Helpdesk Research Report: Evidence-based strategies for preventing child/early marriage
15.03.11

Query: Please provide a review of strategies for preventing child/early marriage and evidence about their effectiveness.

Enquirer: DFID India

1. **Overview**
2. **Strategies for preventing child/early marriage: summary**
3. **India**
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6. **Africa**
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1. Overview

Early marriage is a violation against the rights of the child, but the practice continues to be prevalent in South Asia and sub-Saharan Africa, exposing millions of girls to the risks associated with early sexual activity and pregnancy, HIV/AIDS, social exclusion, limited education and livelihood opportunities, and gender-based violence[1]. This query looks at what programmatic interventions have been most effective at preventing child and early marriage – what works and what does not? Which interventions have worked at scale? What evidence is there that impacts have been sustained?

Strategies for preventing child/early marriage
There have been a number of programs at the local and country level that aim to reduce child and early marriage. The most comprehensive analysis of programs that either directly or indirectly address child marriage was conducted by Jain and Kurz (2007). This report identified 66 programs, with some interventions operating in multiple countries. Of these, 49 programs were in Africa, 34 in South Asia and four in other areas of the world. Programs fall into five general categories, as shown in the table below.

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[1] GSDRC, 2010, 'Helpdesk Research Report: Child Marriage', http://www.gsdrc.org/docs/open/HD663.pdf

Program Scan Results by Subcategories (66 Total Programs)*

Category/Subcategory	No.	%
Education for family & community	**38**	**58**
Community sensitization/awareness raising	32	48
Social marketing/edutainment	13	20
Education for girls	**28**	**42**
Life skills	13	20
Nonformal education	12	18
Livelihood/vocational skills	7	11
Formal education	7	11
Law & Policy	**21**	**32**
Legal mechanisms	10	15
Advocacy	8	12
Community mobilization	6	9
Policy	2	3
Economic opportunities	**9**	**14**
Income generation for girls	5	8
Monetary incentives for families	4	6
Safeguarding rights	**8**	**12**
Shelter/creating safe spaces	4	6
Keeping birth or marriage records	3	5
Other rights (e.g., education)	1	2
Research	**5**	**8**
Services to married girls	**1**	**2**

* Totals exceed 66 programs/100 percent because multifaceted programs are counted in more than one category/sub-category.

Most programs involve **educating families and communities** and include community sensitization/awareness raising (48% of all programs) and social marketing efforts (20%). For example, Tostan's Community Empowerment Program in Senegal uses local facilitators to teach community education sessions on issues such as child marriage and female genital cutting (FGC). Participants pass on their new knowledge through inter-village meetings. An evaluation of the Tostan model found that the program was able to bring about change in knowledge, attitudes and behaviours in 90 intervention villages, and these were reinforced by a public declaration by approximately 300 villages against child marriage and FGC. As a result, there has been a slight reduction in the prevalence of marriage of girls under 15 years old, with a stronger delay for women aged 15-18 years.

Another common type of program involves **girls' education**, including life skills, formal and nonformal education, and livelihood/vocational skills. More than 40 percent of programs fell into this category. For example, the TAHSEEN project (2003-2005) provided literacy classes (amongst other activities) in Doweika, an impoverished urban settlement on the outskirts of Cairo. A report on this USAID-funded project concluded that the project had brought about increased awareness about the ideal age of marriage. In addition, literacy class participants indicated that the health messages they heard in class improved their knowledge and attitudes about the health benefits of birth spacing and delaying age of marriage.

A third of all programs involve **law and policy initiatives**, including legal mechanisms, advocacy, community mobilization, and policy. An example of this is the Women's Legal

Rights Initiative in India, which involved training lawyers and counsellors in two Indian states on various women's issues including the legal age of marriage. The legal professionals worked with a network of women's self-help groups to conduct workshops for local police and religious leaders on the issue of child marriage. The network also successfully encouraged the government of one Indian state to amend its Child Marriage Restraint Act and create a provision to appoint child marriage prevention officers (USAID, 2009).

A fourth category of program involves **providing economic opportunities** and includes income-generation for girls (8% of all programs) and monetary incentives for parents (6% of programs. For example, a financial incentive program has been operating in the Indian state of Haryana since 1994. Apni Beta Apna Dhan (Our Daughter, Our Wealth) aims to discourage son preference by offering financial incentives to parents who give birth to a daughter. The incentive consists of an immediate cash grant and a long-term savings bond redeemable on the daughter's 18th birthday provided she is unmarried, with additional bonuses for education. However, it is not yet possible to measure the impact of the program on girls' age at marriage because girls exposed to the program were still relatively young at the time of the most recent survey data available (Sinha and Young, 2009).

The fifth type of intervention involves **safeguarding rights** and includes creating safe social spaces, keeping official birth and marriage records, and enforcing other rights of girls. An example of this is the 'Turning Child Brides into Scholars' program for girls in Kenya. The program transforms the Masai tribe practice of 'booking' daughters for marriage into a program that 'books' these girls for school instead. To date, 350 girls are enrolled and more than 500 additional infants and girls have been booked, waiting until they are old enough to attend school.

Lessons learned: what works?
Some of the lessons emerging from the review of the literature include:

- ➢ **Multi-sectoral approaches** offer a range of advantages – for example, the USAID-funded TAHSEEN project (2003-5) integrates health / family planning services and information into other health and social services (USAID / ESD, 2007).

- ➢ **Education for girls** can increase the age at marriage for girls, girls' confidence and their perception of their ability to make decisions about marriage and childbearing (Jain and Kurz, 2007; Pande et al, 2006).

- ➢ **Household poverty** influences the age of marriage. Prevention efforts could address this by increasing girls' ability to generate income, by helping families offset the costs of postponing marriage, and by changing local norms on bride price and dowry (Jain and Kurz, 2007).

- ➢ **Target efforts at regions** with higher rates of child marriage (Jain and Kurz, 2007).

- ➢ **Tailor programs at young girls approaching the "tipping point" age** — the age at which child marriage prevalence in a country starts to increase markedly (usually 13 or 14) (Jain and Kurz, 2007).

- ➢ **Adapt activities** to produce quick tangible results, which helps build support for the project among community members, for example, as part of the TAHSEEN project in Egypt, literacy classes were made available during evening hours so that working individuals could benefit (USAID / ESD, 2007).

- ➢ **Involve the community in all stages of the project** from the identification of problems to their resolution. Successful projects think about "diffusion processes –

how to get others engaged, how to engage champions and make them responsible while providing trainings and support" (ICWG, 2006).

➢ **Public declarations** can represent a significant moment in community decision-making processes. For example, Tostan's Empowerment Program in Senegal is based on the belief that communities themselves must consciously and actively pursue the process of change from within.   Over 300 villages made public declarations against child marriage.   Evaluation data indicates that actual abandonment of the practice took place following this demonstration of collective commitment (Tostan, 2009).

➢ **Education and awareness-raising on age gaps** between husbands and wives can help minimise the associated negative outcomes, such as domestic violence (Jain and Kurz, 2007).

➢ **Provide support groups for girls with 'stopped marriages'**. An evaluation of a child marriage prevention intervention in Amhara region, Ethiopia concluded that many girls with stopped marriages felt depressed, lonely and worried about their future marriage prospects. The report recommends that future programmes should consider setting up support groups within the community for these girls (Gage, 2009).

Sustainability of programs
Jain and Kurz's (2007) global scan of interventions reported a gap in research and evaluation of child marriage programs. Of the 66 programs captured in the scan, reports on results were found in only about 10 percent of programs. Even fewer programs provided information on an evaluation, how results were determined or about sustainability of programs.

Scaling-up interventions
Child marriage interventions typically start small scale, before scaling-up.   For example, the Kishori Abhijan ("Adolescent Girls' Adventure") project began by offering life-skills training to adolescent girls in 14 rural districts in Bangladesh, before being scaled up to enrol more than 250,000 girls in 58 districts (Amin, 2007). A meeting of the Interagency Gender Working Group (IGWG, 2006) on child marriage concluded that "there's no need to think small or narrow ... It's all about connectedness: successful programs are most connected to their communities and to the networks that allow them to work up to the scale they need to achieve" (p.6).

2. Strategies for preventing child/early marriage: summary

Jain, S. and Kurz, K., 2007, 'New Insights on Preventing Child Marriage: A Global Analysis of Factors and Programs', International Center for Research on Women (ICRW), Washington D.C.
http://www.icrw.org/files/publications/New-Insights-on-Preventing-Child-Marriage.pdf

This report by the International Center for Research on Women (ICRW) looks at the range of existing programs addressing child marriage, and seeks to answer the question 'what does and does not work in preventing early marriage?'. Using Demographic and Health Surveys (DHS) data, the authors examined potential risk and protective factors for child marriage for the 20 countries with the highest child marriage prevalence ("hotspot" countries). Of the 12 factors analyzed in this study, four were found to be strongly associated with child marriage:
 (1) **girls' education** is the most important factor associated with child marriage;
 (2) **age gap between husbands and wives** - education and awareness-raising on the negative outcomes often associated with age gap, such as domestic violence, helps minimize this phenomenon;

(3) **regional differences** mean that intervention efforts should target efforts at regions with higher rates of child marriage

(4) **household poverty** influences the age of marriage. Prevention efforts could address this by increasing girls' ability to generate income, by helping families offset the costs of postponing marriage, and by changing local norms on bride price and dowry.

The report concludes there is a **"tipping point" age** — "the age at which child marriage prevalence in a country starts to increase markedly (usually 13 or 14). Programs seeking to prevent marriage when it first becomes a serious problem should target and tailor efforts to young girls approaching the "tipping point" age" (p.2).

ICRW's global scan of programs that directly or indirectly address child marriage found that there were a total of 66 programs: 49 programs in Africa, 34 in South Asia and four in other areas of the world. No programs were found in five of the 'hotspot' countries with the highest child marriage prevalence - Cameroon, Chad, Central African Republic, Nicaragua and Yemen. Only one program was identified in six other hotspot countries - Guinea, Liberia, Mali, Mozambique, Niger, and Zambia (see figure below).

Location of Child Marriage Programs by Child Marriage "Hotspot" Countries
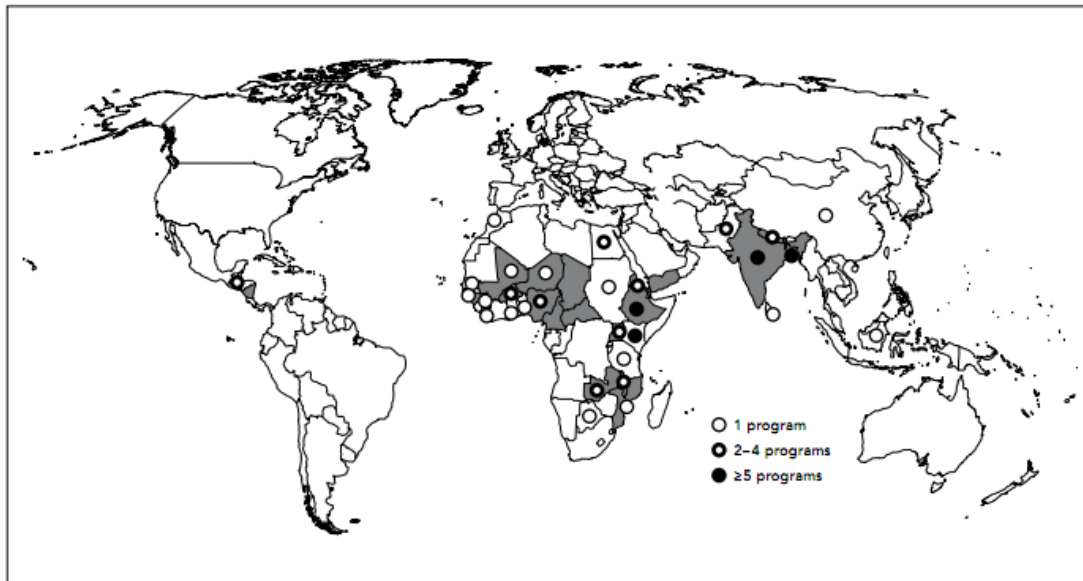
The report categorised programs into 7 broad groups. The table in Section 1 shows that the most common type of program involves educating family and community members (58%) and girls' education (42%). The target of child marriage programs is typically families and communities (73% of all programs), while girls are targeted in 55% and policy-makers in 21%.

ICRW reported a **gap in understanding what works in child marriage programs**, with only 8% of programs involving research and evaluation. The report notes that "the programs scan was unable to answer whether existing programs are in fact reducing the prevalence of child marriage because evaluation results were not available for most of them. Of the 66 programs captured in the scan, reports on results were found in only about 10 percent of programs. Even fewer programs provided information on an evaluation, or how results were determined" (p.37).

USAID, 2009, 'Preventing Child Marriage: Protecting Girls' Health, Issue Brief', USAID, Washington D.C.
http://www.usaid.gov/our_work/global_health/pop/news/issue_briefs/prev_child_marriage.pdf

This Issue Brief briefly outlines USAID's programs at the local and country level that aim to reduce child marriage. Several USAID programmatic interventions mentioned in the brief are discussed later in this query, but others include:

> **The Women's Legal Rights Initiative in India:** "USAID funds the training of lawyers and counsellors in two Indian states on various women's issues including the legal age of marriage. Within a network of women's self-help groups, these legal professionals also conduct workshops for local police and religious leaders on the issue of child marriage. The network also successfully encouraged the government of one Indian state to amend its Child Marriage Restraint Act and create a provision to appoint child marriage prevention officers" (p.2)

> **Focusing on Delaying First Birth through Radio Programs in Nepal**: "In Nepal, child marriage and early childbearing are subjects often included in widely broadcast radio dramas. The shows intend to raise public awareness about the dangers associated with child marriage including the health consequences of girls becoming pregnant and giving birth before their bodies are fully grown" (p.2).

UNICEF, date unknown, 'Early Marriage in South Asia: A Discussion Paper'
[Paper attached: earlymarriage(lastversion)]

This discussion paper examines the prevalence, causes and consequences of early marriage in South Asia. It also highlights national laws and enforcement responses to early marriage of children on a country-by-country basis. Pages 22-24 provide some examples of policy and programmatic actions in South Asia, including:

> Delaying marriage, using the example of 'Action approach for the reduction of early marriage and early pregnancy in the State of Rajasthan' Project, MANTA, India.
> Preparing young people and young couples for the challenges of sexual relationships, with a case study of Path Finder International's Prachar project, Bihar, India
> Providing economic and educational opportunities to girls and young married women, with a box study of "Raising the age of marriage for young girls in Bangladesh"

ICRW, 2007, 'How to End Child Marriage: Action Strategies for Prevention and Protection', International Center for Research on Women (ICRW), Washington D.C.
http://www.icrw.org/files/publications/How-to-End-Child-Marriage-Action-Strategies-for-Prevention-and-Protection-Brief.pdf

This short policy brief by the International Center for Research on Women (ICRW) outlines what the ICRW can and should be doing to end child marriage: changing harmful cultural norms, supporting community programs, maximizing foreign assistance, increasing access to girls' education, providing young women with economic opportunities, addressing the unique needs of child brides and evaluating programs to determine what works.

ICWG, 2006, 'IGWG Technical Update on Child Marriage,' Meeting Notes, July 11, 2006, National Press Club
http://www.igwg.org/igwg_media/techupdatechildmarriage/childmarriagetunotes_71106.pdf

This report outlines the discussion held at a meeting of the Interagency Gender Working Group (IGWG) on child marriage. ICWG discussed the negative implications of child marriage for public health and human rights, including the range of child marriage practices globally, their cultural significance, and relevance to reproductive health. Experience was shared by speakers from programs such as BRAC (Bangladesh), the Ethiopian Women Lawyers Association, and Tostan (Senegal).

In the 'Summation' section, John Townsend from the Population Council observes some of the key findings about program experience:

➢ "There's no need to think small (national, provinces, TOSTAN's inter-community networks) or narrow (not counting how many people attended a meeting).
➢ It is very important to deal with gender and other norms that affect our communities, all the while learning locally and utilizing local capacity, traditions, and leadership.
➢ It's all about connectedness: successful programs are most connected to their communities and to the networks that allow them to work up to the scale they need to achieve.
➢ They've always thought about diffusion processes – how to get others engaged, how to engage champions and make them responsible while providing trainings and support.
➢ Success takes time: responsible respected groups that understand their communities.
➢ Successful programs have tremendous respect for evidence and experience.
➢ Utilize local partners: having co-collaborators within communities increases sustainability.
➢ Documentation and evaluation must be excellent" (page 12).

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3. India

Pande, R., Kurz, K., Walia, S., MacQuarrie, K. and Jain, S., 2006. 'Improving the Reproductive Health of Married and Unmarried Youth in India: Evidence of Effectiveness and Costs from Community-based Interventions', International Center for Research on Women (ICRW), Washington, D.C.
http://www.icrw.org/files/publications/Improving-the-Reproductive-Health-of-Married-and-Unmarried-Youth-in-India.pdf

This report summarizes the results of a multi-partner study of youth reproductive health interventions in rural and urban areas of India from 1996 to 2006. Coordinated by ICRW, the program implemented and tested a variety of models to improve adolescent and youth reproductive health for married and unmarried girls, boys and couples across India. The authors report that as a result of the interventions, girls' age at marriage increased by one year, from 16 to 17.

Some of the lessons learned about what processes and models work are described on pages 3-4 and include:
➢ **Life skills programs** can increase the age at marriage for girls, girls' confidence and their perception of their ability to make decisions about marriage and childbearing.

- ➢ An **integrated health care program** with reproductive health education, clinical referrals, and sexuality counselling can be used in a rural community. However, the extent to which youth will access and benefit from each program element may vary.
- ➢ **Village-level female health aides** are able to reach, examine and treat a larger proportion of young rural married women than a conventional doctor, even if the doctor is a woman.
- ➢ **Community involvement and mobilization** is associated with higher levels of some reproductive health knowledge and use of services for many, but not all, health issues. It is also effective in creating a supportive environment for youth reproductive health and changing attitudes among key decision makers who influence youth's environments.

As a result of the interventions, the state government of Maharashtra is using the life skills model from IHMP's Delaying Age at Marriage in Rural Maharashtra project to improve girls' reproductive and sexual health in rural Maharashtra. The life skills course included individual projects carried out in the communities, local recruitment of teachers, and regular and planned meetings with parents. In the planning phase, mothers reported that it would be easier for them to overcome the social pressure to get their daughters married early if their daughters were in school. However, formal education beyond the 4th standard was unavailable in the communities, and they welcomed the life skills program as an alternative. After only one year of the program, age at marriage in the area increased from 16 to 17 years. This increase was a community-level result, not just among girls participating in the life skills classes themselves, a tribute to how the communities as a whole were mobilized to change the social norm around the age at marriage.

Kanesathasan, A., Cardinal, L., Pearson, E., Das Gupta, S., Mukherjee, S. and Malhotra, A., 2008, 'Catalyzing Change: Improving Youth Sexual and Reproductive Health through DISHA, an Integrated Program in India', ICRW, Washington D.C.
http://www.icrw.org/publications/catalyzing-change

This report outlines the findings from the Development Initiative Supporting Healthy Adolescents (DISHA) program in the Indian states of Bihar and Jharkhand. DISHA was one of the first large-scale integrated programs in India to address the broader context of young people's sexual and reproductive health needs. In addition to providing youth with sexual and reproductive health information and services, the program sought to tackle the social and economic constraints that often limit their choices and actions. It also aims to provide youth with alternatives to early marriage through enhanced livelihoods skills and options.

By focusing on youth and community attitudes towards early marriage and providing youth skills through peer education, youth groups and livelihoods training, the DISHA activities increased the average age at marriage from 15.9 to 17.9 years. As the diagram below shows, youth knowledge and attitudes around marriage improved significantly.

Youth who believe that the ideal age of marriage for girls is 18 years or older
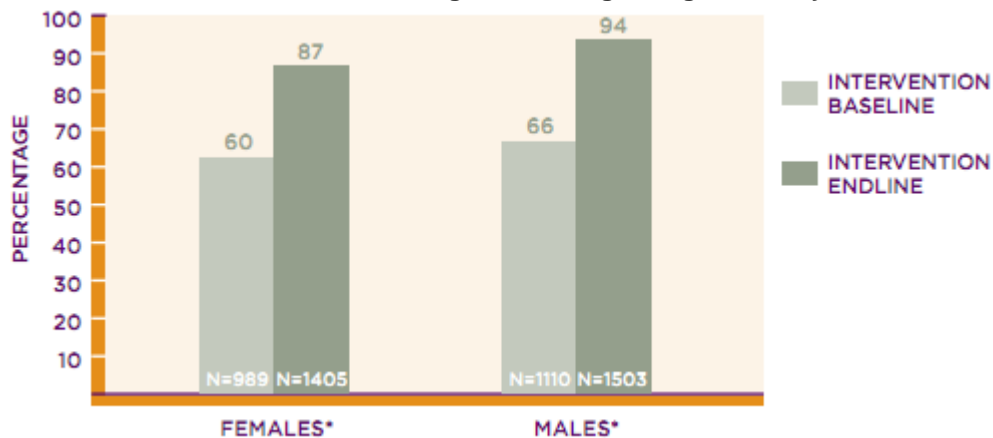
The evaluation included control areas (not exposed to DISHA) and the authors report that, "Youth exposed to DISHA were 14% more likely to know the legal age at marriage for girls in India. The program's effect on changing youth attitudes around the ideal age at marriage for girls was small but statistically significant. Youth exposed to DISHA were only 4% more likely to think the ideal age at marriage for girls was 18 or older than matched youth not exposed to DISHA. Ideally, a stronger attitudinal program effect was desired, but any change in attitudes around this deeply entrenched social norm is an important step in the right direction" (p.14).

Sinha, N. and Young, J., 2009, 'Long-Term Financial Incentives and Investment in Daughters: Evidence from Conditional Cash Transfers in North India', World Bank Policy Research Working Paper, No. 4860, World Bank, Washington D.C.
http://www-wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2009/03/09/000158349_20090309091453/Rendered/PDF/WPS4860.pdf

This World Bank working paper examines a financial incentive program which has been running since 1994 in the Indian state of Haryana, Apni Beta Apna Dhan (Our Daughter, Our Wealth). The program aims to discourage son preference by offering financial incentives to parents who give birth to a daughter. The incentive consists of an immediate cash grant and a long-term savings bond redeemable on the daughter's 18th birthday provided she is unmarried, with additional bonuses for education. With regard to delaying marriage, it is not yet possible to measure the impact of the program on girls' age at marriage because girls exposed to the program were relatively young at the time of the most recent survey data available (10 years after the program was introduced).

4. Nepal

CARE Nepal, 2011, 'CARE Nepal Strategies and Interventions on Preventing Child Marriage', CARE Nepal, Kathmandu. [Paper attached: CARE Nepal Strategies and Interventions on Preventing Child Marriage]

This paper outlines CARE Nepal's strategies and interventions on preventing child marriage:

  ➢ **Social mobilisation** initiatives, including: peer education; Child Marriage Eradication Committees; anti-GBV forums in schools; child clubs and developing leadership among young girls

  ➢ **Behaviour change communication**, for example, the CHUNAUTI project uses a multi-channel communication approach with equal emphasis on mass media, local or other types of media (including traditional and modern communication aids) and inter-personal communication by peer educators.

  ➢ **Public-Private Partnerships:** It has piloted to enhance the effectiveness and reach of the BCC strategy. Private sector involvement has pursued in areas such as organizing communication campaigns, school based competitions and reward-recognition forums. Private and public enterprises with greater rural market has involved in printing anti-child marriage messages and legal information. The commercial advertisements of private companies have been encouraged to endorse messages against child marriages. CARE has undertaken mainstreaming of the child marriage prevention agenda in the internal communications and corporate-social responsibility initiatives of private industries

  ➢ **Advocacy** of child rights, legal provision and implementing the law and act.

  ➢ **Community-financed social security plans or insurance schemes for girls**. The CHUNAUTI project has piloted financing schemes like scholarships for 448 PVSE (poor, vulnerable and social excluded) girls.

This paper notes that a total of 1008 peer educators (PEs) have been trained. PEs identify households with children of marriageable age and make regular home visits to these households to provide information as well as to negotiate and convince the parents and all other critical people involved to delay the marriages. The project has also established Child Marriage Eradication Committees (CMECs) to help stop child marriages and prevent GBV in each of the 112 VDCs. More than 136 cases of child marriages have been postponed and cancelled by the efforts of the CMECs. The paper concludes by summarising the major findings of the Knowledge, Attitudes and Practices (KAP) survey, which CARE conducted during the first year of the project to inform their behaviour change communication (BCC0 strategy.


Mathur, S., Mehta, M., and Malhotra, A., 2004, 'Youth Reproductive Health in Nepal: Is Participation the Answer?' ICRW and Engender Health, Washington D.C. and New York http://www.icrw.org/files/publications/Youth-Reproductive-Health-in-Nepal-Is-Participation-the-Answer.pdf

This report analyses a youth reproductive health project conducted in Nepal between 1998 and 2003. It was undertaken jointly by EngenderHealth, a service delivery organization, and the International Center for Research on Women (ICRW), a research organization, and Nepali partners. Youth and adult community members at the study sites in Nepal identified

eight integrated interventions that addressed not only the specific sexual and reproductive health needs and concerns of young people: 1) adolescent-friendly services; 2) peer education and counselling; 3) an information and education campaign; 4) adult peer education; 5) youth clubs; 6) street theatre on social norms; 7) efforts to improve livelihood opportunities; and 8) teacher education.

In relation to child/early marriage, the report notes that there is clear evidence of normative change in social norms. For example, the report cites an adult female in the urban study site saying: "a trend has been set to only marry after reaching twenty years of age" (p.51). A comparison of data between the baseline and endline, using control sites, is shown in the figure below. In urban areas, there was a decline in the proportion of 14–21 year-old who are married at both the study and control sites, but the decline was much more substantial at the study site. In the rural study site there was a negligible decline from baseline to endline in terms of the proportion of girls married. However, given that the proportion of young girls who are married actually increased at the rural control site, the authors conclude that the lack of change at the rural study site is a relatively favourable result.

Percentage of girls aged 14–21 years who are married
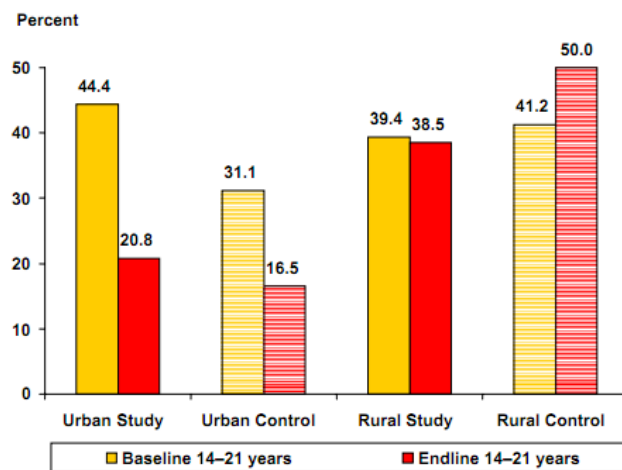
5. South Asia

Pathfinder International, 2006, 'Raising the Age of Marriage for Young Girls in Bangladesh', Pathfinder International, Bangladesh
http://www.pathfind.org/site/DocServer/PF_Bangladesh_FINAL.pdf?docID=6601

This report describes Pathfinder International's program, 'Raising the Age of Marriage for Young Girls in Bangladesh' (2003-2006). The project was targeted at 'needy girls' within five upazilas (subdistricts) of Kishoreganj, one of the poorest areas of Bangladesh. There are three aspects of the program:

> ➢ **Stipends for school girls:** Pathfinder supported 4,092 girls in the last three years of primary and the first year of secondary school, transitioning a total of 2,859 girls into secondary school. Overall enrolment has increased in the project area—government statistics show a 14.3% increase in primary school enrolment between 2004 and 2006 in the five upazilas.

- ➢ **Advocacy meetings** informed the girls about the benefit of education and delaying marriage.

- ➢ **Vocational training** - Pathfinder supported three classes of 20 girls at the AITAM Welfare Organization in Dhaka, a paramedic training institute.

An informal study conducted by Swanirvar found that the rate of early marriage had dropped from 50% in 2004 to 42% in 2006.

Amin, S., 2007, 'Empowering Adolescent Girls in Rural Bangladesh: Kishori Abhijan', Population Council Brief 13
http://www.popcouncil.org/pdfs/TABriefs/PGY_Brief13_KishoriAbhijan.pdf

This Population Council briefing note outlines the impact of the Kishori Abhijan ("Adolescent Girls' Adventure") project, which offered livelihood skills to adolescent girls in 14 rural districts in Bangladesh. Kishori Abhijan was implemented by two Bangladeshi NGOs, the Bangladesh Rural Advancement Committee (BRAC) and the Centre for Mass Education in Science (CMES). The project aimed to lower school dropout rates, increase girls' independent economic activity, and raise the age at which girls marry. Life-skills training included life-skills lessons, savings account options, access to credit, and livelihood training.

The project evaluation found that participation in Kishori Abhijan increased the number of girls working for cash and the amount of income they earned, particularly in programs that included microcredit. Furthermore, the project demonstrated that working for cash did not lead girls to drop out of school. Delays in marriage were achieved by a subgroup of members, namely younger girls from the poorest district who attended school. The author concludes that the "program evaluation suggests that future programs to delay marriage should focus on younger adolescents (aged 12–14) in the poorest families and districts of rural Bangladesh. Because of the persistent and pernicious nature of dowry demands, any effort to delay marriage must also address issues related to marriage transactions" (p.4). Subsequently, the life-skills component of Kishori Abhijan has been scaled up to enrol more than 250,000 girls in 58 districts.

6. Africa

Gage, A.J. (Ed), 2009, 'Coverage and Effects of Child Marriage Prevention Activities in Amhara Region, Ethiopia', Addis Continental, USAID, and Measure Evaluation, Chapel Hill, NC.
http://www.cpc.unc.edu/measure/publications/pdf/tr-09-70.pdf

This report outlines the findings of the Early Marriage Evaluation Study (EMES), a household survey of 3,677 female adolescents aged 10-19 years, 1,737 male youth aged 15-24 years, and 4,670 caretakers in Amhara Region, Ethiopia. The Amhara region of Ethiopia has one of the highest rates of child marriage in the world, with 31% of women aged 15-49 years married before the age of 15 in 2000. Since 2002, USAID/Ethiopia has funded several initiatives to prevent child marriage, including activities that are: integrated into basic education programs; integrated into community-based reproductive health programs; public education activities; and collaborative partnerships with national and regional legal and civil society organizations. The EMES provides detailed information on the reach and effects of early marriage prevention activities in the region. Key findings include:

➢ **Reach of messages:** Non-print media reached more people than print media. Early marriage prevention messages were largely received by adolescent girls and male youth through religious leaders and by caretakers through community meetings.

➢ **Exposure to information about early marriage changed people's attitudes towards early marriage:** The age cut-off where respondents considered marriage to be 'too early' tended to increase with the number of information sources they were exposed to about early marriage prevention.

➢ **Low levels of knowledge about marriage laws**. Although only half of respondents were aware that there was a legal minimum age at marriage, knowledge increased with regular exposure to early marriage prevention messages.

➢ **Stopping early marriage.** Approximately one out of four planned marriages of underage girls (younger than 18) was stopped. The impact was negligible in rural areas, but in urban settings, the proportion of child marriages that were stopped was significantly higher in program areas than in non-program areas (34 percent versus 19 percent).

➢ **Improved outcomes for girls whose marriages were stopped:** 76% of girls whose marriages were stopped were currently attending school at the time of the survey and 97% were never married. Only 5% had given birth. However, the survey recommended that future programmes address the mental health needs of girls whose marriages had been stopped, noting that many felt unhappy, depressed, lonely and worried about their future marriage prospects.

USAID / ESD, 2007, 'The TAHSEEN Model for Reaching the Urban Poor in Egypt: A Promising Practice', Extending Service Delivery Project, Best Practices Series Report #3
http://www.esdproj.org/site/DocServer/TAHSEEN_Urban_Poor_Model__7_12_07_Final.pdf?docID=601

This report examines the activities and outcomes of the TAHSEEN project (2003-2005) — a USAID-funded project in Doweika, an impoverished urban settlement on the outskirts of Cairo. The report concludes that TAHSEEN's plays and puppet shows to over 2,000 people has brought about increased awareness about the ideal age of marriage. In addition, literacy class participants indicated that the health messages they heard in class improved their knowledge and attitudes about the health benefits of birth spacing and delaying age of marriage. Some of the lessons learned are outlined on pages 21-22 and include:

➢ Apply a **multisectoral approach** that integrates reproductive health / family planning services and information into other health and social services.

➢ **Identify the right partners** from different sectors (government, quasi-government, NGO, and private sectors) and discuss what each has to gain from and contribute to the partnership.

➢ **Involve the community in all stages of the project** from the identification of problems to their resolution.

➢ **Engage the community's religious leaders** to help improve acceptance of health messages in hard-to-reach and poor urban settings.

➢ **Adapt activities** to produce quick tangible results, which helps build support for the project among community members, for example, availability of literacy classes to both men and women during evening hours so that working individuals can benefit.

➢ **Endorsement of a project by a public figure** brings attention to an issue and can build additional support for the project among community members.

Tostan, 2009, 'Evaluations: The Impact of the Community Empowerment Program', Tostan International, Senegal
http://www.tostan.org/data/files/tostan%20evaluations.pdf

This report summarises the evaluations that have been conducted on Tostan's Community Empowerment Program in Senegal.   Tostan is an international NGO based in Senegal, which uses local facilitators to teach education sessions to communities on issues such as child marriage and female genital cutting (FGC). Participants pass on their new knowledge to others in and outside the community through intervillage meetings. The program has led to public discussions and declarations against child marriage and female genital cutting in more than 300 villages. The program also uses traditional ways of conveying messages, such as dance, poetry, theatre and song. The paper notes that Tostan's model for peaceful social change is based on the belief that communities themselves must consciously and actively pursue the process of change from within. The program was able to bring about change in knowledge, attitudes and behaviors in 90 intervention villages, and these were reinforced by a public declaration by approximately 300 villages against child marriage and FGC.

Findings from various evaluation reports include:
➢ Public declarations represented a significant moment in the decision-making process for the community, with data indicating that actual abandonment took place following this demonstration of collective commitment
➢ Slight reduction in the prevalence of marriage of girls under 15 years old, and the tendency to delay the age at first marriage was even stronger among women aged 15-18 years

Child Fund International (2005) 'Turning Child-Brides into Scholars'
http://www.childfund.org/media/article.aspx?id=426

This web article describes Christian Children's Fund's (CCF) program for girls in the Masai tribe of Kenya called 'Turning Child Brides into Scholars'. In Kenya, the Masai tribe practices the ritual of Esaiyata, whereby daughters are 'booked' for marriage, often before they are born. CCF in Kenya responded to this ritual by creating a program that 'books' these girls for school instead. CCF worked with the Naning'oi Girls Boarding School, so that the school represents the man in search of a young bride. Donated livestock and other gifts are offered to a girl's father in exchange for committing to his daughter's attendance at the boarding school. To date, 350 girls are enrolled and more than 500 additional infants and girls have been booked, waiting until they are old enough to attend school.

7. Additional information

Author

This query response was prepared by **Erika Fraser**. For further information please contact Emma Broadbent (emma@sddirect.org.uk).

Contributors

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Websites visited

Google, GSDRC, ICRW, UNICEF, USAID, World Bank, CARE Nepal, International Center for Research on Women (ICRW), Engender Health, Pathfinder International, Population Council, Carolina Population Council, Tostan, Child Fund International