment project of Pathfinder International Ethiopia also collaborated with Women Associations in taking the first step in addressing the gender disparity by improving women’s status and encouraging their involvement at household and community level decision-making processes. It also plays a supportive role in promoting gender equality at Gender Clubs in schools and technical and vocational education centers. By providing a safe corner for girls to discuss various issues related to health, education, and the challenges they face in their communities as young women, Gender Clubs offer social support to women and empower them to work together to make changes in their lives and their communities. Moreover, it also organizes peer education training for young people to educate their peers in and out of school on gender and reproductive health issues. In doing so, the organization’s focus on gender is enabling women to get access to health services and improve their living standards.
Today, anecdotal evidences in Ethiopia suggest that people’s perspectives of gender issues have improved. Male involvement in issues affecting women is on the increase. More and more men are openly advocating for women’s issues and helping ensure that women gain access to opportunities they deserve. In government offices these days, a growing number of women are being assigned to senior posts and playing key roles in decision-making. The following stories are examples that show the progress in this regard.

In Gelato Kebele of Halaba special Woreda in Southern Nations, Nationalities, and People’s Region (SNNPR) of Ethiopia, Yitayish Tsege and Aziza Ismael are HEWs who have brought about remarkable changes by educating the community and raising their awareness on health issues. Lack of environmental sanitation was the most difficult problem in the community and it was not easy for the Health Extension Workers (HEWs) to work with the community to change old practices of the residents.

Today however, all that have changed, and the kebele is exemplary in the Woreda. Now, both HEWs are the most influential community members, breaking existing social norms that discourage women not to come out in the open and influence others. “They (Yitayish and Aziza) tell the men what to do, which is very unusual in these communities. They have huge challenges but they are also changing a culture that has been in place for centuries.”

“Today in the Habru Woreda of North Wollo Zone, Amhara region, Wz. Mulu Teseme, Head of the Women, Children and Youth Office, says the situation of women has improved so much that more women are in decision-making posts. Nine senior posts in sector offices are held by women at the Woreda level, which was not the case before.”

Gender disparity and lack of decision making power by women about their reproductive health has made them vulnerable to various health risks such as obstetric fistula. Obstetric fistula results from wear and tear that eventually creates abnormal communication between a woman’s vagina and her bladder or rectum. The abnormal communication makes the woman leak feces and/or urine without control through the birth canal resulting in physical, psychological and social damages. One of the risk factors of obstetric fistula is early child bearing following early marriage that occurs when women don’t have the power to make decisions as to when and whom to marry.

Mersha lives in Habro Woreda of North Wollo Zone, Amhara region. She suffered from obstetric fistula after long hours of labor. She is one of the lucky ones who had her husband by her side during her difficult time. Today, she works in the Kebele’s Women’s Affairs Office teaching other women. Her husband, Molla, is willing to assist the Women’s Affairs Office. Having lived with fistula in his family and...
seeing the difficulty women go through, he has a keen desire to help many more women.\textsuperscript{3}

Dr. Fekade Ayenachew is an Obstetrician, Gynecologist and fistula surgeon at Yirgalem Hamlin Fistula Centre, in Yirgalem town, within SNNP region. He is the head of the center. Here, he has treated well over 1,000 fistula victims. He says, “We should enhance efforts to get to as many victims of obstetric fistula and treat them as early as possible to give their dignity back.” Dr. Fekade wholeheartedly states that fistula is a maternal health problem to which we can definitely put an end. “When we are able to support our mothers to plan when to have their babies and convince them to seek a skilled birth attendant and ensure unfailing obstetric care services, then we can stop the occurrence of fistula!”\textsuperscript{4}

\textbf{NEW BEGINNINGS}

Mekuriaw Agazuh is an 18-year-old man from Laywuha Kebele of Meket Woreda of North Wollo Zone, Amhara region. He lives with his parents, two sisters and one brother. The family earns a living from agriculture. Mekuriaw’s parents have no formal education. His father is a conservative man who did not believe in the benefit of sending his children to school. Thus, none of his children attended school. Furthermore, his relationship with his family members was patriarchal, in which male dominance is observed in all matters within the family. This was in fact the reality of many households in Laywuha Kebele, where most husbands were the sole decision-makers. It is a common practice in the kebele for girls to be married at an early age, and several forms of violence and harmful traditional practices, such as female genital mutilation, were committed against women and girls. Ato Agazuh believed in such practices and reflected the same beliefs in his family.

At a very young age, Mekuriaw had great desire to go to school; he dreamt of becoming a teacher or an agricultural development agent like the ones he saw growing up in his community. Unfortunately, his father was adamant about his decision of keeping his children at home. So, Mekuriaw on his own initiative approached some teachers and development agents he knew in the kebele. He talked to them about his desire and they approached his father. Ato Agazuh was gradually convinced and sent Mekuriaw to school where he joined Wekieta Elementary School in 2002.

For Mekuriaw, school was very interesting, and he learned a great deal. Eight years later, he joined a gender club at his school, a club that embraces students and teachers with the aim of promoting gender equality in the school and the community. While participating in this club, he began to understand issues of gender inequality and developed a different perspective on life. Later, he was selected to participate in a training program on Girls’ Empowerment and Family Planning/Reproductive Health, which was organized by Amhara Women’s Association (AWA) and Pathfinder International Ethiopia. This opened his eyes to the realities of what was happening around him. He realized the great social and cultural inequalities that existed in his community. He vowed to change the situation, starting in his own home.

The first measure Mekuriaw took was helping his parents learn to read and write. Then, he convinced them to send his two sisters and his brother to school. He then made continuous efforts to raise awareness in and out of school on matters of gender equality. Mekuriaw’s greatest payoff was the change he observed in the attitude of his father, who started to help his mother

\begin{itemize}
\item \textsuperscript{1} Ms. Magazine, 2011, Heart and Soul, Linda Villarosa
\item \textsuperscript{2} TAC report, North Wollo Zone, Amhara Region, January 23-26, 2011
\item \textsuperscript{3} TAC report, North Wollo Zone, Amhara Region, January 23-26, 2011
\item \textsuperscript{4} TAC report, Sidama Zone, SNNP, October 5-7, 2011
\end{itemize}
prepare food for the family, fetch water, and take care of the children. This gave the mother time to be involved in other social and economic activities, such as helping out on the farm by plowing, going out to the market and selling grains, and involving herself in community development work. These activities were mostly carried out by men before Mekuriaw started to teach his community. As a result, the family’s monthly income increased, and the common practice of his parents borrowing money from their neighbors stopped. Mekuriaw then convinced his parents to change their ideas about giving away their daughters in marriage before completing formal education. In the meantime, Mekuriaw’s father took the initiative of discussing with his wife the importance of using family planning, and they now use it.

Mekuriaw’s work gained recognition by his teachers, the kebele administrator and the development agents. He also used the school’s mini-media to disseminate messages to many students, male and female, on harmful traditional practices and other reproductive health issues. Mekuriaw’s efforts have contributed to some of the changes that are being observed in his community. He advises and helps several juvenile delinquents to understand the negative effect of their actions on girls. Mekuriaw is an example of how boys and men can bring about a difference in promoting girls’ education, improving women’s and girls’ health, and consequently building healthy families and communities. In fact, he is a champion among his male peers.

**EXPERIENCE FROM ABROAD**

**TRAVELLING AROUND WITH A MISSION**

A group of six people from Pathfinder International Ethiopia and its partners made a visit to PRACHAR project of Pathfinder International India. The group was composed of people from the Ministry of Health, Addis Ababa, Oromia and Amhara Regions’ Women’s Associations. The group gained experience from the exemplary work of Pathfinder in delivering comprehensive sexual and reproductive health services by integrating gender issues in all aspects of their project activities. The group learned significant lessons from the practice of addressing deep-rooted cultural gender issues. As a result, Pathfinder International Ethiopia and its partners plan to improve their work by considering best practices observed in the PRACHAR project. The following story depicts one experience that is worth taking lessons from.

Urmila Devi lives in the Gaya district of Bihar state in India. She wakes up at six o’clock in the morning, feeds her family, takes care of her children and leaves home by nine o’clock for the hospital where she works as an Accredited Social Health Activist (ASHA). There, she attends a meeting with health workers to discuss her work during the month. Three hours later, having finished her meeting, she travels into the community to visit households. Each month, she spends 15-20 days making home visits and two or three days organizing group meetings to discuss family planning and reproductive health issues with young married women. Many young women who work as ASHAs, like Urmila, travel house-to-house promoting couples’ communication and the use of a range of contraceptive methods to ensure healthy timing and spacing of pregnancies among young people.

Gaya is one of the districts of Bihar where adolescent fertility is high because most young people marry before the legal age (18 years for girls and 21 for boys) and succumb to strong social pressure to “prove their fertility” soon after marriage. According to the District Level Health Survey (2007-08), 68% of girls within the age group of 20-24 in Bihar, married before age 18. This proportion for Gaya was astounding. Furthermore, according to the National Family Health Survey (2005-06), among women aged 15-19 years in Bihar, one fourth were already married before the legal age (18 years for girls and 21 for boys) and succumb to strong social pressure to “prove their fertility” soon after marriage. According to the National Family Health Survey (2005-06), among women aged 15-19 years in Bihar, one fourth were already mothers or were pregnant at the time of the survey. This proportion was not available for Gaya but is expected to be higher than the rest of the state. With an objective to provide effective health care to rural areas and states with poor health outcomes (such as Bihar), the Indian government launched National Rural Health Mission, which put community involvement through ASHAs as its core feature. ASHAs working in the project areas of Gaya district were trained by Pathfinder International and its
local partners, under PRACHAR project, to promote messages to delay age of marriage and to promote contraceptive use to delay the first birth and space the second birth.

Urmila has been working as an ASHA since April 2005 after begin trained by Pathfinder. She says many women lack reproductive health information and knowledge and have their pregnancies too close together, causing them to suffer from poor health. She tells mothers about the health and economic benefits that could be gained if a woman spaces her pregnancies and encourages women to make joint decisions with their husbands on these matters.

Urmila’s male counterparts are called Male Communicators who work with husbands to raise awareness on health, social and economic benefits of delaying and spacing birth sand joint communication and decision-making. Through such parallel efforts, families are assisted to delay and space pregnancies.

The PRACHAR project of Pathfinder International India which is supported through a grant from Packard Foundation and the UNFPA commenced in 2001. Since its establishment, it has gone through three phases and is currently in the third and last phase. Among other things, the PRACHAR project has been effective in delaying age of marriage. A study conducted by the project in 2008 found that the median age at marriage for females was 2.6 years higher (22.0 vs. 19.4) and for males 2.8 years higher (24.1 vs. 21.3) in PRACHAR intervention areas as compared to areas where the intervention did not take place.

In its third phase, the PRACHAR project, using similar intervention activities as previous phases, has recorded commendable results, including, 151,970 women reached through home visits and group meetings conducted by trained ASHAs; similarly, 134,611 men were reached through group meetings conducted by Male Communicators trained by Pathfinder. In addition, 35,831 unmarried young boys and 45,179 girls were reached through three-day adolescent reproductive and sexual health trainings.

IFHP has designed different gender responsive approaches. It partners with regional and district level women’s organizations, such as Women, Youth and Children’s Affairs Offices and Women’s Associations. It also technically and financially assists the Federal Ministry of Health’s gender directorate.

Its activities include:
- Integrating topics related to gender and harmful traditional practices into health service provider training at various levels,
- Building the capacity of health workers on fistula case identification, referral and repair
- Training of women treated for fistula to reintegrate them back in to their communities and reach others in their community on similar problems
- Girls’ empowerment through support for education, and Women’s economic empowerment through income-generating activities
- Capacity building trainings on gender, GBV and HTP for staff across sectoral government offices