

## UC SAN DIEGO CENTER ON GENDER EQUITY AND HEALTH

### Community Experiences with A School-Based Intervention to Delay Marriage among Girls in Oromia Region, Ethiopia

#### Background

Formal marriage or informal union of a girl before age 18 years<sup>1</sup> (i.e., early marriage) is associated with greater social vulnerabilities for girls, such as lesser education and poverty, as well as increased health risks for both mothers and children.<sup>2-4</sup> Earlier childbearing and low birth spacing (<2 years between births) as a consequence of non-use of contraception have been implicated as key reasons for poorer health outcomes for women marrying as minors, as well as for their children. Sub-Saharan Africa has a higher prevalence of child marriage than any other region, at 39%.<sup>5</sup> In Ethiopia, according to most recent estimates, 41% of women aged 20-24 years old were married by the age of 18, and 16% were married by the age of 15.<sup>5</sup> At current population levels, this burden translates to more than 358,000 births per year to married, adolescent mothers.<sup>6,7</sup>



Parent-child dialogue & peer learning,  
Shabudin Shenura

Growing programmatic efforts, particularly over the past decade, have been undertaken both globally and in Ethiopia to reduce and eventually eliminate early marriage, and thus avoid its adverse health impacts.<sup>8</sup> Much of this work has come in the form of prevention interventions, evaluations of which suggest the most effective means of preventing child marriage is by incentivizing girls' education via conditional cash transfer programs.<sup>8-10</sup> Though less rigorously evaluated, community-based interventions inclusive of sexual and reproductive health (SRH) education, empowerment counseling and life skills development for girls show promise.<sup>9</sup> Such approaches are more commonly undertaken than are cash transfers, as cash transfers generally focus on a single outcome (e.g., school retention), while multiple interconnected outcomes (e.g., delayed marriage, improved contraceptive use, and girls' self-efficacy) are often the goal of development efforts. A combination of incentives with empowerment counseling and life skills has demonstrated effectiveness in reducing child marriage in Ethiopia,<sup>11</sup> though there remains a lack of programming focused on prospective husbands. More evaluation of community-based programs that have maintained long-term, successful operation is needed in order to better understand participants' experiences and perceived program impact.



Parent-child dialogue & peer learning, Shabudin Shenura



Youth center construction, Waktola Guedeta

## UC SAN DIEGO CENTER ON GENDER EQUITY AND HEALTH

This research report provides insight into girls' and their decision-makers' experiences with the Oromia Development Association Comprehensive Adolescent/Youth Sexual and Reproductive Health Project ("ODA"), a school-based program delivered by trained teachers. The program aimed to reduce early marriage in the Oromia region. The Oromia region has a population of 27 million people, the majority of whom (88%) live in rural areas.<sup>7,12</sup> The median age at marriage among 20-24 year olds is 18.9, nearly one in three women report an unmet need for family planning, and only 3.8% of married women use any modern method of contraception.<sup>13</sup> This program offers SRH education to adolescents, with curriculum covering topics including adolescent marriage, pregnancy and childbirth, family planning and contraception, and vocational training.<sup>14</sup> ODA builds on the evidence base via its support of SRH education for youth, and includes youth empowerment efforts to support school retention and vocational skills building. The program targeted both girls and boys, and engaged teachers to deliver programmatic messaging. The intervention, supported by the Oromia Development Association and the David and Lucile Packard Foundation, has been ongoing since 1993, and has been implemented across 248 communities in the Oromia region.

### Methods

In 2014, fifty in depth qualitative interviews were conducted in Oromia, Ethiopia, with girls between ages 13 and 24 years who were known to have had exposure to ODA and either a) married prior to age 18 ("married as a minor") or b) was able to cancel their marriage as a minor or postpone it to their majority age ("cancelled/postponed marriage as a minor"). Girls from each group (23 married under age 18, 27 who cancelled/postponed marriage before age 18) were randomly selected by program staff, and asked to identify up to three people who are/were influential in their marital decision-making ("decision-makers") to participate in the study. In total, 100 decision-makers were interviewed.

#### Sample photos of family day celebrations and saving for education in cash



## UC SAN DIEGO CENTER ON GENDER EQUITY AND HEALTH

After a data quality review, final analyses included 44 girls (23 married under age 18, 21 who cancelled/postponed marriage before age 18) and 62 decision-makers (21 for girls married as minors, 41 for girls who cancelled/postponed marriage as a minor). Ethical approval for study design and data collection was provided by Public Health International. Ethical approval for this analysis was provided by the University of California San Diego.

Interviews assessed knowledge, attitudes, and perceptions of child marriage and adolescent birth; the marriage decision-making process; and program activities, their experiences with them, and their perceived impact. De-identified, translated interviews were analyzed by trained research staff, using latent content analysis to code and organize data into domains and subthemes. This report details the qualitative results from participants' description of program activities, their positive and negative experiences with the program, and perceived program effects. Questions asked of participants regarding their impressions of ODA and ways it worked to prevent child marriage and improve youth development included the following:

1. Can you describe what role ODA plays in the community in delaying marriage and first birth?
2. Can you tell me three words that would come to your mind if you were asked to describe ODA's activities regarding girls' attitudes toward gender equality, early marriage and their perceived role in deciding when to marry?
3. Next, can you tell me three qualities that come to your mind about ODA's activities?
4. How do you think [your/the girl's] participation in ODA activities affected [your/the girl's] relationships with their parents?
5. Can you describe the role that ODA plays in changing the relationship between girls and parents in the community?
6. What can families/teachers/local leaders do? What would help them? What would make it difficult? What role does parents/teachers/local leaders/ODA have to play? What about other people in the family? What role do they play? What about the role of the larger community? What can the community do to prevent early marriage and first birth among adolescent girls? What would help? What would make it difficult?
7. What was your experience with ODA interventions (sport for life, community awareness, and award provided to parents, saving for schooling, counseling, referral, girls club etc)? Did these activities help you to cancel/postpone your marriage? How?
8. What do you know about existing laws and regulations about early marriage?



Life skills training, Yonas Tasew

### Results

#### **ODA Program Content and Strategies**

Breadth of Focus and Creative Engagement with Youth and Family. Outreach to the broader community was highlighted by decision-makers as a perceived priority of the program, with emphasis that ODA provided a platform on which the community could come together to discuss early marriage.

*"ODA bring families and students together and sets the stages for discussion on early marriage and the first birth."* [Male decision-maker for girl able to cancel/postpone marriage, Teacher, Muslim, age 23, Ethiopia, 01-02-02-250]

## UC SAN DIEGO CENTER ON GENDER EQUITY AND HEALTH

Outreach to decision-makers was another ODA activity noted by participants, specifically the distribution of awards and incentives to girls who did well in school and to their parents to encourage them to continue allowing their girls to attend school. Economic incentivization was discussed by girls (both married and able to cancel/postpone marriage) and their decision-makers, and was positively perceived.

*"After that, last year and a year before last year, ODA gave award that was given to high scoring female students. The first year, there was another student; she was named [withheld], the first year she took it. Again last year, in 2012/13, they were her family; her father and her mother were called to be award. The award was given to motivate them. Giving award for her family might initiate them because they might think that if she brings such a blessing today that she brings more things tomorrow. So the might let her continue her education. She stands first in her class until today." [Male decision-maker for girl able to cancel/postpone marriage, Teacher, Orthodox, age 30, Ethiopia, 01-01-02-257]*

*"It is participating in different development activities, sports and providing incentives to families and students in different forms to encourage the community well. It is then after the community started sending their girls to school aspiring to have strong student like others." [Girl able to cancel/postpone marriage, Muslim, age 15, Ethiopia, 01-01-01-0102]*

Emphasis on the Benefits of Girls' Education. Girls highlighted ODA's focus on education and the benefits it afforded them and their families, specifically the benefits of empowerment through an understanding of gender equity and of obtaining a job post-education.

*"First, they aware me to continue education to get job; second they aware me and my parents see myself equally with my friends/siblings and the third is they aware me to get job and improve the life of my siblings and my parents" [Girl married <18, Muslim, age 15, Ethiopia, 01-01-03-0307]*

Emphasis on Gender Equity. Decision-makers (teachers) also shared that ODA made efforts to emphasize gender equity in their school-based programs, which were directed at both female and male students, with the aims of creating changes in norms at the familial and community level.



Packard Foundation delegates speaking with Buyyo Primary School students, Alemayehu Gezahegn



Award for best performing girls academically and their respective families, Bekele Gelaw

*"ODA works to realize gender equality. There is task division based on the community; they assign some to be done only by girls and others only by boys because of gender inequality. Most often the tasks of girls are not done only by girls and others only by boys because of gender inequality. Most often the tasks of girls are not measured. If she works the whole day in the house, she will be considered to do nothing. Their understanding of gender based task division is revised well for them in school to help them understand there is no such a thing as task for girls or boys. Gender is to naturally be either girl or boy. So, they are taught in school that if the girl goes to fetch water, the boy will cook in the house. This way ODA first bring this understanding to students and the students then share their understanding for their families." [Female decision-maker for girl able to cancel/postpone marriage, Teacher, Orthodox, age 28, Ethiopia, 01-01-02-260]*

## UC SAN DIEGO CENTER ON GENDER EQUITY AND HEALTH



Welcoming delegates at Buyyo Primary School, Alemayehu Gezahgeln



ODA "Saving for Schooling" information flier, provided by Packard Foundation

### Perceived Program Effects of ODA

Gender Equity and Empowerment. Increased gender equity and empowerment was cited by teachers as an effect of ODA. A specific example of empowerment resulting from ODA was an increased understanding of rights and the importance of education on the part of the girl.

*"Concerning sport for life and other extracurricular actives have significant role in empowering girls and raise awareness. It is really good that girls come to know their rights and able to speak about [t]he importance of education. Such awareness raising project can bring about change in h community."* [Male decision-maker for girl able to cancel/postpone marriage, Teacher Protestant, age 24, Ethiopia, 01-01-02-207]

An additional empowering benefit that participants, both girls and their decision-makers, viewed as an effect of ODA was increased financial competency, taught in the form of activities centered on saving money for school materials that spanned multiple years of school.

*"One the activities which are being carried out by ODA is the saving for school scheme. By this I have started saving since I was in grade 6 when I get in grade 9 I have used the money for my uniform and educational materials."* [Girl able to cancel/postpone marriage, Muslim, age 14, Ethiopia, 01-01-01-0112]

*"They sometimes take as a regular program and teach girls. ODA helps educational materials for some girls and even cloths for their families. Not only that ODA also gives money and buy sheep and goat for these poor families and advising them how to save their money."* [Male decision-maker for girl able to cancel/postpone marriage, Teacher, Muslim, age 23, Ethiopia, 01-02-02-250]

Finally, there were noted improvements in girls' voice and their ability to communicate their choices to parents and other decision-makers.

*"Since the time of intervention of ODA, families are sending girls to school. When comparing with myself, girls were not allowed to go to school previously, they had no equal rights. Girls were limited to home works. There was no chance of speaking freely with parents at all. But things have improved now."* [Female decision-maker for girl able to cancel/postpone marriage, Health Worker, Muslim, age 23, Ethiopia, 01-01-02-210]

Improved Health. Both girls married at under the age of 18 and girls able to cancel/postpone marriage felt there was an increase in SRH knowledge and awareness as a result of ODA, including the knowledge and awareness of the consequences of early marriage, early birth, and sexually transmitted illnesses.

*"Yes, they teach about the consequence of early marriage, which is early birth. One of the impacts of early marriage can be failure to raise a child, girls may fail down and even the color of her face may be changed or affected."* [Girl married <18, Muslim, age 18, Ethiopia, 01-01-03-0306]

## UC SAN DIEGO CENTER ON GENDER EQUITY AND HEALTH

*"It enabled us to be aware how sexually transmitted disease can transmit from person to person to affect people. It enabled us to know about HIV and how to protect ourselves from them. It also played due attention to stop early marriage through sport for life and have discussion." [Girl able to cancel/postpone marriage, Muslim, age 14, Ethiopia, 01-01-01-0013]*

Girls also perceived improvements specifically in maternal and child health due to ODA instruction, as a result of ODA encouraging girls not to marry below age 18, teaching the consequences of early first birth, and teaching students how to prevent STIs such as HIV. Decision-makers also noticed this increased SRH awareness.

*"It has the role on making girls who are below eighteen not to marry and also not to have a baby. Many girls are saved from this danger." [Girl able to cancel/postpone marriage, Muslim, age 14, Ethiopia, 01-02-01-0120]*

*"The counsel female students not to marry under aged, they counsel them how to prevent transmitting diseases like HIV, they advise not to give birth before they become mature." [Female decision-maker for girl married <18, Mother, Muslim, age 45, Ethiopia, 01-01-04-422]*

In some circumstances, this new SRH awareness and the increased ability to communicate effectively with the husband and family enabled already-married girls to utilize family planning, which they attributed to ODA.

*"It helped to establish positive relationship with my parents and my husband so that he supports me in my education. I am able to use family planning and continue my education because of the awareness I have got from ODA. So, ODA has a big role." [Girl married <18, Muslim, age 18, Ethiopia, 01-01-03-0301]*

**Girl Child Marriage.** Participants indicated improvements in knowledge and awareness surrounding girl child marriage in girls, their families, and the community.

*"One it has a great role to eliminate early marriage and birth. If a student understands, it will let his/her family becomes aware. If the family understands, it will let the surrounding community to become aware. Through this transmission of awareness and if it is implemented I think at our Kebele level, early marriage and birth will soon be eliminated 100%." Female decision-maker for girl able to cancel/postpone marriage, Teacher, Orthodox, age 28, Ethiopia, 01-01-02-260]*

ODA was also credited with changing norms and beliefs surrounding child marriage and communication through awards and incentives, and also through increasing the abilities of girls (both married and unmarried) to communicate with their families.

*"My friend feels happy for me. They also need to be part of our group. Even other parents are planning to make their children to be like us. To be awarded as my parent awarded for my good performance. So, we are trying to expand ODA. We started saving money." [Girl able to cancel/postpone marriage, Muslim, age 14, Ethiopia, 01-01-01-0101]*



Field Visit to Wanchi Elementary School, Alemayehu Gezahegn

UC SAN DIEGO CENTER ON GENDER EQUITY AND HEALTH



Photo by Alemayehu Gezahegn

*"After we heard about the proposal, we were working hard to convince her to reconsider it. We first spoke to her and convinced her and she in turn convinced her family."* [Male decision-maker for girl able to cancel/postpone marriage, Teacher, Muslim, age 24, Ethiopia, 01-01-02-219]

*“The courage girls get to become bold enough to let marriage cancelled is the role of ODA for me.”* [Female decision-maker for girl able to cancel/postpone marriage, Teacher, Orthodox, age 28, Ethiopia, 01-01-02-260]

## **Recommendations for Continuation of ODA**

Support for Program Continuation. Most feedback from participants and decision-makers was positive and included a general favorable viewing of the program. Feedback from decision-makers for girls able to cancel/postpone marriage usually centered on the importance of the knowledge gained from the program, which was instrumental in making a decision not to marry underage. For girls able to cancel and postpone their marriage, the awards and incentives for attaining good marks in school were viewed very favorably.

*"The information we get from the ODA projects was significant. If I couldn't have known something from these projects, I couldn't have succeeded in persuading her." [Female decision-maker for girl able to cancel/postpone marriage, Mother, Muslim, age 35, Ethiopia, 01-02-02-231]*

*“The ODA activities include, motivating those students those students who completed their primary school, as well as, their parents who assisted them towards completion of their primary education. Different materials, for example, books and exercise books for the students and scarf for parents, have been used as motivating factors.”* [Girl able to cancel/postpone marriage, Orthodox, age 16, Ethiopia, 01-01-01-0103]

Dissatisfaction for Program Mentioned Infrequently. Dissatisfaction with ODA was infrequently mentioned, but among those who did express negative feedback, girls who were married as minors seemed least satisfied. This dissatisfaction was often general, and usually centered on a desire for more information.

*"I am not satisfied. I still want to know more. What I know is so limited."* [Girl married <18, Muslim, age 18, Ethiopia, 01-02-03-0321]

# UC SAN DIEGO CENTER ON GENDER EQUITY AND HEALTH

## Recommendations for Future ODA Implementation

Desire for Program Continuation and Continued Girl Empowerment. Community workers such as teachers and healthcare providers were focused on continuing to develop programming that empowers girls in terms of being able to continue their education and stay in school.

*“ODA should keep up the good work. Expanding this work to larger areas to protect girls from the dangers of early marriage” [Male decision-maker for girl able to cancel/postpone marriage, Teacher, Muslim, age 24, Ethiopia, 01-01-02-219]*

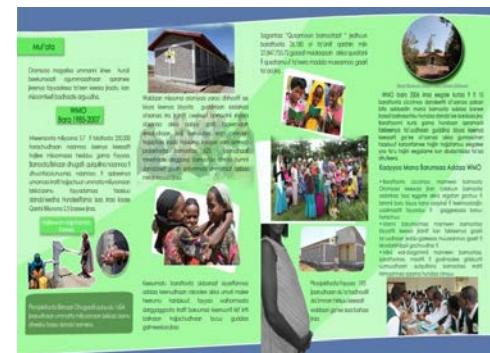
*“ODA has been working and for which I am very grateful. Their effort to empower girls is typical one. After we equipped ourselves with the training by ODA we set a plan to support girls with their education. The works of ODA in making every effort towards enabling girls to continue with their education is exemplary one. We are equipped with necessary skill which enable us support girls in [t]heir education. We still expect ODA to further strengthen its effort where we will also need to be ready than ever to meet objectives set.” [Female decision-maker for girl able to cancel/postpone marriage, Health worker, Muslim, age 23, Ethiopia, 01-01-02-210]*

Strengthening Program Reach to the Community. Targeted community outreach and awareness-building were common recommendations from a range of participants. Another recommendation was for ODA to reach out to and work more with community elders and religious leaders. The most commonly identified barrier to program effectiveness was lack of community awareness.

*“The community must first get enough education and awareness. Then community will be able to handle the problem by discussing with their own children. What would help? Awareness is helpful. Anyone with better awareness could go into the community and bring change. ODA also should give training to help the public have better understanding and followed by implementation.” [Female decision-maker for girl able to cancel/postpone marriage, Teacher, Orthodox, age 24, Ethiopia, 01-01-02-258]*

*“ODA should continue its project especially by calling religious leaders and convincing them because these religious leaders and community elders have authority either to arrange early marriage or cancel marriage. Therefore, ODA should consider and work with these concerned bodies.” [Female decision-maker for girl able to cancel/postpone marriage, Peer, Muslim, age 14, Ethiopia, 01-02-02-238]*

*“In this locality, some religious people believed that marriage is given to people in order to bring birth to this earth and preventing these are evil act. The first act that the community can do initially to prevent early marriage and first birth among adolescent girls is that on the increase of awareness. Every individual has to be aware of the problems and practiced what is right in the community.” [Male decision-maker for girl married <18, Father, Muslim, age 50, Ethiopia, 01-02-04-424]*



Training & IEC materials developed and adopted



SRH information dissemination during school sporting festivals, Yonas Tasew

# UC SAN DIEGO CENTER ON GENDER EQUITY AND HEALTH

## Conclusions

In general, girl participants and their decision-makers found ODA to be engaging, informative, and empowering, and their responses indicate that the program's content areas of focus, specifically youth SRH education, early marriage prevention, and empowerment, were covered during program implementation. ODA influenced girls' empowerment in multiple ways, providing information and awareness on a variety of SRH topics, teaching girls communication skills applicable to both families and husbands, providing knowledge of rights to participants, working towards a culture of gender equity at school, and teaching financial competency skills through saving schemes. The program used an award/incentive strategy aimed at girls who excelled academically and their parents, and implemented multi-year money saving activities teaching girls how to save and enabling them to pay for necessary materials like uniforms. Participants felt that ODA provided a platform for the community to come together to speak about the issues surrounding child marriage, and teachers who participated in the program indicated a hope that ideas taught in school would be diffused to the family and ultimately to the community.

ODA was regarded very positively by the majority of participants; those that were dissatisfied were relatively vague as to their reasons. To better address these concerns, more detailed understanding of negative perceptions of the program is thus needed. For some girls who married as minors, and some decision-makers, there was a very general expression of dissatisfaction with the program due to a desire for more information, which may indicate a barrier in reaching already married girls. Recommendations for ODA focused on program continuation, specifically ongoing empowerment activities for girls, and increased community awareness-building through trainings and working with community leaders. The saving scheme was viewed as a highlight of the program that should be retained, and was mentioned by both girls and decision-makers. The desire for more connection with the community suggests the need for an expansion of the current approach to enable more comprehensive, multilevel engagement. Incorporating a strong community outreach program, and working with the health and legal sectors could strengthen ODA. Finally, there was little mention of education-to-vocation trainings/skill building for girls by girls and their decision-makers. While the development of an understanding of choice to pursue vocation is essential for girls and seems to be a focus of ODA, concrete skill-building for obtaining a vocation post-education may be of benefit to future programming.

## Implications

While this report aims to provide insight into the perceived strengths of ODA as a means of delaying early marriage in Oromia, Ethiopia, as well as opportunities to strengthen the current model, data analysis of the presented information must be considered in light of certain limitations. The participants selected for the project were those available and willing, which may bias the findings to more favorable responses to the program. The study is not an evaluation of impact and should not be viewed as such; it instead provides insight into participant perceptions of the program. Finally, these findings are based on the ODA program prior to 2014, and hence may not be fully reflective of its form today. Nonetheless, the nature of the program (e.g., education based, teacher-led, empowerment-focused) has not changed and likely will benefit from this analysis. These findings suggest that:

- ODA is a promising model with which to promote delayed marriage and SRH in Oromia using strategies of empowerment, health awareness-building, and community dialogue, but could be strengthened by:
  - A. Connecting to members of the community (religious leaders, elders), and building awareness through community trainings.
  - B. Utilizing a multi-level approach to engage the community, health, and legal sectors.
  - C. Incorporating concrete education-to-vocation skill building for girls, to enable them to apply some of the skills they learned through the ODA program.
  - D. Further developing and expanding the financial literacy, incentive, and savings programs, emphasizing both longer term goals of girls (e.g., higher education) as well as short term needs (e.g., school uniforms).

# UC SAN DIEGO CENTER ON GENDER EQUITY AND HEALTH

## References

1. *Ending Child Marriage: Progress and prospects.* New York: United Nations Children's Fund;2014.
2. Loaiza E, Wong SS. *Marrying Too Young: End Child Marriage.* New York: United Nations Population Fund;2012.
3. Raj A, Saggurti N, Balaiah D, Silverman JG. Prevalence of child marriage and its effect on fertility and fertility-control outcomes of young women in India: a cross-sectional, observational study. *The Lancet.* 2009;373(9678):1883-1889.
4. Raj A. When the mother is a child: the impact of child marriage on the health and human rights of girls. *Archives of disease in childhood.* 2010:archdischild178707.
5. UNICEF. *State of the World's Children: A Fair Chance for Every Child.* New York: United Nations Children's Fund;2016.
6. United Nations, Department of Economic and Social Affairs, Population Division. *World Population Prospects: The 2015 Revision.* 2015.
7. Central Statistical Agency/Ethiopia, ICF International. *Ethiopia Demographic and Health Survey 2011.* Addis Ababa, Ethiopia: Central Statistical Agency/Ethiopia and ICF International;2012.
8. Kalamar AM, Lee-Rife S, Hindin MJ. Interventions to Prevent Child Marriage Among Young People in Low-and Middle-Income Countries: A Systematic Review of the Published and Gray Literature. *The Journal of adolescent health : official publication of the Society for Adolescent Medicine.* 2016;59(3 Suppl):S16-21.
9. Lee-Rife S, Malhotra A, Warner A, Glinski AM. What works to prevent child marriage: a review of the evidence. *Stud Fam Plann.* 2012;43(4):287-303.
10. Hindin MJ, Kalamar AM, Thompson TA, Upadhyay UD. Interventions to Prevent Unintended and Repeat Pregnancy Among Young People in Low- and Middle-Income Countries: A Systematic Review of the Published and Gray Literature. *J Adolesc Health.* 2016;59(3 Suppl):S8-s15.
11. Erulkar AS, Muthengi E. Evaluation of Berhane Hewan: a program to delay child marriage in rural Ethiopia. *International perspectives on sexual and reproductive health.* 2009;35(1):6-14.
12. *The 2007 Population and Housing Census of Ethiopia: Statistical Report for Country-level.* Central Statistical Agency, Ethiopia;2007.
13. ICF International Inc. MEASURE DHS STATcompiler. [www.statcompiler.com](http://www.statcompiler.com). Accessed 27 Jan, 2017.
14. McClendon K, Ayyaluru S, McDougal L, et al. Intersections of girl child marriage, family planning knowledge, and reproductive control: Qualitative findings from Ethiopia and India. *DRAFT Manuscript.* 2017

## Acknowledgements

We would like to thank the individuals who ran the Oromia Development Association Comprehensive Adolescent/Youth Sexual and Reproductive Health Project, the girls and decision-makers who participated in this study, and the organizations that managed data collection. This research was made possible by a grant from the David and Lucile Packard Foundation, and this report was developed with input and photos from Packard Foundation staff members Yemeserach Belayneh and Senait Tibebu. We would also like to thank Public Health Institute, specifically Sue Holtby and Nicole Lordi, for their oversight of the field research under which this report was generated, and to thank the research staff at the Center on Gender Equity and Health at the University of California San Diego for their contributions to the data analysis for this project; these staff include Sankari Ayyaluru, Serena Dunham, Emma Jackson, Katherine McClendon, Priyanka Patel, Marissa Salazar, Ricardo Vera-Monroy, and Natalie Wyss. Thanks also to Dr. Jay Silverman for his scientific input into this work.

### Recommended Citation

Jackson, E., McDougal, L., Raj, A.. *Community experiences with a school-based intervention to delay marriage among girls in Oromia Region, Ethiopia.* Center on Gender Equity and Health (GEH), University of California, San Diego School of Medicine. San Diego, CA. February, 2017.