

Research Article

Identifying Local Context GBV Prevention Mechanisms in Specified Districts of Afar and Amhara Regions

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Abstract

This assessment investigates the local contexts of Gender-Based Violence (GBV) prevention mechanisms in six specific weredas of the Afar and Amhara regions of Ethiopia: Jele Timuga, Efratana Gidim, Artuma Fursi, Hadellega, Dawe, and Dalifage. Despite existing legislative frameworks, GBV remains prevalent due to deeply entrenched cultural norms, economic dependency, and lack of awareness. Through qualitative methods, including in-depth interviews and key informant interviews, the research identifies various forms of GBV experienced by women and girls, such as physical violence, early marriage, rape, abduction, absuma marriage and economic exploitation. The findings emphasize the critical roles of women leaders, elders, and community stakeholders in combating GBV and promoting awareness. Furthermore, the study highlights the urgent need for awareness raising initiatives and targeted training programs to educate community members particularly targeting community and religious leaders about GBV and its consequences. Comprehensive strategies encompassing education, economic empowerment, and community engagement are essential for effectively reducing GBV. Recommendations for improving prevention mechanisms include enhancing collaboration among stakeholders, providing training for community leaders, and ensuring access to support services for survivors. This research contributes valuable insights for policymakers and practitioners aiming to address GBV in Ethiopia effectively.

Keywords

Gender Based Violence, GBV Prevention, Community Awareness, Economic Empowerment

1. Introduction

Gender Based Violence (GBV) is a universal violation of human rights that affects millions of individuals globally, transcending geographical, cultural, and socio-economic boundaries. According to the World Health Organization [18], approximately one in three women worldwide has experienced physical or sexual violence in their lifetime, primarily

at the hands of intimate partners. This painful statistic is not merely a number; rather it represents the lived experiences of countless women and girls whose lives are wasted by violence. The urgent need for effective prevention mechanisms and comprehensive support systems to combat GBV cannot be exaggerated. The consequences of such violence extend far

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Received: 2 July 2025; **Accepted:** 16 July 2025; **Published:** 5 August 2025



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beyond immediate physical harm, encompassing profound psychological suffering, economic instability, and social stigma, perpetuating cycles of violence and discrimination [18].

The United Nations (UN) has acknowledged GBV as a critical global issue, advocating for all-inclusive strategies to eradicate such violence through various international frameworks. Among these frameworks are the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Sustainable Development Goals (SDGs), particularly Goal 5, which aims to achieve gender equality and empower all women and girls [14]. These international obligations highlight the necessity of adopting multidimensional approaches that include legal, educational, and social interventions to address the root causes of GBV.

In Africa, the occurrence of GBV is terrifyingly high, predisposed by a complex interplay of cultural, economic, and political factors. A from African Union [5] indicated that approximately 36% of women in Africa have experienced physical violence, with many cases remaining unreported due to stigma and fear of revenge. Traditional practices, such as early child marriage and female genital mutilation, further exacerbate the vulnerability of women and girls, making them vulnerable to various forms of violence [15].

The socio-economic effects of GBV in Africa are deep and far-reaching. Victims frequently encounter reduced access to education and employment opportunities, leading to long-term economic shortcomings. [17] estimated that GBV costs countries in Sub-Saharan Africa over \$2.5 billion annually in lost productivity and healthcare costs. This shocking figure not only reflects the immediate financial burden on healthcare systems but also underlines the broader economic implications for communities and nations. Furthermore, the psychological effects of GBV impede women's ability to participate fully in society, resulting in cycles of poverty and dependence.

In Ethiopia, the situation surrounding GBV is particularly terrible, where cultural norms and socio-economic conditions significantly contribute to the problem. Based on the [8], approximately 38% of women aged 15-49 have experienced at least physical violence, while 10% have faced sexual violence [8]. The occurrence of GBV in Ethiopia is influenced by various factors, including deeply rooted masculine cultural practices, economic dependency, and legal obstacles that deter women's access to justice.

Regardless of the Ethiopian government's commitment to addressing GBV through policies and legislation, such as the National Policy on Women and the 2010 Proclamation on the Prevention and Suppression of Violence Against Women, the enactment remains a significant challenge [9]. Traditional attitudes toward gender roles often undermine these efforts, as many communities still regard violence against women as a private matter rather than a public concern. Societal norms that prioritize male authority and control discourage women from reporting incidents of violence or

seeking help. This cultural setting fosters an environment of silence and support, making it remarkably difficult for victims to break free from cycles of abuse. Moreover, the lack of comprehensive education and awareness programs about GBV significantly hampers prevention efforts. In Ethiopia, many women and girls remain unaware of their rights and the available support services, limiting their ability to escape violent situations.

This study aims to identify the local context of GBV prevention mechanisms in six specific weredas in the Amhara and Afar regions. Namely, Jele Timuga, Efratana Gidim, Artuma Fursi, Hadellega, Dawe, and Dalifage. By focusing on the roles of women leaders, elders, and high-profile women, this study seeks to highlight effective strategies for combating GBV and promoting community awareness.

Gender-Based Violence (GBV) is a serious issue affecting women and girls throughout Ethiopia. GBV manifests in various forms, including physical, sexual, psychological, and economic violence. In spite of legislative frameworks and national policies aimed at combating GBV, the prevalence of GBV remains worryingly high. According to the [8], nearly 38% of women aged 15-49 have experienced physical violence, while approximately 10% have faced sexual violence [8].

Many studies have explored the prevalence, risk factors, and consequences of GBV in Ethiopia, enlightening a complex web of socio-cultural, economic, and systemic influences. For example, a study by [19] found that socio-cultural norms, including patriarchal attitudes and traditional practices, significantly contribute to the perpetuation of GBV. The finding revealed that many women believe violence is an acceptable response to disobedience, reflecting deeply rooted societal norms that devalue women's rights. This belief system creates an environment where victims feel ashamed or fearful to report incidents of violence, leading to underreporting and a lack of accountability for GBV criminals.

A study by [2] showed that women's economic status plays a crucial role in their vulnerability to GBV. The findings showed that economically dependent women are less likely to report violence or seek help, thereby perpetuating the cycle of discrimination. Women who lack financial independence often have limited options for escaping abusive situations, making them more vulnerable to ongoing violence. This underlines the necessity of integrating economic empowerment programs into GBV prevention strategies, thereby addressing the root causes of vulnerability.

Another important finding comes from a study conducted by [12], which emphasized the role of educational attainment in influencing women's experiences with GBV. The finding indicated that women with higher education levels are less likely to experience GBV and are more likely to seek help when violence occurs. However, the study also noted that educational campaigns are often lacking in rural areas, where traditional beliefs about gender roles are more prevalent. This gap in education perpetuates the cycle of violence and rein-

forces gender inequalities.

Moreover, a qualitative study by [7] highlighted the importance of community awareness and local engagement in addressing GBV. The researchers found that communities with active women's groups and local leaders who advocate against GBV report lower occurrences of violence. The study concluded that community-driven initiatives, which involve local stakeholders and utilize culturally relevant approaches, are essential for effective GBV prevention.

Regardless of the fact that there are many studies on GBV in Ethiopia, there are significant gaps. Most existing studies primarily focus on the prevalence and risk factors associated with GBV, often neglecting the effectiveness of local GBV prevention mechanisms. There is a lack of qualitative research that explores the roles of local actors, such as women leaders, community elders, and high-profile women, in addressing GBV. Furthermore, many studies do not adequately assess the impact of community-based interventions on reducing GBV or the barriers that prevent women from accessing support services.

In addition, though national policies and legal frameworks exist, empirical evidence on how these policies are implemented at the local level is missing. Many communities remain unaware of their rights and the available resources, indicating the cut off between policy and practice. This gap highlights the need for an in-depth exploration of local contexts to identify effective strategies for GBV prevention and intervention.

2. Literature Review

Gender-Based Violence (GBV) remains a pervasive issue globally, with Ethiopia experiencing high rates due to socio-cultural, economic, and structural factors [18]. Despite legislative frameworks like Ethiopia's 2010 Proclamation on Violence Against Women, implementation remains weak, particularly in rural areas [9]. This review examines existing literature on GBV prevention mechanisms in Ethiopia, focusing on the roles of religious leaders, clan leaders, elders, and women leaders in the Afar and Amhara regions.

2.1. GBV Prevalence and Forms in Ethiopia

2.1.1. National and Regional GBV Trends

38% of Ethiopian women (15-49 years) experience physical violence, while 10% face sexual violence [8]. And In Afar and Amhara, harmful practices like early marriage, female genital mutilation (FGM), and Absuma marriage (forced cousin marriage) persist [7]. And also Conflict exacerbates GBV, with increased risks of abduction, rape, and domestic violence [15].

2.1.2. Socio-cultural and Economic Drivers

Patriarchal norms normalize violence [19] and Economic

dependency prevents women from reporting abuse [2] and also Low education levels correlate with higher GBV rates [12].

2.2. Local GBV Prevention Mechanisms

2.2.1. Role of Religious Leaders (Sharia/Religious Fathers)

Islamic leaders influence social norms but may reinforce harmful practices if untrained [7] and Training religious leaders on GBV's incompatibility with Islamic principles reduces acceptance of violence [11] and also Friday sermons and religious schools can promote gender equality [16].

2.2.2. Role of Clan Leaders (Makaabon) and Customary Law (Madaa)

Makaabon enforce binding decisions under Afar customary law (madaa) [13] and Reforming madaa to align with human rights can penalize GBV perpetrators [4] and also Community dialogues led by clan leaders reduce FGM and early marriage [15].

2.3. Role of Elders in Mediation and Advocacy

Elders resolve disputes but may favor traditional over legal justice [1] and Training elders on survivor support improves GBV reporting.

2.4. Role of Women Leaders and Economic Empowerment

Women's associations provide safe spaces and legal aid and Microfinance programs reduce economic dependency [17].

2.5. Challenges in GBV Prevention

Conflict disrupts prevention efforts, limiting NGO access [6] and Lack of safe spaces and legal enforcement hinders survivor support [10] and also Resistance from religious and clan leaders slows progress [3]. Existing literature highlights the critical role of local leaders in GBV prevention but underscores gaps in implementation. Future interventions must combine legal, economic, and cultural strategies while addressing conflict-related vulnerabilities.

3. Research Methods

This qualitative research examines GBV in Amhara and Afar through in-depth and key informant interviews. By analyzing women's lived experiences and community perspectives, it aims to inform gender-sensitive policies while maintaining ethical and culturally appropriate approaches.

3.1. Research Design

This study used a phenomenological approach to deeply understand GBV experiences among women and girls in Afar and Amhara regions. The method prioritizes participants' subjective realities, ensuring marginalized voices are heard and valued in analyzing GBV complexities.

3.2. Study Area

The study focuses on six selected woredas (districts) across two regions in Ethiopia: Amhara and Afar. These regions were chosen due to their unique socio-cultural, economic, and geographical contexts, which influence the prevalence and prevention mechanisms of Gender-Based Violence (GBV). The study aims to identify and analyze local contexts, challenges, and opportunities for GBV prevention in these areas. The researchers selected three woredas from the Amhara Region (Jele Timuga, Efratana Gidim, and Artuma Fursi) and three woredas from the Afar Region (Hadellega, Dawe, and Dalifagi).

3.3. Study Population and Sampling

3.3.1. Target Population

Primary participants: Women and girls (15+ years) from six woredas (Jele Timuga, Efratana Gidim, Artuma Fursi, Hadellega, Dawe, Dalifagi) and Key informants: Community elders, women leaders, and high-status GBV professionals and also Capture diverse perspectives on GBV causes and prevention strategies to develop holistic interventions.

3.3.2. Sampling Techniques

This study used purposive sampling to select 54 participants (6 per woreda) with direct GBV experience or prevention roles, including:

- 1) 36 interviewees: Survivors, community leaders, religious figures, and GBV focal persons.
- 2) 18 key informants: GBV experts, women's leaders, and influential females.

The approach ensured diverse perspectives while maintaining focus on participants with deep community insights about GBV's socio-cultural dimensions.

3.4. Data Collection Methods

3.4.1. In-depth Interviews

The study primarily used in-depth interviews with a semi-structured guide featuring open-ended questions. This flexible approach allowed participants to share detailed experiences while ensuring key topics were covered.

3.4.2. Key Informant Interviews

Semi-structured interviews were conducted with experts and stakeholders to gain deeper insights into GBV in the study area. These interviews complemented women's perspectives by providing specialized knowledge and contextual understanding. The flexible format allowed for in-depth exploration of relevant issues.

3.5. Data Analysis Method

The study used thematic analysis to examine qualitative interview data through four steps:

- 1) Familiarization: Repeated reading of transcripts to identify initial themes.
- 2) Coding: Tagging key phrases using inductive (emerging themes) and deductive (predefined concepts) approaches.
- 3) Theme Development: Grouping codes into broader themes (e.g., GBV types, causes, prevention strategies).
- 4) Interpretation: Linking findings to existing GBV literature for policy and practice insights.

3.6. Ethical Considerations

Informed Consent: Participants received clear study details and could withdraw anytime.

Confidentiality: Data were anonymized and stored securely to protect identities.

4. Data Analysis and Interpretation

4.1. Demographic Background of Participants

Table 1. Demographic.

No	Wereda	Pseudo Name of interviewee	Gender	Age	Role	Date of interview
1	Artuma Fursi	A	F	42	Influential women	17/06/2017
2	Artuma Fursi	B	M	50	GBV focal person	17/06/2017

No	Wereda	Pseudo Name of interviewee	Gender	Age	Role	Date of interview
3	Artuma Fursi	C	M	29	Youth association	17/06/2017
4	Artuma Fursi	D	M	58	Community leader	17/06/2017
5	Artuma Fursi	E	F	47	Women association	17/06/2017
6	Gile Timuga	F	M	50	WCSA office	18/06/2017
7	Gile Timuga	G	F	30	Educated women	18/06/2017
8	Gile Timuga	H	M	65	Community leader	18/06/2017
9	Gile Timuga	I	F	48	Women association	18/06/2017
10	Gile Timuga	J	F	35	Women federation	18/06/2017
11	Gile Timuga	K	M	35	Idir leader	18/06/2017
12	Gile Timuga	L	M	45	Religious leader	18/06/2017
13	Gile Timuga	M	F	29	GBV focal person	18/06/2017
14	Gile Timuga	N	F	33	High-influential women	18/06/2017
15	Efrata Gidm/Ataye	O	F	28	Women federation	19/06/2017
16	Efrata Gidm/Ataye	P	F	43	Influential women	19/06/2017
17	Efrata Gidm/Ataye	Q	F	37	GBV focal person	19/06/2017
18	Dalifagi/Afar zone 05	R	F	28	GBV focal person	20/06/2017
19	Dalifagi/Afar zone 05	S	F	45	Wereda police office	20/06/2024
20	Dalifagi/Afar zone 05	T	F	25	Women association	20/06/2024
21	Dawe/Afar zone 05	U	M	47	Community leader	21/06/2017
22	Dawe/Afar zone 05	V	F	25	GBV focal person	21/06/2017
23	Dawe/Afar zone 05	W	F	40	Idir leader	21/06/2017
24	Dawe/Afar zone 05	X	F	33	High-influential women	21/06/2017
25	Hadeleala/Afar	Y	M	43	Clan leader	18/06/2017
26	Hadaleala/ Afar	AB	M	55	Religious leader	18/06/2017
27	Artuma Fursi	AC	M	50	Religious leader	17/06/2017
28	Hadeleala/Afar	AD	F	27	WCSA Head	18/06/2017
29	Dawe/Afar Zone 5	AE	F	33	Women and social affairs office head	21/06/2017
30	Artuma Fursi	AF	M	38	WSAO GBV focal	17/06/2017
31	Artuma Fursi	AG	F	47	Women Association	17/06/2017
32	Gile Timuga	AF	M	35	Idir Leader	18/06/2017
32	Gile Timuga	AG	F	48	Women Association	18/06/2017
34	Gile Timuga	AH	F	35	Women Federation	18/06/2017
35	Gile Timuga	AI	M	45	Religious Leader	18/06/2017
36	Efrata Gidim	AJ	F	28	Women Federation	19/06/2017
37	Dawe	AK	F	20	Women association	21/06/2017
38	Dawe	AL	M	24	Youth federation leader	21/06/2017
39	Artuma Fursi	AM	M	58	Idir Leader	17/06/2017
40	Hadeleala/Afar	AN	F	26	Women association	18/06/2017

No	Wereda	Pseudo Name of interviewee	Gender	Age	Role	Date of interview
41	Hadeleala/Afar	AO	F	28	Women Federation	18/06/2017
42	Dalifagi/Afar zone 05	AP	F	23	Women Federation	20/06/2017
43	Hadeleala/Afar	AQ	F	27	GBV focal	18/06/2017
44	Hadeleala/Afar	AU	M	67	Elder	18/06/2017
45	Efrata Gidm/Ataye	AR	F	30	Women Federation	19/06/2017
46	Efrata Gidm/Ataye	AS	F	25	GBV Focal	19/06/2017
47	Dalifagi/Afar zone 05	AV	M	37	Elder	20/06/2017
48	Dalifagi/Afar zone 05	AW	M	39	Idir Leader	20/06/2017
49	Dalifagi/Afar zone 05	AX	M	40	Religious Leader	20/06/2017
50	Dawe	AY	F	30	Influential women	21/06/2017
51	Dawe	AZ	F	30	Justice office	21/06/2017
52	Efrata Gidm/Ataye	BA	M	70	Elder	19/06/2017
53	Dawe	BB	F	33	GBV focal in WSAO	21/06/2017
54	Dalifagi/Afar zone 05	BC	M	55	Clan leader	20/06/2017

The above GBV demographic data reveals significant insights into the roles of various participants emphasizing the importance of gender representation in addressing GBV. A total of 54 respondents participated in this study, comprising 32 females (59.26%) and 22 males (40.74%). This distribution indicates that women predominantly participated, highlighting the necessity of focusing on their perspectives, which are essential for understanding the complexities surrounding GBV. The female respondents held key roles in several areas: 13 participants (24.07%) were from women's associations, which are vital for advocacy and support; 7 (12.96%) served as GBV focal persons; 6 (11.11%) were from heads of women, children and social affairs office, and 3 (5.56%) were educated women. On the other hand, the engagement of male participants 22 (40.74%) reflects a positive trend toward involving men in GBV discussions. Particularly, 11 males (20.34%) occupied influential positions as leaders of Idirs, religious, and clan groups; 4 (7.41%) served as community leaders; 4 (7.41%) were heads of WCSAs; 3 (5.56%) from GBV focal persons; and the remaining 2 (3.7%) were from youth association.

4.2. Qualitative Data In-depth Interviews and Key Informant Interviews on Gender-based Violence (GBV)

4.2.1. Local Stakeholders and Their Role and Definition of Gender-based Violence

Local Stakeholders and Their Role

Local stakeholders play a crucial role in GBV preventions. Women leaders, elders, and high-profile women are pivotal in

shaping community attitudes and behaviors toward GBV. Women leaders often serve as advocates for change, utilizing their positions to raise awareness about the issue and mobilize community resources. They implement educational programs, engage in community dialogues, and collaborate with local organizations to promote gender equality. Their influence is particularly significant in rural areas, where traditional structures often dominate. By leveraging their social capital, these women can challenge harmful norms and advocate for the rights of other women and girls.

Elders, as respected figures within their communities, help mediate conflicts and promote peaceful resolutions to disputes, thereby preventing potential acts of violence. Their involvement in community decision-making processes provides them with the authority to challenge harmful practices and advocate for women's rights. Elders bridge the gap between traditional norms and modern values, creating a conducive environment for discussions about GBV. For example, involving elders in community training sessions on gender equality enhances their understanding and enables them to become advocates for change. Their status and influence can be instrumental in transforming community perceptions regarding GBV.

High-profile women, including educated women, women leaders, politicians, influence their visibility to advocate for policy changes and challenge societal norms that perpetuate violence against women. Their involvement helps raise awareness and drive initiatives aimed at eradicating GBV, fostering an environment where women feel empowered to speak out and seek justice. Campaigns led by high-profile women attract media attention, mobilizing public opinion and encouraging collective action against GBV. These individuals

often serve as role models, demonstrating that change is possible and inspiring others to take action.

Moreover, collaborations among local actors, such as women's organizations, community leaders, and government institutions, create a holistic approach to GBV prevention. By working together, these groups develop comprehensive strategies that address the multiple dimensions of GBV, ensuring that interventions are culturally sensitive and effectively implemented. Such collaborations also facilitate the sharing of resources and knowledge, enhancing the overall impact of GBV prevention efforts.

In the context of Hadellega, Dawe, and Dalifagiy weredas, awareness raising initiatives and training for community and religious leaders are essential. These leaders can significantly influence public perception and behavior regarding GBV. Through targeted training, they can better understand the dynamics of GBV and become effective advocates for change, promoting gender equality and challenging harmful practices within their communities.

Definitions of GBV

Gender-Based Violence (GBV) refers to harmful acts directed at an individual or group based on their gender, rooted in unequal power dynamics and societal norms. It is primarily experienced by women and girls but can also affect men, boys, and gender-nonconforming individuals. GBV is a violation of human rights and a form of discrimination, often perpetuated by cultural, economic, legal, and political systems that reinforce gender inequality.

In-depth-interview: The interviews conducted across *Jele Timuga, Efratana Gidim, Artuma Fursi, Hadellega, Dawe, and Dalifagiy* revealed a detailed understanding of GBV among participants. While there is a consensus that GBV encompasses attacks based on gender, the varied definitions reflect cultural and contextual differences impacting each wereda. Some participants noted that GBV also includes emotional abuse and economic exploitation, which are often overlooked. This broader understanding underscores the need for comprehensive educational initiatives that not only define GBV but also address its multifaceted nature. Training sessions could include role-playing scenarios to help community members recognize and respond to various forms of GBV in their own contexts.

Key informant interview: The variation in definitions of Gender Based Violence (GBV) across different weredas reflects the complexities of cultural interpretations and societal norms. In *Gile Timuga, Artuma Fursi, Hadellega, Dawe, and Dalifagiy* where respondents emphasized GBV as gender-oriented attacks, there is a clear recognition of the systemic nature of violence against women. This understanding can facilitate targeted interventions aimed at educating communities about the broader implications of GBV, including its psychological and social impacts. Conversely, in *Efrata Gidim (Ataye)*, the focus on gendered attacks highlights a need for educational programs that address the specific cultural contexts in which these definitions arise. By incorpo-

rating local beliefs and language into educational materials, stakeholders can foster greater community engagement and awareness.

Forms of GBV

In-depth interview: The prevalence of various forms of GBV across the weredas, such as female genital mutilation, early marriage, and economic exploitation, highlights the urgent need for targeted interventions. In *Gile Timuga and Artuma Fursi*, for instance, the community leader pointed out that psychological attacks are also common but less recognized. This calls for awareness campaigns that specifically address less visible forms of violence, encouraging communities to acknowledge and combat all manifestations of GBV. Furthermore, engaging local health professionals in discussions about the health consequences of these practices can provide a compelling argument for their eradication.

Key informant interview: The prevalence of specific forms of GBV in each wereda points to the need for tailored strategies. In *Gile Timuga and Artuma Fursi*, high divorce rates associated with polygamous practices illustrate how cultural structures can exacerbate violence. Addressing these specific dynamics through community dialogues that involve men and women can promote understanding of the consequences of polygamy and encourage equitable partnerships. In *Hadellega, Dawe, and Dalifagiy*, where practices like female genital mutilation are reported, targeted health education campaigns are essential. These campaigns should not only inform about the health risks of such practices but also engage with local leaders to shift cultural norms. In *Hadellega, Dawe, and Dalifagiy*, the recognition of economic domination as a form of GBV emphasizes the importance of economic empowerment initiatives that provide women with financial independence and skills training, thereby reducing their vulnerability.

Causes of GBV

In-depth interview: The identified causes of GBV such as economic instability, cultural norms, and lack of education are interrelated and often reinforce each other. In *the six weredas*, participants noted that the economic situation leads to increased familial stress, which can manifest as violence. Additionally, traditional beliefs regarding gender roles create an environment where violence is tolerated. To tackle these issues effectively, holistic interventions should be implemented. This includes empowering women through education and vocational training while simultaneously engaging men and boys in discussions about positive masculinity and gender equality. Collaborations with local schools to incorporate gender studies into the curriculum could also help address these cultural norms from a young age.

Key informant interview: Cultural norms remain a significant barrier to addressing GBV effectively across all weredas. In *Gile Timuga and Artuma Fursi*, the normalization of violence complicates the community's ability to recognize GBV as a serious issue. Efforts to challenge these norms must involve respected community figures who can advocate for change. In *Efrata Gidim (Ataye)*, where economic depend-

ency is prevalent, educational programs that promote financial literacy for women can empower them to challenge traditional roles and expectations. In *Hadellela, Dawe, and Dalifagiy*, cultural practices like Absuma marriage further entrench power imbalances. Comprehensive community engagement strategies that incorporate storytelling, role-playing, and public discussions can be effective in gradually shifting these entrenched beliefs and fostering a culture of respect and equality.

Economic instability is a recurring theme in the discussions about GBV. In *Artum Furci and Gile Timuga*, economic crises often lead to increased violence, as men may resort to aggression when they feel their roles as providers are threatened. Addressing GBV in this context requires integrated economic development programs that offer job training and support to both men and women, promoting shared responsibilities. In *Hadellela, Dawe, and Dalifagiy*, the significant impact of economic domination on women's vulnerability highlights the need for initiatives that specifically target economic empowerment for women, such as microfinance programs or cooperative businesses. Moreover, where economic factors are intertwined with cultural practices, initiatives that promote women's entrepreneurship can not only improve economic conditions but also challenge traditional gender roles.

Community Mechanisms for Prevention

In-depth interview: The mechanisms for GBV prevention currently in place demonstrate a community-driven approach, particularly in *Gile Timuga and Artuma Fursi*, where religious leaders play a crucial role in awareness-raising. However, the variability in the effectiveness of these mechanisms across different weredas highlights the need for standardized training and resources. Establishing a network among the weredas could facilitate the sharing of best practices and successful strategies. Regular community forums can also serve as platforms for discussing ongoing challenges and collaboratively developing solutions.

Key informant interview: Community-led initiatives play a crucial role in addressing GBV, yet their effectiveness varies by wereda. In *Gile Timuga and Artuma Fursi*, the establishment of local support structures demonstrates the potential for grassroots movements to create change. These structures can serve as models for other weredas, highlighting the importance of community ownership in GBV prevention efforts. In *Efrata Gidim (Ataye)*, the role of influential women in mobilizing communities is vital, but the ongoing conflict poses significant challenges. Efforts to fortify these initiatives with external support and resources can enhance their resilience. In *Hadellela, Dawe, and Dalifagiy*, while women's forums have shown promise, there is a need for sustained engagement and training to ensure these forums can operate effectively despite local challenges. Collaborative networks among different weredas can facilitate knowledge sharing and resource allocation.

Role of Women Leaders and Elders

In-depth interview: The active involvement of women

leaders and elders in GBV prevention efforts is a significant asset in these communities. In *Hadellela, Dawe, and Dalifagiy*, for example, educated women are seen as key change agents who can influence public opinion and policy. Their contributions emphasize the importance of representation in leadership roles. To enhance their impact, mentorship programs could be established to train emerging female leaders in advocacy and community organizing. Highlighting successful case studies of women leaders who have made a difference can inspire others and encourage broader participation in GBV prevention initiatives.

Key informant interview: Women leaders and elders play a critical role in GBV prevention efforts, yet their effectiveness can be undermined by societal attitudes. In *Gile Timuga and Artuma Fursi*, the active engagement of women in awareness campaigns has led to some shifts in community attitudes, but resistance from male-dominated structures remains a challenge. Empowering women leaders through targeted training and resources can enhance their advocacy efforts. In *Efrata Gidim (Ataye)*, the involvement of influential women can create pathways for dialogue, yet they must navigate the complexities of traditional power dynamics. Programs that facilitate joint training sessions for both men and women leaders can promote a more collaborative approach to GBV prevention. In *Hadellela, Dawe, and Dalifagiy*, where women's roles are critical yet often overlooked, initiatives that elevate women's voices in community decision-making processes can strengthen their impact.

Effectiveness of Current Mechanisms

In-depth interview: While participants reported some positive changes in GBV rates, the acknowledgment that "much remains to be done" emphasizes the importance of continued engagement and resource allocation. It is crucial to establish concrete metrics for evaluating the effectiveness of prevention strategies. For instance, tracking the number of reported cases of GBV and the outcomes of those cases can provide valuable insights into the effectiveness of legal and community responses. Additionally, conducting periodic surveys to assess community perceptions of GBV and the support mechanisms available can help refine strategies and ensure they remain relevant to the needs of the community.

Key informant interview: The effectiveness of current GBV initiatives demonstrates both progress and ongoing challenges. In *Gile Timuga and Artuma Fursi*, the reported decrease in incidents of rape and physical violence showcases the potential impact of sustained awareness efforts. However, in *Efrata Gidim (Ataye)*, the impact of conflict undermines these initiatives, indicating that external factors must be considered in program design. In *Hadellela, Dawe, and Dalifagiy*, while some positive changes have been noted, the need for ongoing evaluation and adaptation of programs is critical. Utilizing data from community feedback can guide the refinement of strategies, ensuring they remain relevant and effective in addressing the unique challenges faced by each wereda.

Challenges Faced in Prevention

In-depth interview: The challenges identified, such as poverty, lack of awareness, and cultural resistance, are significant barriers to effective GBV prevention. In Dawe, for instance, the lack of resources often means that even well-intentioned initiatives fail to reach their full potential. To address these challenges, partnerships with NGOs and international organizations can provide additional resources and expertise. Furthermore, community based approaches that empower individuals such as peer-led support groups can build resilience and create a more supportive environment for survivors.

Key informant interview: The challenges to addressing GBV are multifaceted and differ significantly by wereda. In *Gile Timuga and Artuma Fursi*, the protection provided by local elders to perpetrators of violence complicates the landscape for victim reporting and support. Building awareness among these leaders about the negative impacts of GBV on community health and stability can encourage them to take a stand against it. In *Efrata Gidim (Ataye)*, security issues due to ongoing conflict impede access to resources and support systems for victims. Advocacy for peace and stability should be intertwined with GBV prevention efforts, as a secure environment is crucial for effective intervention. In *Hadellela, Dawe, and Dalifagiy*, resistance from community and religious leaders, logistical challenges like transportation and lack of safe spaces for victims underscore the need for community-driven solutions. Establishing mobile support units or community centers can provide much-needed accessibility for victims seeking help.

Recommendations for Improvement

In-depth interview: Participants across the weredas proposed comprehensive strategies to enhance GBV prevention efforts. Recommendations included creating job opportunities for women and continuous community awareness initiatives. Establishing one-stop centers across the weredas can serve as vital resources for GBV victims, offering legal, psychological, and economic support. These centers should also prioritize outreach efforts to ensure that women in rural areas are aware of the available services. Additionally, integrating GBV prevention into broader community development programs can help address the socio-economic factors contributing to violence.

Key informant interview: In *Artuma Fursi and Gile Timuga*, the community recognizes gender-based violence (GBV) as a significant issue affecting women and girls, with prevalent forms including domestic violence and economic exploitation. Cultural beliefs that normalize violence hinder effective responses, while economic dependency often traps women in abusive situations. To address these challenges, it is recommended to implement community-based educational programs fostering shared responsibility in preventing GBV, develop targeted interventions like workshops and support groups, and establish vocational training and microfinance programs for women's economic empowerment. Support is needed in the form of financial resources, training for leaders,

and collaboration with NGOs. Similarly, in *Efrata Gidim*, where early marriage and sexual violence are prevalent, educational initiatives promoting gender equality are crucial. Recommendations include partnering with local schools to include GBV awareness in curricula, creating safe spaces for victims, and integrating peace-building initiatives into prevention programs. Support for educational resources, mental health services, and economic empowerment is essential. In *Hadellela and Dalifagiy*, the community faces challenges from cultural practices like early marriage and female genital mutilation, necessitating awareness campaigns to educate members about the harmful effects of GBV. Recommendations include developing economic empowerment programs and establishing mobile support units for victims, alongside logistical support for safe housing. Finally, in *Dawe*, where physical attacks and economic domination are common, it is vital to implement educational initiatives addressing GBV and develop targeted interventions to challenge cultural acceptance. Support needed includes educational materials, funding for job training, and resources for facilitating dialogues between community leaders. Collectively, these recommendations and support needs emphasize the importance of tailored interventions that consider the unique cultural, economic, and social contexts of each wereda, fostering collaboration among local leaders and organizations to create a supportive environment for all individuals while effectively combating GBV.

4.2.2. Local GBV Prevention Mechanisms

Role of Sharia/Religious Fathers in GBV Prevention Mechanisms

In the Afar region, where the population is predominantly Muslim, Sharia and religious leaders, often referred to as religious fathers, hold immense influence over the community. Their teachings and guidance are deeply respected, and their interpretations of Islamic principles shape societal norms and behaviors. This positions them as key figures in addressing Gender-Based Violence (GBV). When utilized positively, religious fathers can be powerful agents of change, promoting gender equality and challenging harmful practices. However, if their influence is misused or if they lack awareness of GBV issues, they may inadvertently perpetuate negative norms. Therefore, it is crucial for NGOs, government agencies, and other stakeholders to engage religious leaders through targeted awareness creation and capacity-building initiatives to harness their potential in combating GBV effectively.

The Afar community's strong adherence to Islamic teachings means that religious fathers are often seen as the moral authority. Their sermons, counseling, and decisions are highly regarded, making them uniquely positioned to address GBV within the framework of Sharia. For instance, they can emphasize Islamic principles such as justice, compassion, and the protection of women's rights, which are often overlooked in patriarchal interpretations of religion. By reframing GBV as a violation of Islamic values, religious fathers can mobilize

the community to reject practices like early marriage, domestic violence, and female genital mutilation (FGM). However, this requires a deep understanding of GBV and its impact on individuals and society, which many religious leaders may lack without proper training.

NGOs and government agencies must prioritize awareness creation and capacity-building programs for religious fathers. These initiatives should focus on educating them about the different forms of GBV, its consequences, and the importance of gender equality in Islam. By equipping religious leaders with the necessary knowledge and tools, stakeholders can empower them to challenge harmful traditions and advocate for the rights of women and girls. Additionally, religious fathers can use their platforms—such as Friday sermons, community gatherings, and religious schools—to raise awareness about GBV and promote positive behavioral change. Their endorsement of GBV prevention efforts can lend credibility to these initiatives and encourage broader community acceptance.

In conclusion, Sharia/religious fathers are indispensable in strengthening local GBV prevention mechanisms in the Afar community. Their influence and authority make them uniquely capable of driving positive change, but this requires targeted efforts to build their awareness and capacity. NGOs and government agencies must invest in training programs that empower religious leaders to become champions of GBV prevention. By doing so, they can harness the power of religious fathers to create a safer and more equitable community for all.

Role of Clan Leaders/Makaabon in local GBV Prevention Mechanisms

Clan leaders, known as makaabon, are central figures in the Afar community, wielding significant authority and influence over all aspects of life. As the primary decision-makers under the madaa—the Afar customary law—their power is unmatched, and their directives are rarely challenged. The clan system serves as a form of social insurance, providing members with protection, conflict resolution, and access to resources, including health and security. This positions clan leaders as critical actors in addressing Gender-Based Violence (GBV) in the region. If equipped with adequate awareness and training, clan leaders can leverage their authority to bring about transformative changes in GBV prevention. Their influence is so profound that no one in the community can refuse their orders, making them uniquely capable of enforcing positive behavioral change. Therefore, NGOs and local government agencies must prioritize awareness creation and capacity-building training for clan leaders to harness their potential in combating GBV effectively.

The makaabon are not only responsible for upholding traditional values but also for ensuring the well-being of their clan members. However, some customary practices may inadvertently perpetuate harmful gender norms or justify acts of violence, such as early marriage or the normalization of domestic violence. To address this, targeted interventions are

needed to educate clan leaders about the negative impacts of GBV and the importance of gender equality. By aligning customary law with human rights principles, clan leaders can challenge harmful traditions and promote the protection of women and girls. Their involvement in GBV prevention can lead to swift and widespread change, as their decisions are binding and respected by all.

NGOs and local government agencies must invest in training programs that empower clan leaders to recognize and address GBV. These programs should focus on raising awareness about the different forms of GBV, its consequences, and the role of clan leaders in fostering a culture of respect and non-violence. By equipping clan leaders with the necessary knowledge and tools, stakeholders can transform them into powerful advocates for GBV prevention. Their endorsement of GBV prevention initiatives can lend legitimacy to these efforts and encourage broader community acceptance. In conclusion, clan leaders/makaabon are indispensable in strengthening local GBV prevention mechanisms. Their unparalleled authority and influence make them key allies in the fight against GBV, but this requires targeted efforts to build their awareness and capacity. By working closely with clan leaders, NGOs and local governments can create a safer and more equitable community for all.

Role of Elder in local GBV Prevention Mechanisms

Elders hold a position of immense respect and influence within the Afar community, making them key figures in strengthening local mechanisms for preventing Gender-Based Violence (GBV). As custodians of tradition and wisdom, elders play a central role in shaping societal norms, mediating conflicts, and guiding community behavior. Their words and actions carry significant weight, and they have the unique ability to persuade and mobilize community members toward positive change. Given their influential role, elders can be powerful allies in the fight against GBV, but this potential can only be realized if they are equipped with the necessary awareness and skills. Therefore, it is essential for NGOs, government agencies, and other stakeholders to prioritize awareness creation and capacity-building training for elders to empower them as advocates for GBV prevention.

In the Afar community, elders are often consulted on matters ranging from family disputes to community development. Their deep understanding of cultural norms and traditions positions them to address GBV in a way that resonates with the community. However, some traditional practices may inadvertently perpetuate harmful gender norms or justify acts of violence. For example, elders may support practices like early marriage or the silencing of GBV survivors in the name of preserving family honor. To counter this, targeted training programs are needed to educate elders about the detrimental effects of GBV on individuals and the community as a whole. These programs should emphasize the importance of gender equality, human rights, and the role of elders in fostering a culture of respect and non-violence.

By involving elders in GBV prevention efforts, stakehold-

ers can leverage their influence to challenge harmful norms and promote positive change. Elders can use their platforms—such as community meetings, conflict resolution sessions, and cultural gatherings—to raise awareness about GBV and advocate for the protection of women and girls. Their endorsement of GBV prevention initiatives can lend credibility to these efforts and encourage broader community acceptance. Moreover, elders can play a critical role in mediating disputes and supporting survivors, ensuring that they receive the help and protection they need.

In conclusion, elders are indispensable in strengthening local GBV prevention mechanisms in the Afar community. Their influence and respect make them uniquely positioned to drive positive change, but this requires targeted efforts to build their awareness and capacity. NGOs, government agencies, and other stakeholders must invest in training programs that empower elders to become champions of GBV prevention. By doing so, they can harness the wisdom and authority of elders to create a safer and more equitable community for all.

5. Conclusion, Recommendations, and Policy Implications

5.1. Conclusion

The discussions surrounding Gender Based Violence (GBV) in the weredas of Gile Timuga, Galidafi, and Dawe reveal a deeply entrenched issue that significantly impacts individuals and communities. GBV is not only a violation of human rights but also a critical barrier to achieving gender equality and social progress. The varied definitions of GBV across these communities illustrate the complexity of the issue, highlighting the necessity for culturally sensitive and context-specific approaches to prevention and intervention.

Interviews conducted in these regions indicate a growing recognition that GBV encompasses a spectrum of behaviors, including physical violence, emotional abuse, economic exploitation, and social manipulation. This broader understanding is crucial for developing effective educational initiatives that address the multifaceted nature of GBV. Key informants emphasized that while violence against women is a focal point, educational programs must also address psychological and economic aspects of GBV to create a comprehensive framework for understanding and combating the issue.

The prevalence of various forms of GBV, such as female genital mutilation, early marriage, and economic domination, underscores the urgent need for targeted interventions tailored to the unique cultural contexts of each wereda. Community leaders noted that less visible forms of violence, like psychological attacks, are often overlooked, necessitating awareness campaigns that encourage communities to recognize and combat all manifestations of GBV. This highlights

the importance of fostering open dialogue within communities to challenge harmful practices and beliefs.

The discussions identified economic instability, entrenched cultural norms, and lack of education as root causes of GBV that are interconnected and often reinforce one another. Addressing these root causes requires holistic interventions that not only tackle the symptoms of GBV but also provide pathways for empowerment and change. The active involvement of women leaders and elders has shown promise in shifting community attitudes, yet societal resistance remains a significant challenge. Empowering women leaders through targeted training and resources can enhance their advocacy efforts, while engaging men and boys in discussions about positive masculinity and gender equality is essential for fostering a more equitable society.

Despite some positive changes observed in the reduction of reported incidents of GBV in certain areas, significant barriers remain, including poverty, cultural resistance, and logistical challenges. A comprehensive strategy that encompasses education, economic empowerment, community engagement, and the active involvement of local leaders is crucial for sustained progress in GBV prevention. The findings illustrate that while progress has been made, much work remains to be done to create an environment where all individuals can live free from violence and discrimination.

Awareness raising initiatives and training for community and religious leaders are vital in shaping community attitudes towards GBV. These leaders play a crucial role in disseminating information, challenging harmful cultural norms, and mobilizing community members to take action. Training empowers them with the knowledge and skills to effectively address GBV, making them pivotal in fostering an environment of support and prevention.

5.2. Recommendations

1. Local GBV Prevention Mechanisms

A. Engage Sharia/Religious Leaders in GBV Prevention

- 1) *Awareness & Training:* Train religious leaders on GBV types, impacts, and Islamic principles of justice and equality.
- 2) *Reframe GBV as Un-Islamic:* Use sermons to condemn GBV (early marriage, domestic violence, FGM) as against Islamic values.
- 3) *Curriculum Integration:* Partner with Islamic schools to include GBV prevention in teachings.

B. Empower Clan Leaders (Makaabon) to Combat GBV

- 1) *Training on GBV & Human Rights:* Educate clan leaders on aligning customary law with gender equality.
- 2) *Enforce Penalties:* Use their authority to punish perpetrators and promote positive change.
- 3) *Community Dialogues:* Lead discussions to end harmful traditions and protect women/girls.

C. Strengthen Elders' Role in GBV Prevention

- 1) *GBV Awareness Training:* Teach elders about GBV

impacts and gender equality.

- 2) *Mediation & Advocacy*: Use community meetings to support survivors and challenge stigma.

D. NGO & Government Collaboration

- 1) *Culturally Sensitive Training*: Develop tailored programs for religious, clan, and elder leaders.
- 2) *Resource Support*: Fund safe spaces, legal aid, and awareness campaigns.
- 3) *Monitoring & Evaluation*: Track program success for improvements.

E. Community Engagement & Advocacy

- 1) *Community-Led Initiatives*: Involve leaders in designing GBV prevention strategies.
- 2) *Public Awareness Campaigns*: Highlight leaders' roles in promoting gender equality.
- 3) *Law Enforcement Collaboration*: Strengthen ties with local authorities to ensure justice for survivors.

2. Educational Initiatives

- 1) Develop *culturally sensitive programs* on GBV using local perspectives.
- 2) Integrate *gender studies* into school curricula to teach equality.
- 3) Run *awareness campaigns* via local media and events.
- 4) Train *community/religious leaders* to advocate against GBV.

3. Economic Empowerment

- 1) Provide *microfinance* and vocational training for women.
- 2) Create *job placement programs* for women's economic stability.
- 3) Teach *financial literacy* to reduce dependency.

4. Community Engagement

- 1) Form *support networks* with leaders, women, and youth.
- 2) Hold *community forums* to discuss GBV and solutions.
- 3) Engage *local leaders* to shift public perceptions.

5. Role of Local Leaders

- 1) Train leaders on *GBV, gender equality, and advocacy*.
- 2) Launch *mentorship programs* for young women.

6. Support Services for Survivors

- 1) Establish *safe houses* with legal, psychological, and economic aid.
- 2) Partner with *healthcare providers* for holistic care.

7. Addressing Cultural Norms

- 1) Host *community dialogues* to challenge harmful norms.
- 2) Use *media campaigns* to promote gender equality.

8. Monitoring & Evaluation

- 1) Collect *GBV data* to measure program success.
- 2) Implement *community feedback systems*.

9. Policy Implications

- 1) Develop *inclusive GBV policies*.
- 2) Increase *funding* for GBV programs.
- 3) Strengthen *legal protections* for survivors.
- 4) Support *public awareness campaigns*.
- 5) Ensure *cross-sector collaboration* (education, health, legal).

- 6) Train *officials and leaders* on GBV response.

- 7) Establish *evaluation mechanisms* for programs.

Abbreviations

AU	African Union
AHRRA	Addis Hiwot Rehabilitation and Re-Integration Association
DHS	Demographic and Health Survey
FDRE	Federal Democratic Republic of Ethiopia
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
IDI	In-depth Interview
KII	Key Informant Interview
UN	United Nations
WHO	World Health Organization

Acknowledgments

The authors thank the UN women Implementation Organization, AHRRA and their staff to support us financial and technical issues and Staff of the Sociology Department at Samara University and wollo University, Mr. Ahmed Muhye for his insightful reviews and constructive comments. This article was only possible to complete with the genuine support and guidance provided by AHRRA. We greatly benefited from the cooperation and participation of many individuals in the All targeted Woredas. We are grateful for their invaluable contributions to the accomplishment of the study.

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Funding

This research work was funded by Financial supported by UN women Implementation Organization; AHRRA managed all necessary costs associated with this research work.

Data Availability Statement

Authors declare to attach data upon request.

Conflicts of Interest

The authors declare no conflicts of interest.

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