CMI REPORT

Photo: DFID on Flickr (CC BY 2.0)

AUTHOR

Joar Svanemyr

Literature review on effects of interventions to reduce the prevalence of child marriage

CMI CHR. MICHELSEN INSTITUTE

**Literature review on effects of interventions to
reduce the prevalence of child marriage**
CMI Report, number 2, October 2020

Author
Joar Svanemyr

Table of content

Summary

This paper presents the current status of research on child marriage and focuses on intervention studies and reviews of evaluations and programs with reduction of child marriage as a core objective. The main research question is: What is the evidence of the effect of approaches to prevent child marriage in low- and middle-income countries? The paper is divided into three main sections. Firstly, we present data on prevalence and trends of child marriage in low- and middle-income countries, focusing on Africa. Then, the main findings of the literature on the causes and drivers of child marriage; reviews of studies on child marriage prevention programs. Finally, we address what the literature says about the effect and impact of the most common approaches and strategies to prevent child marriage and reduce its prevalence. Each section has a sub-chapter on Ethiopia, which has been a focus country for Norway's contribution to end harmful practices.

According to data from Demographic and Health Surveys (DHS), the overall prevalence of women in Africa aged 20–24 who experienced child marriage was 54.0% with results ranging from 16.5% in Rwanda to 81.7% in Niger. Four patterns of levels of child marriage have been identified across sub-Saharan Africa: some countries show little sign of change; earlier declines have stalled in some countries; others show a recent decline; and some show evidence of slow but steady reductions over time. In Ethiopia, the overall prevalence of child marriage declined from about 60% to about 40% between 2005 and 2015.

Child marriage (CM), defined as marriage before the age of 18, is a complex problem with many intersecting root causes and drivers including poverty, conflict and shocks, lack of access to education, lack of opportunities, barriers to rights and health. Gender inequality and systematic discrimination of girls and women is an underlying factor to the practice. Poverty is a major driver and cause of CM and it has been reported from many countries that girls from poor families get married because their parents cannot afford to send them to school or support them financially. Sending girls to school has direct and indirect costs and girls who have ended or dropped out of-school have an increased chance of child marriage.

The practice of child marriage is often closely linked to ideas about proper behavior for girls and how to preserve the honor of both the girl and her family. Arranging marriage for girls serves to prevent them from initiating relationships on their own and risk a socially disapproved premarital pregnancy. Religious beliefs are commonly assumed to have an important role in the persistence of child marriage, but no religion prescribes child marriage and studies have found substantial heterogeneity within the adherents of any particular faith as to how the practice of child marriage is considered.

Studies from Latin-America and parts of Africa have found that it is most common that girls first get pregnant and then marry a man of their own choice. Historically at a global level, child marriage has mostly preceded pregnancy.

Child marriage prevention approaches

We identified one scoping review and four systematic reviews published on the topic between 2007 and 2018. The reviews reached somewhat different conclusions. Three of the four systematic reviews found that girl empowerment approaches were most common and had the highest success rates. Such empowerment programs can include a vast array of activities, often including variations of life skills or vocational training and the reviews found that many using this approach achieved reducing child marriage rates and increasing age at marriage. However, the review that retained the least number of studies concluded that economic approaches, such as incentives and cash transfers, have been most effective. Programs that reported success were commonly community-based and engaged parents and other family members in activities, and had longer duration of participation and greater regularity of attendance.

Findings concerning the effectiveness of economic approaches are inconsistent and different reviews have reached different conclusions: one review found them the most effective, others least effective. One review found that economic approaches had the highest failure rate when used as the sole approach, but then found that interventions coupling it with another approach had a higher success rate. Successful economic programs have, in many cases, been part of efforts to help girls continue school or been conditioned on attendance or educational outcomes. Several studies indicate that the gains of cash support fade quickly when programs stop. Other studies, however, suggest that economic incentives and support may be more effective when combined with interventions addressing norms and/or building girls' skills.

A very popular approach among NGOs is to encourage community mobilization and build community awareness about the harmful consequences of the practice, with the aim to establish an understanding of the need to abandon or change the practice. The evidence of its effectiveness is quite limited due to a lack of studies that use rigorous methods and measure the impact on behavior. Community engagement approaches typically aim to create long-term social norms change, but there is limited evidence about how best to incorporate a norms-focus into programs for adolescent health and how to demonstrate effectiveness of norms change interventions.

Studies suggest that improving girls' educational and economic opportunities offer young women acceptable alternatives to early marriage. Interventions that are capable of increasing enrollment and keeping girls in school have showed promising results in reducing child marriage. However, most of the evidence comes from programs that include an economic component and there is less information from programs that focus on reducing non-economic barriers and improving teaching and infrastructures.
Legal and advocacy approaches are common, but poorly described and evaluated in the literature. In most cases, legal reforms have had little or no effect as an isolated measure due to weak implementation and absence of enforcement.

Although many organizations work to reduce both female genital mutilation and child marriage where both are prevalent, no study has been able to measure the effect of a program on both practices. Both practices occur in many of the same places and among the same subgroups. Both FGM and early/child marriage are thought to protect girls from social and economic risks, and they are driven by poverty and

lack of economic opportunity for girls in the areas where they are practiced. In some contexts, cut women have been found to face higher odds of early/child marriage than uncut women.

Multi-level and multicomponent programs have become more common, but child marriage prevention research suggests that single component programs are successful more frequently, while multi-component interventions more often have had mixed results.

The results of the different approaches vary across settings and no approach stands out as equally successful across different settings. Several reviews indicate that empowerment and life skills approaches have had the highest success rates. One review concluded that economic interventions which often aim at helping girls to continue school, have most frequently demonstrated positive impact. Findings suggest that for 'empowerment of girls' programs duration, intensity and level of adherence are critical factors to obtain significant impact. It also seems to be important to involve parents and community leaders in designing programs that target adolescents and to include components that target adults.

1. Introduction

This paper presents the current status of research on child marriage with a focus on interventions studies and reviews of evaluations and programs with the reduction of child marriage as a core objective. The main research question is: What is the evidence of the effect of approaches to prevent child marriage in low- and middle-income countries?

First, we present a summary of data on prevalence and trends of child marriage in low- and middle-income countries. Second, we present and discuss the main findings of the literature in terms of causes and drivers of child marriage. Third, we present available reviews of evaluations of prevention of child marriage programs, and fourth, we discuss what the literature says about the effect and impact of the most common approaches and strategies to prevent child marriage and reduce its prevalence. Each chapter ends with a sub-chapter presenting figures and findings that are specific to Ethiopia. Ethiopia has been selected because it is a focus country for Norway's contribution to end harmful practices. It has also shown promising progress in this area.[1]

1.1. Methods

At the outset, this was a scoping review with the objective to map the body of literature and provide a descriptive overview of the reviewed material. We have conducted extensive searches in Pubmed, Epistemonikos and Google Scholar using the search terms "child marriage"/ "early marriage", "child marriage prevention" / "early marriage prevention", "child marriage interventions" / "early marriage interventions", and "child marriage programs" / "early marriage programs". We also did a Boolean search with the combination ("child marriage" OR "early marriage") AND (program* OR prevention OR intervention). Reference lists of previously published reviews and studies covering related topics were hand-searched for relevant studies. We conducted backwards and forwards snowballing to ensure that we included as many relevant studies as possible. One review which does not occur in searches was obtained because it had been sent by the organization that commissioned the review on an earlier occasion.

The search led to the identification of four recent systematic reviews of studies on the effect of child marriage preventions and one older scoping review. In addition, we found one high-quality study that was published after the last of these reviews. The number of systematic reviews meant that we could conduct a narrative review. Literature reviews that did not describe search and analytical methods, editorials and commentaries were excluded from the search.

---

[1] A literature review written by a Swedish student found that Ethiopia was the country in Africa where most studies on child marriage had been conducted (Kvist 2018).

2. Prevalence and trends

While South Asia is home to the largest number of child brides, Sub-Saharan Africa (SSA) has the highest rates of child marriage (CM) in the world, and studies have estimated that more than half of girls marry before the age of 18 in many countries in the region.

Table 1: Child marriage in Africa (%) (data.unicef.org, last update Feb. 2020)

	Married by 15	Married by 18
Sub-Saharan Africa	11	35
Eastern and Southern Africa	9	31
West and Central Africa	13	39

According to Demographic and Health Survey (DHS) data from 34 sub-Saharan African countries, the overall prevalence of women aged between 20 and 24 who experienced child marriage was 54.0%, with results ranging from 16.5% in Rwanda to 81.7% in Niger (Yaya et al 2019). One in three girls who were recently married before the age of 18 are now in sub-Saharan Africa, compared with one in seven girls 25 years ago (UNICEF 2018a). A larger proportion of married girls now come from sub-Saharan Africa than Asia because of the increased population growth and slow declines in rates of child marriage across SSA. Still, the age of marriage is rising also throughout sub-Saharan Africa. In the vast majority of countries in the region, the mean age of marriage is now more than 18, and the majority of child marriages happen aged between 15 and 17 (Koski et al., 2017).

Koski et al. (2017) identified four patterns of child marriage across SSA: some countries show little sign of change (Chad, Malawi, Tanzania, Zimbabwe, and Namibia); in others, earlier declines in rates of child marriage have now stalled (Cote d'Ivoire, Niger, Senegal, and Kenya, rising again in Nigeria); some have shown a recent decline (Mozambique, Uganda, and Zambia); and others show evidence of slow, but steady reductions over time (Burkina Faso, Ghana, and Togo). Although marriage before the age of 15 is less common, there is also less evidence of a decline in the prevalence of marriage among these very young girls.

In 2015, UNICEF emphasized that a growing child population in Africa combined with a slow decline in the practice of child marriage in Africa would put millions *more* girls at risk. Even a doubling of the rate of reduction would not be enough to reduce the number of child brides (UNICEF 2015).
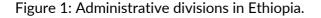
Ethiopia has shown significant progress in this area. Between 2005 and 2015, the overall prevalence of child marriage in Ethiopia declined from about 60% to about 40%.[2] Four in 10 women aged 20-24 were
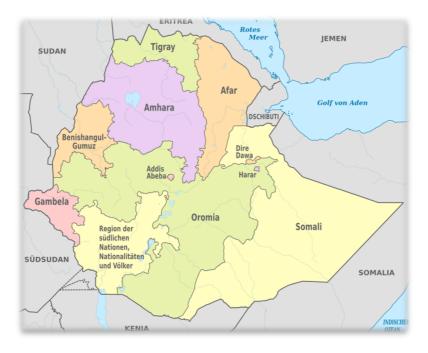
---

[2] The common measure of prevalence is the percentage of women aged 20 to 24 years who were first married or in union before age 18.

married or living in union before their 18th birthday according to DHS data from 2016. Only Rwanda has observed a stronger reduction among other African countries (UNICEF 2018b).

Data from Ethiopia DHS and from the 2014–2016 Performance Monitoring and Accountability surveys showed there was a decline in the cumulative probability of early marriage (marriage before the legal age of 18 years) from 55.3% to 28.7% in the past four decades (Mekonnen et al. 2018). More than 30% of women born in the 1970s were married before age 15, compared to around 10% of those born in the 1990s (DHS 2016).[3]

However, there has been only limited progress in rural areas and among poorer and less-educated populations. The progress has been strongest in four regions: Tigray, Amhara; Southern Nations, Nationalities, and Peoples' Region; and Addis Ababa. There has been almost no change in Afar and a slight increase in Somali Region (UNICEF 2018b).[4]

Figure 1: Administrative divisions in Ethiopia.

Child marriage is closely related to the prevalence of adolescent pregnancy. Early childbearing risk was reduced by 95% for women who married after the age of 20 compared to those who married before the age of 18 years. Since the 1960s, the cumulative probability of early childbearing in Ethiopia has declined

---

[3] One may note that Koski et al. (2017) warn against the common practice of measuring change in age at marriage by comparing reports from women of different ages, i.e. women age 20-24 compared to women age 40-44. Older DHS respondents report less complete information on age at marriage, which leads to potential measurement error.

[4] In comparison, an analysis published in 2007 found that in Ethiopia, 48% of child marriage occurs in the northern regions of the country, with prevalence in Amhara at 90%, Tigray at 82%, Afar at 77% and Benishangul (Ben-Gumuz) at 75%. (DHS 2000–2011 quoted in Jain and Kurz 2007). A more recent spatial analysis concluded that the highest clustering of early marriage was located in Amhara, Afar, and Gambela Regions (Tadesse 2020). Gambela, however, has observed a very strong decline and was in 2016 ranked as number seven among 11 regions (UNICEF 2018b).

by approximately two-fifths, from 57.6% to 35.3%. The occurrence of early childbearing varies substantially by region. More recently, it ranged from 9.6% in Addis Ababa to 59% in Benishangul-Gumuz (Mekonnen et al 2018).

3. Causes and drivers

Child marriage, defined as marriage before the age of 18, is a complex problem with many intersecting root causes and drivers including poverty, conflict and shocks, geographic and structural factors, lack of access to education, lack of opportunities, unequal power relations, adolescent pregnancy, and barriers to rights and health. Gender inequality and systematic discrimination of girls and women is an underlying factor. The labor market, access to education and services, mobility, laws and norms for sexual behavior are different for men and women and systematically women.

The dominant causes and drivers can be divided in two broad, interwoven categories:
- Poverty
- Culture and norms (protection, honor and respect)

In addition, we examine the role of premarital pregnancies in child marriage.

Poverty

Poverty at the household level might be both a driver and direct cause of child marriage. Child marriage is, to a large extent, a matter of money. Girls from poor families get married because their parents cannot afford to send them to school or support them financially, especially when there are few income generating activities for young women without formal education. In a study conducted in southern Malawi, more than three quarters of respondents reported that child marriage "mostly happens because there is a lack of education and job opportunities" (Steinhaus et al 2018). In some contexts, parents want girls to marry early because the bride price is higher for young girls or because dowry increases with the girls' age. More rarely, marrying away a girl can be a way of settling familial debts or disputes.

In fact, data suggest that child marriage is increasingly a matter of poverty. According to UNICEF, the prevalence of child marriage in Africa has been halved among the richest, whereas the level remains unchanged in the poorest quintile. It has even increased among the poorest in Western and Southern Africa (UNICEF 2015).

Girls who have ended or dropped out of-school have an increased chance of child marriage (Amin 2017). Sending girls to school is always an economic issue (Raj et al. 2019). Even where there are no school fees, parents will have to pay for appropriate clothing, school materials, food to bring to school, and transport. Often parents are also asked to pay exam fees or to help finance new buildings, equipment, or facilities. For the poorest, what may seem like very minor expenses may be too big of a burden, leading to girls

dropping out. Studies suggest that improving girls' educational and economic opportunities offer young women acceptable alternatives to early marriage (Amin 2017).

Odimegwu & Mkwananzi (2016) highlight that, aside from individual poverty levels, community poverty levels are consistently and statistically significantly associated with a higher likelihood of teenage pregnancy across regions in Africa. This is relevant for contexts where child marriage follows pregnancy. Further analysis is warranted concerning the relationship between child marriage and poverty at community level.

Cultural norms and values: Protection, honor and respect

Where child marriage is a custom it is normally closely linked to ideas about proper behavior for girls and how to preserve the honor of both the girl and her family (Amin 2017). To maintain the family's good reputation, parents may insist on early marriage with a man of their choice, in turn, this is often closely linked to the daughter's behavior and the need to avoid premarital pregnancy. Although poverty is always partly driving child marriage, in conservative patriarchal communities' customs and honor appear to be dominant factors driving child marriage (Roest quoted in Prakash et al. 2019). A study in Ethiopia reported that the strongest reason for early marriage was the desire or need to maintain the family's good name and social standing (Alemu 2008). Protecting the honor of the girl and her family by marrying her away before she has any chance to initiate relationships on her own is considered crucial (Perlman et al. 2017). In extreme cases, girls are married or promised to a man at a very young age (below the age of 10) or even before birth (UNFPA 2012). In some contexts, parents want to control the choice of husband to ensure the girl is married into a 'good' family and/or create/maintain strategic alliances.

Where child marriage is not a norm *per se*, secondary (indirect) and strict norms for girls' and women's behavior and conduct can lead to child marriage (Marcus and Harper 2015). Getting pregnant before being married or living in a union is a source of shame and loss of respect and honor in many cultures. Beliefs that girls should practice sexual abstinence until they are married can be found across Africa (Steinhaus et al. 2016, Stark 2020, Svanemyr 2020). In many cultures, premarital sex and pregnancy are severely sanctioned, whereas in others it may be subject to milder reactions but is still a subject of disapproval. In such contexts, parents may force or pressure girls to marry in order to avoid premarital sex and its potentially catastrophic consequences. One may note, however, that this is far from universal. In matrilineal societies, particularly in West Africa, a girl traditionally had to prove her fertility before she could marry (Svanemyr 2002).

In cultures where most women marry early, it can be difficult for women to find a man after a certain age (18-20 years) (Raj et al. 2019). Even in societies where girls and young women have more freedom, it may be difficult to find a man for a woman who is no longer a 'child', i.e. over the age of 18. Parents may believe that they need to find a husband for their girl before she gets too old for men to want her as a wife. Men may prefer younger wives for several reasons, including a belief that younger women are more attractive and that women who do not marry early face issues, such as a difficult personality or infertility.

It is commonly assumed that religious belief has an important role in the persistence of child marriage. However, no religion prescribes child marriage and religious authorities often actively contribute to end child marriage. Gemignani & Nguen (2015) caution against broad generalizations about child marriage and faith affiliation. They found substantial heterogeneity within the adherents of any particular faith as to how the practice of child marriage is considered.

Child marriage is often presented as forced marriage and many studies assume that girls have little or no voice in the decision and are not in a position to give informed and free consent. McDougal et al (2018) point out that "There is little quantitative or qualitative research to guide understanding of the potential power girls hold over the decision to get married or not get married" (p. 2). In some countries, 'love marriages' among adolescents are becoming increasingly common. In Nepal, for example, adolescent girls choose to marry both because they fall in love and also as a way to get out of their parent's house, their decision is sometimes a result of a lack of alternatives. Similarly, girls in Ethiopia and Tanzania are increasingly choosing the man they want to marry or at least have an influence on the choice of partner (Pankhurst et al 2016, Schafnitt et al. 2019, Stark 2020).

Pregnancy as precursor to child marriage

Historically, premarital pregnancy has not been a major factor leading to child marriage as marriage mostly preceded pregnancy. Previous studies found that nine out of 10 adolescent pregnancies occurred to married girls (Population Council 2005). However, this might be changing, and adolescent pregnancy increasingly appears to be a precursor to child marriage. More recent estimates suggest three in four early childbirths may be due to child marriage (Wodon et al. 2017). In Latin America, pregnancy commonly leads to child marriage. Several studies have found that in southern Malawi, Kenya, Uganda and Zambia, it is most common that girls first get pregnant and then marry a man of their own choice (Petroni et al 2017, Svanemyr & Wang 2020). When unmarried girls become pregnant, their chances of continuing education or finding employment are heavily reduced and there are few alternatives to marriage. However, poverty is also a reason that girls have premarital sexual relationships as they hope that a male partner will help them economically (Stoebenau et al, 2016, Petroni et al 2017, Wamoyi et al 2018, Svanemyr 2020). Marriage can also serve to legitimize an unplanned pregnancy and save the girl and her family's honor, or it could simply be the most practical arrangement for a couple having their first child.

Studies from Ethiopia

Marriage traditions and patterns vary across Ethiopia – dowry is common in the northern part of Tigray and bride wealth in much of the south (Crivello et al 2019). The prevalence of early-teen and even pre-teen marriage was historically much more common in the north where dowry marriage was the norm.

Crivello et al. (2019) describe how the decision to marry has largely changed from a parental decision to being the girl's choice. For girls, it has become more important to complete education than to marry early. In a study conducted in the Amhara region in 2006, Pathfinder International/Ethiopia found that more than 80% of respondents could cite no reason for child marriage, other than it being a tradition they had to adhere to. According to interviewees, the strongest reason for early marriage is the desire or need to maintain the family's good name and social standing (Alemu 2008). Crivello et al. (2019) describe how poverty may be both a direct cause of child marriage and also a factor limiting girls' agency and autonomy. A study from Oromia reported that many girls were pressured into early marriage, often due to poverty which can be exacerbated by the death or incapacitation of a parent (McDougal et al., 2018). Poor girls have few or no alternatives other than following their parents' wish to find a partner that can help them and their families economically.

4. Evidence on child marriage prevention approaches

The available evidence about 'what works' in preventing child marriages comes mostly from relatively small-scale and time limited research studies and evaluated projects and programs. The number of high-quality intervention studies is very limited. Nonetheless, groups of researchers have produced a few systematic reviews of intervention studies. We identified one scoping review and four systematic reviews published between 2007 and 2018 and found one large intervention study published after the last of these reviews (Prakash et al. 2019). We present the main findings and conclusions of these reviews before moving to a closer examination of the most frequently used approaches identified in the reviews.

Table 1: Reviews of interventions to prevent child marriage and program evaluations.

Authors and year of publication	Number of studies	Type of review / studies included
Jain & Kurz, ICRW, 2007	located 66 programs, 10% reported results	Scoping review to identify factors associated with risk of or protection against child marriage, and programmatic approaches and their effectiveness.
Malhotra et al. 2011, Lee-Rife et al., ICRW, 2012.	23	Considered the body of evidence as a whole, regardless of the rigor of the intervention design or the evaluation methodology.
Kalamar et al., 2016	11	High-quality interventions and evaluations reporting on behavioral outcomes.
Chae & Ngo, Population Council, 2017.	22	Rigorously evaluated interventions (RCTs, quasi-experimental studies, and natural experiments) that measured behavioral change.
Freccero & Whiting, The Human Rights Center, University of California, 2018.	43	Experimental and quasi-experimental evaluations that had as their primarily objective or a significant outcome impacts on child marriage outcomes including related behavior, knowledge, and attitudes.

The reviews found the highest number of studies in Bangladesh and India, except for Kalamar and colleagues who retained only two studies from India and one from Bangladesh.

The International Center for Research on Women (ICRW) has published two reviews of the evidence on what works to end child marriage. The first was published as a report in 2007 (Jain & Kurz 2007) and the

second as a report and an article in 2011 and 2012 (Malhotra et al. 2011, Lee-Rife et al. 2012). The 2007 report investigated two key questions: What factors are associated with risk of or protection against child marriage, and ultimately could be the focus of prevention efforts? And second, what are the current programmatic approaches to prevent child marriage in developing countries, and are these programs effective? Reports on results were found in only about 10 percent of programs and the scan was unable to answer whether programs reduced the prevalence of child marriage. The scan concluded that there were few programs aiming to reduce child marriage, and that more programs were needed where prevalence was highest (Jain & Kurz 2007).

Malhotra et al. (2011) found 23 evaluated child marriage prevention programs. The authors considered the body of evidence as a whole, regardless of the rigor of the intervention design or the evaluation methodology. Only five of the studies were published in peer reviewed-journals and only four programs implemented a highly rigorous[5] evaluation. Among the 23 evaluated programs, only four focused on preventing child marriage as the primary objective and only five studies were undertaken in sub-Saharan Africa. They identified five main effective strategies (often combining multiple strategies) for delaying marriage or preventing child marriage: (1) empowering girls with information, skills, and support networks (generally termed life-skills - LS); (2) educating and mobilizing parents and community members (community mobilization); (3) enhancing the accessibility and quality of formal schooling for girls (economic options); (4) offering economic support and incentives for girls and their families (economic incentives and subsidies); and (5) fostering and enabling legal and policy framework. Many programs were complex, addressing multiple drivers of child marriage with an integrated set of programmatic approaches. Only one of the four highly rigorous evaluations had exclusively positive results (the Maharashtra Life Skills Program in India), and the remaining three had mixed results (the Berhane Hewan program in Ethiopia; the Zomba Cash Transfer Program in Malawi; and the School-Based HIV/AIDS Prevention Program in Kenya). The review concluded that programs offering incentives and attempting to empower girls can be effective in preventing child marriage and can foster change relatively quickly. At the other end, "The programs that documented the weakest results were primarily those that worked only at the community or macro level—mobilizing community members or changing laws or policies related to child marriage" (Malhotra et al 2011, p. 23).

Kalamar et al. (2016) used more strict selection criteria and retained only 11 high-quality interventions and evaluations. Studies were retained only if both the intervention and the study were rated as having high quality. To assess the strengths and weaknesses of the evaluation, reviewers considered aspects such as the use of an appropriate comparison group, sample size, operationalization and measurement of exposure to the intervention, length of follow-up, and the number of evaluation time points. They found that six of the 11 interventions found some positive impact on reducing the proportion of girls married or an increase at the age of marriage, and four had a significant impact. They concluded that "most

---

[5] "The most rigorous evaluations compared program participants and control groups before and after program implementation. Less rigorous evaluations relied on pre-post comparisons among only program participants or retrospective comparisons between program and control groups" (Malhotra et al., 2011: p. 21).

interventions to decrease child marriage are focused on cash transfers or programs to decrease school-associated costs" and "that most of these economic interventions had a significant impact on decreasing the rate of child marriage or increasing age at marriage in the intervention group" (Kalamar et al., 2016: p. 20). The authors did not label any of the interventions 'empowerment approaches', but three of them included life skills curriculum, and/or youth clubs/vocational training and can be classified in that category. Among them was the life skills curriculum in India that Malhotra et al. (2011) classified as a girl empowerment program, it found both a decrease in child marriage and an increase in age at marriage (Pande et al. 2006).

The Girl Innovation, Research, and Learning (GIRL) Center at Population Council identified and reviewed 22 interventions across 13 low- and middle-income countries (Chae & Ngo 2017). The authors state that their study focused on rigorously evaluated interventions (RCTs, quasi-experimental studies, and natural experiments) that measured behavioral change in contrast to earlier studies that included changes in knowledge and/or attitudes. Unlike Kalamar and colleagues, they found that empowerment approaches were most utilized and had the highest success rate. They also found that schooling was the second most successful approach and was included in seven interventions (Chae & Ngo 2017).

The Human Rights Center (HRC) at the University of California carried out a literature review on behalf of Save the Children that "identified 43 experimental and quasi-experimental evaluations of 30 distinct interventions in development settings that had as their primarily objective or a significant outcome impacts on child marriage outcomes including related behavior, knowledge, and attitudes" (Freccero & Whiting 2018: p. 2). Like Chae & Ngo (2017), they found that empowerment of girls approaches "were the most frequently evaluated and consistently effective" (p. 2). They also pointed out that this approach covered a broad range of activities that were rarely evaluated independently to determine which components were most effective.

Incentive/ asset transfer approaches were found to have "mixed results, but were more likely to be effective when focused on younger adolescents and conditioned on or used to promote educational outcomes (such as school attendance)" (Freccero & Whiting 2018: p. 2). They found that community sensitization and engagement approaches are promising, they are poorly represented and evaluated in the literature. However, they note that "programs focusing on deeper community engagement were generally more successful than those that used more light-touch sensitization approaches" (Freccero & Whiting 2018: p. 2). The authors also conducted interviews with key informants who highlighted the importance of multi-level, integrated interventions, mobilizing communities to change social norms, conducting formative research to inform intervention design, and contextually sensitive framing of child marriage.[6]

---

[6] They also did a mapping of Save the Children's programming which revealed that empowerment and community sensitization and engagement approaches are the most frequently utilized by Save the Children.

4.1.   Common approaches in programs for prevention of child marriage

The reviews presented above identified common approaches to reducing the prevalence of child marriage in low- and middle-income countries. We follow the classification of approaches in the review by Malhotra and colleagues (2011) with slightly modified headings.

Girls empowerment and life skills programs

In the review realized by ICRW in 2011, the vast majority (18 of 23) of evaluated programs concentrated on girls themselves, focusing on training, building skills, sharing information, creating safe spaces and developing support networks (Malhotra et al 2011). They concluded that "The strongest results were documented by programs that worked directly with girls to empower them with information, skills and resources" (p 23).[7] The authors found that such programs can include a vast array of activities, often including variations of life skills or vocational training.[8]

Among the 13 studies reviewed by Kalamar et al. (2016), four had a life-skills component. One of the four programs that had a significant impact in the intended direction, was the Maharashtra Life Skills Program in India, finding both a decrease in child marriage and an increase in age at marriage. Two others had mixed outcomes and one found no measurable impact.

In line with Malhotra et al. (2011), both Freccero & Whiting (2018) and Chae & Ngo (2017) concluded that girl empowerment approaches had the highest success rate. Chae & Ngo (2017) found that "Empowerment was the most utilized approach, included in 14 interventions, and had the highest success rate (57%)" (p. 8). Eight of the 11 successful interventions used an empowerment approach, four of which used it as the only approach. One Life Skills program in Egypt (Brady et al. 2007) and the one in India (Pande et al. 2006) achieved 77% and 70% reduction in child marriage, respectively.

Still, the results globally are mixed. Chae & Ngo (2017) found that one program that used such an approach and two that combined it with others were unsuccessful. The Adolescent Girls Empowerment Program (AGEP), realized by Population Council in Zambia, had no impact on the timing of marriage, educational attainment, pregnancy or HIV prevalence (Austrian et al., 2016 quoted in Chae & Ngo 2017). According to Freccero & Whiting (2018), the few studies that reported unsuccessful outcomes of this approach found that the unsuccessful interventions were characterized by a short intervention time (3 days–6 months); a lack of programming resources such as designated space, supplies, or well-trained facil-

---

[7] Programs with positive or mixed results included Maharashtra Life Skills program in India, Berhane Hewan in Ethiopia, DISHA in India, Ishraq in Egypt, PRACHAR in India, and the Adolescent Participatory project in Nepal.

[8] Examples of activities listed are Life skills training to teach girls about health, nutrition, money, finance, legal awareness, communication, negotiation, decision-making and other relevant topics; Vocational and livelihoods skills training to equip girls for income generation activities; Empowering girls with information, skills, and support networks; Sexual and reproductive health training (may be incorporated under life skills); Mentoring and peer group training to youth leaders, adults, teachers, etc.; "safe spaces" or forums, clubs and meetings that allow girls to meet, gather, connect and socialize outside the home.

itators; and an emphasis on topics in which girls were not interested (for example, livelihoods training over education).

A review of the evidence of the effectiveness of girls' or youth development clubs in empowering girls found that such clubs helped girls gain confidence and gave them better knowledge about Sexual and Reproductive Health (SRH) and legal rights. Nine programs reported success in reducing child marriage rates and were all community-based, engaging parents and other family members in activities and empowering girls to speak out (Marcus et al. 2017). It is worth noting that in "most programmes, longer duration of participation and greater regularity of attendance led to a greater degree of change in outcomes measured" (p. 69).

Some authors have highlighted the limitations of the girl-centric approach as it may put too much emphasis on the individual girl's agency and place a burden on adolescents to change social structures and the opinions and attitudes of adults. The structures and dominant norms may work against the girl's will and ability to change, and it needs to be applied in combination with other interventions that involve gate keepers and decision makers in the community (Richardson 2017).

In summary, we see that the evidence of the effect of the empowerment of girls' approach is very mixed. Some programs and studies have documented solid results from such interventions combining many activities with long duration, regular and high attendance, and engagement of adult community members. Short intervention time and targeting only the girls will likely not result in desired changes such as decreased marriage rates.

Economic incentives and economic support

Globally, findings concerning the effectiveness of economic approaches are inconsistent and different reviews have reached different conclusions: some have found them the most effective (Kalamar et al. 2016), others least effective (Chae & Ngo 2017). In the review by Kalamar et al. (2016), three of the four interventions with significant impact provided some type of economic incentive to remain in school, such as cash transfers conditioned on school attendance or payment of school fees. Chae and Ngo (2017) bring nuance to this picture since they found that economic approaches had the highest failure rate when used as the sole approach, but interventions that coupled it with another approach had a higher success rate.

The study conducted by Baird and colleagues in the Zomba district in the southern region of Malawi is among the most quoted studies on the effects of economic support to help adolescents continue school and reduce early pregnancy and HIV infection (Baird et al. 2011, Baird et al. 2012). They found that an average offer of US$10/month conditional on satisfactory school attendance – plus direct payment of secondary school fees – led to significant declines in early marriage, adolescent pregnancy, and self-reported sexual activity among program beneficiaries after just one year of program implementation. For program beneficiaries who were out of school at baseline, the probability of getting married declined by more than 40% and the chance of becoming pregnant declined by more than 30%.

Freccero & Whiting (2018) concluded that depending on their design, incentive/asset transfer programs can be very successful in achieving the intended outcomes: "Incentive/asset transfer programs were successful in Mexico, Africa, and South Asia. They frequently worked for targeting girls in grades 6–8 and in high school" (p.22). Further, they found that cash or in-kind transfers conditioned on educational outcomes were particularly effective for younger adolescents (ages 12–14) and that cash or in-kind transfers conditioned on attendance are helpful for girls otherwise not likely to be in school.[9]

The effect of cash transfer and other forms of economic empowerment may be time-limited in terms of marriage rates. When the cash support ends, people will likely return to the practices that were common before the intervention, unless it is combined with interventions to address norms, values and attitudes. This approach often does not directly consider the socially embedded pressures that promote early marriage in girls and are rooted in structural conditions including gender inequality and traditions. As pointed out by Oppedal Berge et al. (2018):

> "There is limited evidence on the extent to which expanding economic opportunities also affects the mindset dimension, for instance in terms of locus of control. This may be important, since a change in the mindset has the potential to create a more durable effect from the intervention, going beyond the period of subsidies or training" (p. 153).

Lee-Rife et al. (2012) point out that economic incentives to keep girls in school aim towards changing individual or family behavior, rather than making structural changes to reduce barriers to girls' schooling. This reflects a lack of institutionalization that may limit the sustainability of the programs and the reduction in child marriage they may foster. They also highlight that the cost and infrastructural demands of such programs may make achieving scale and program sustainability unlikely.

There are too few high-quality studies on the effect of economic incentives and support to draw firm conclusions about the effect across various settings and cultures. Effects appear to depend on many factors such as duration, age group targeted, conditionality, and form of support. Some studies suggest that economic incentives and support may be more effective when combined with interventions addressing norms and/or building girls' skills. Several programs that have had effects, such as the Zomba cash transfer program in Malawi, have been part of efforts to help girls stay in school, an approach that appears to be more effective among the younger age groups. Several studies indicate that the gains of cash support fade quickly when programs stop. The studies above do not answer the question of the sustainability of economic support programs, which are expensive to implement on a large scale and over time.

Community mobilization

---

[9] In a review of interventions to reduce adolescent childbearing, McQueston et al. (2013), stated that "conditional cash transfers appear to be particularly effective at increasing the age of marriage" (p.376). The three programs reviewed using this approach had, however, mixed results, and it is not clear how they reached this conclusion.

A very popular approach among NGOs is community mobilization and the building of community awareness about the harmful consequences of traditional practices. However, the evidence of its effectiveness is quite limited. Malhotra et al. (2011) term the approach "Educating and mobilizing parents and community members" and warn that:

This strategy is generally implemented as an accompaniment to others, and it is difficult to assess the extent to which community education and mobilization efforts contribute to program failure or success, because most evaluations are not designed to isolate the impact of this component. At the same time, most program implementers argue that it may well be impossible to implement programs aimed at such significant social change without actively engaging community members. (p.13).

Malhotra et al. (2011) found that it was the second most frequently used strategy, employed by 13 out of 23 programs (p.13). One such program was the Ethiopia Early Marriage Evaluation Study (EMES), which found no change in behavior.

Many programs that have community mobilization as a core intervention have reported positive effects on child marriage rates, but there are a lack of studies using rigorous methods. Kalamar et al. (2016), who used the strictest selection criteria among the reviews we examined, included no programs with this approach as the main component.

Of the 22 studies included in the review by Chae and Ngo (2017), the community approach was the least used and was only incorporated in six interventions: four of these interventions demonstrated mixed success, one was successful, and one was unsuccessful. Freccero and Whiting (2018) identified nine interventions where "community sensitization and engagement approaches" were represented among the 43 evaluations included in their report. They also highlight that interventions within this category are very diverse and the outcomes are mixed. Many programs with such a component showed some positive impact on knowledge and attitudes. Of the programs that measured impact on behavior, just two demonstrated positive outcomes directly attributable to community engagement.[10] Community mobilization programs often aim at changing social norms, an approach that we discuss further below.

From the available studies, it is not possible to conclude on the effectiveness of community mobilization because they have to a very limited extent been subject to rigorous evaluations and research. In particular, there is scarce evidence on behavior change. We do note, however, that implementers claim this to be a foundation for making other components work.

Enhancing the accessibility and quality of formal schooling for girls

---

[10] See: Annabel Erulkar, Girmay Medhin, and Eva Weissman, The Impact and Cost of Child Marriage Prevention in Three African Settings, Addis Ababa: Population Council, 2017; and Vinci Chow and Eva Vivalt, "Challenges in Changing Social Norms: Evidence from Interventions Targeting Child Marriage in Ethiopia," (http://evavivalt.com/wp-content/uploads/2015/11/Child-Marriage.pdf, 2016).

Many programs aim to promote education for girls through interventions in school (through activities such as improving the school curriculum and training teachers, improving infrastructures and equipment) or by helping girls to overcome challenges in accessing school, such as costs, distance and negative attitudes and norms about girls' education. Evidence from across the world has showed that girls who attend secondary school have a much lower risk of marriage than girls with only primary or no education. Interventions to help girls continue their education have been found to reduce child marriage rates (Koski 2016, Rasmussen et al. 2019). Adoption of legislation that prohibits public primary schools from charging tuition fees was found to delay marriage by an average of nine months across sub-Saharan Africa (Koski 2016).

A common approach is to pay for school fees or to offer cash to reduce the economic barriers against school enrollment. All the school-based interventions included in the review by Kalamar et al. (2016) had an economic component (school voucher, cash transfers conditioned on school, payment of school fees, provision of school supplies), in several cases in combination with training of teachers and/or provision of SRH or life-skills education. Economic support and incentives are discussed above.

The review by Malhotra et al. (2016) found that elements of improving the school curriculum and training teachers to deliver content on topics such as life skills, sexual and reproductive health, HIV/AIDS, and gender sensitivity were part of three programs. Building schools, improving facilities (especially for girls), and hiring female teachers were included in only one program. The review does not conclude on the effect of such approaches, probably since they are mostly combined with other approaches and it is difficult to measure the effect of such interventions separately.

Schooling was included in seven of the interventions reviewed by Chae & Ngo (2017) and was the second most successful approach. Of the seven interventions, 43% were successful and the rest mixed. None were classified as unsuccessful. Schooling was the only component in two of the programs that were categorized as successful, but both had an economic approach to increase enrollment or reduce drop-out.[11] Hallfors and colleagues (2011) assessed the impact of reducing barriers to school attendance in Zimbabwe by providing school materials, including uniforms, and reported a significant decrease in the odds of being married following the intervention.

Freccero & Whiting (2018) did not distinguish 'schooling' as a distinct approach but 'educational support' programs were included among those with an empowerment programming approach.

A recently published study, not included in any of the reviews presented above, was a cluster randomized control trial that tested whether a "structural and norms-based intervention", could reduce secondary

---

[11] Cf. Angrist, J., E. Bettinger, E. Bloom, E. King, and M. Kremer. 2002. "Vouchers for private schooling in Colombia: Evidence from a randomized natural experiment," *The American Economic Review* 92(5): 1535–1558.
Hallfors, D.D., H. Cho, S. Rusakaniko, et al. 2015. "The Impact of School Subsidies on HIV-Related Outcomes among Adolescent Female Orphans," *Journal of Adolescent Health* 56(1): 79–84

school drop-out and child marriage among adolescent girls in rural India (Prakash et al. 2019).[12] Safe spaces where girls received life skills training, outreach workers conducting home visits and family meetings, community meetings and street theatre, and support and training of school staff were among the intervention activities (Beattie et al. 2015). They found no significant difference at aggregate level in the proportion of girls who entered or completed secondary school or in the proportion of girls who were married (age 15/16 years). In one of the two intervention districts where the program was delivered more intensively and for a longer period, there was a significant increase in the proportion of girls who enrolled in and completed secondary school in the intervention villages, compared with the control villages (Prakash et al. 2019).

In sum, interventions that are capable of increasing enrollment and keeping girls in school have showed promising results in reducing child marriage. However, most of the evidence comes from programs that include an economic component and less from programs focusing on reducing non-economic barriers and improving teaching and infrastructures. Future studies need to do a cost-benefit analysis that would allow an indication of which type of intervention can help as many girls as possible for a given budget.

Legal and advocacy approaches

If we look beyond intervention studies, one might say that minimum-age-at-marriage laws are the most commonly adopted intervention aimed at limiting child marriage (Koski 2016). Malhotra et al. (2011) emphasized that "policy and legal initiatives present some of the toughest evaluation challenges, since universal application excludes the possibility of a counterfactual, and it becomes difficult to differentiate secular trends from those spurred by legal or policy change" (p. 20). They found only one study that evaluated the impact of a legal reform: Indonesia's 1974 National Marriage Act, which found no significant deviation from the "secular decline" in the number of child marriages from 1960 to 1985.

Freccero & Whiting (2018) point out that "Legal and advocacy approaches are poorly described and evaluated in the literature, perhaps due to the significant challenges in evaluating such programs using experimental and quasi-experimental methods." (p. 23). Furthermore, that the "most common method for evaluating success was simply to determine whether advocacy goals had been achieved" (p. 24).

Laws aimed at changing norms and represent an important precedent for the protection of human rights, but the enactment of national and international laws have clearly been insufficient to eliminate the practice (Gaffney-Rhys 2011). In most cases, legal reforms have had little or no effect as an isolated measure due to weak implementation and absence of enforcement. An analysis of national policies and data from 22 low and middle-income countries in sub-Saharan Africa, found no significant impact of laws on the odds of marriage overall (Kidman & Heymann 2016). Collin & Talbot (2017) found that the probability of age at marriage across many countries does not suggest minimum age marriage laws are affecting actual marriage practices.

---

[12] It should be noted that the study did not include a definition of norms, nor did it attempt to measure normative believes.

However, when authorities follow up the intentions of the law with practical implementation, and combine this with information, awareness raising and dialogue, it might contribute to important changes in both norms and practices. Burkina Faso, Ethiopia and Eritrea are examples of this in relation to FGM (Muthumbi et al. 2015, Crisman et al. 2016, UNFPA 2017), but no country has used legal mechanisms actively to fight child marriage to the same extent. Organizations and qualitative studies, however, report that people often refer to the prohibition of child marriage and the fear of prosecution, as an explanation for why child marriage is becoming less common. Malawi offers an interesting example of this (Wang 2016, Svanemyr & Wang 2020).

Norm focused interventions

Greene & Stiefwater (2019) conclude in their scoping review of the literature on norms and child marriage that "The major recent reviews of what works to end child marriage do not have that much to say about social norms or theories of norms change" (p. 13). Normative interventions tend to be overlooked in systematic reviews because they are not evaluated with randomized controlled trials (RCTs) or other rigorous study designs. Greene & Stiefwater (2019) also highlight that "documentation of norm change is more difficult than capturing changes in attitudes or behaviours, requires capturing change among multiple population groups, and requires a longer timeframe" (p. 14). Norms are commonly defined as informal rules for acceptable behavior, but there are many variations in how the concept is defined and how researchers examine what norms are and how they influence behavior (Cislaghi & Heise 2018). No standard definition exists of what constitutes a norms-focused intervention (Igras et al. 2019).

The growing interest in the importance of norms, particularly in relation to harmful practices such as child marriage and Female Genital Mutilation, has inspired UNICEF and the Overseas Development Institute (ODI) among others, to initiate studies on how norms can be conceptualized, operationalized, measured and changed (Mackie et al. 2015, ODI 2015b, UNFPA & UNICEF 2018, Cislaghi et al. 2019, Pulerwitz et al. 2019, Moreau et al. 2019). In their report from a learning group on social norms, Cislaghi & Heise (2017) highlight that important questions remain, including: How can we best evaluate the effectiveness of interventions that address social norms? What insights can we take from theory to improve evidence-informed practice? They also point to a need to explore the various tools and strategies for collecting and analyzing data on social norms. A key challenge is that identifying a norm or measuring the prevalence of a normative belief is not enough to understand the influence that the norm has on the behavior of interest. Evidence suggests that behavior change cannot be achieved by targeting social norms alone (Hindin et al. 2016).

Community engagement approaches typically aim to create long-term social norms change, but as mentioned above, such interventions are often combined with others and not subject to rigorous evaluations. Norms may change following structural changes in society rather than programmatic interventions. Broad economic changes can contribute, for example, towards stricter or more liberal norms

about girls' education and women's work outside the household, whereas urbanization and legal or policy changes can bring new ideas and possibilities.

Multi- vs. single-component approaches

It is frequently claimed that a holistic, comprehensive approach is needed to prevent child marriage. Chae & Ngo (2017) found that over "the past two decades, the types of interventions that have been implemented and evaluated for their impact on child marriage has shifted from single to multiple components" (p. 5). Research on interventions against violence against women has found that multi-level interventions addressing simultaneously individual, family and community factors are most effective (Yount et al. 2017, Ellsberg et al. 2015). The evidence is less conclusive on multi-level and multi-component programs aiming at improving health and/or social outcomes for girls, although data suggest that multicomponent programs outperform single component programs (Haberland et al. 2018). The evidence concerning multi-level and multicomponent programs to reduce child marriage shows mixed results. Freccero & Whiting (2018) found that "single-component approaches appeared to be more successful more frequently, while multi-component interventions more often had mixed results" (p.21). A recent study, realized by the Population Council in three countries, found that multi-level and multi-component interventions do not necessarily have more impact than single-component studies (Erulkar et al. 2017).

The World Bank realized a relevant review of impact evaluations (IE) of programs carried out or supported by the World Bank Group and measuring impact on child marriage (Parsons & McCleary-Sills 2014). The review does not specify selection criteria and has included all studies found in World Bank Group's enGENDER IMPACT (eGI) database. Programs evaluated were overwhelmingly designed with the aim of increasing educational attainment for girls, including Conditional Cash Transfer and other educational components. The authors concluded that impact evaluations "of programs that were found to delay marriage address multiple drivers of early marriage, including poverty, access to education, and limited livelihood opportunities" (Parsons & McCleary-Sills 2014: p. 4).

Complex comprehensive programs are difficult to implement effectively and consistently, whereas simpler programs can be implemented with a higher degree of intensity and quality. The contradictory findings of the various studies call for more analysis and research in this area.

Interventions targeting both Child Marriage and Female Genital Mutilation

We have found only one study of an intervention addressing both Child Marriage and FGM and that aimed to assess the impact of the intervention on both practices. Caritas, CEDPA (Centre for Development and Population Activities), the Population Council, and Save the Children launched 'Ishraq' ("enlightenment") in 2001, a multidimensional program for 13–15-year-old out of-school girls in four rural villages in Egypt (Brady et al. 2007). In the program villages, the marriage rate declined with the extent of participation, but the program had little chance to affect the prevalence of FGM since most participating girls had already been circumcised by the beginning of the program.

A literature review that examined the direct and indirect associations between FGM and early/child marriage found only six studies (PRB 2018). However, the studies reported that both FGM and early/child marriage are thought to protect girls from social and economic risks and the practices are driven by poverty and lack of economic opportunity for girls. Parents believe that circumcised girls are more desirable candidates for marriage which will provide a financially stable future for girls. The research also provided evidence that both practices occur in many of the same places and among the same subgroups. A quantitative analysis of national surveys in 10 sub-Saharan African countries, found a statistically significant association between FGM and early/child marriage in four of the 10 countries studied. Cut women were facing higher odds of early/child marriage than uncut women in Burkina Faso, Kenya, Senegal, and Sierra Leone (PRB 2018). The data suggest that among women who report experiencing both FGM and early/child marriage, FGM may be a prerequisite for marriage in some countries.

It has been observed in some contexts that when people abandon FGM, child marriage becomes more common as an alternative way of controlling girls' sexuality, but there is no data that confirms such a relation (World Vision 2014, Karumbi et al 2017). It does suggest, however, that organizations should be aware of the dynamic between these practices. Organizations working in areas where both practices are common often aim to end both practices and claim to obtain change in attitudes to both (e.g., Tostan in Senegal and the Norwegian Church Aid/Save the Children joint program in Ethiopia). A common trait for these programs is the use of community discussions where both issues are brought up. The authors of the review quoted above, emphasize that "knowledge gaps remain in our understanding of the links between child marriage and FGM/C in relation to other indicators, such as education, empowerment, violence, migration, civil strife, and war" (p. 4, PRB 2018).

Studies from Ethiopia

We pointed out a sustained reduction in child marriage rates in Ethiopia over decades, even though there has been little change in parts of the country. Factors explaining this progress are near-universal primary school enrollment, girl-centered programs complemented by focused outreach to community leaders, families, and also especially influential males (Erulkar & Bruce 2015 quoted in Chandra-Mouli et al. 2019). Marriage below the age of 18 was outlawed in 2000 and the government has taken the lead in the fight against traditional harmful practices.

The government, UN agencies and many NGOs are running numerous prevention programs in Ethiopia, but very few of them have been subject to research or rigorous evaluations. We found only one intervention study in Ethiopia. The *Berhane Hewan* (2004-2006) program targeted married and unmarried girls with group formation by female mentors, support for remaining in school (including an economic incentive), and participation in nonformal education and livelihood training and "community conversations" to engage the community (Erulkar & Muthengi 2009). It had mixed success but achieved a significant reduction of child marriage among the youngest girls. By the endline survey, the proportion of ever-married girls aged 10–14 at the intervention site had dropped to 2%, while the proportion of those at the

control site had risen to 22%. The intervention was associated with considerable improvements in girls'
school enrollment, reproductive health knowledge and contraceptive use. However, among girls aged 15–
19, those in the intervention area had an elevated likelihood of having gotten married by the endline.

The *Early Marriage Evaluation Study (EMES) 2004-2007* was 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.
The study was an assessment of knowledge, attitudes, and preferences related to early marriage. It showed
whether the outcomes of interest differed in areas in which early marriage prevention activities were
integrated in a systematic way into USAID-funded reproductive health and basic education programs.
The study collected largely descriptive information and could not determine the impact of early marriage
prevention activities as there were no comparable baseline surveys and no control/ comparison woredas[13]
were selected before the start of early marriage prevention activities. The results were mixed in terms of
changes in knowledge and attitude but there was no change of behavior (Gage 2009).

Another analysis of data from the same survey showed that mass media and interpersonal communication
exposure were positively associated with knowledge of marriage legislation, perceptions that marriage
before age 18 was "too early", and beliefs in daughters' rights to individual marriage choice among
parents/guardians (Gage 2013).

A program implemented by the Ethiopian government attempted to change social norms through
community conversations (Chow & Vivalt 2018). The program consisted of several different interventions
and there were two treatment arms in the study: one arm which focused on community dialogue and
information about child marriage alone (the "expansion" treatment), and another arm that added economic
incentives (the "intensive" treatment). The main finding was that "the likelihood a girl aged 8-17 was ever
married by around 4-8 percentage points depending on the specification. The intensive treatment arm
appears to reduce the likelihood by a little more, but this difference is insignificant" (Chow & Vivalt 2018,
p. 22). There were no robust changes in education and the intervention did not appear to increase school
participation, despite the incentives provided to girls enrolled in school. The study suggests that further
work is needed to understand the dynamics behind the country's achievements.

5. Discussion

The results of the different approaches vary, and no approach stands out as equally successful across
different settings. Several reviews point out that empowerment and life skills approaches have had the
highest success rates and may be considered the most promising approach. One review concluded that
economic interventions, which often aim at helping girls continue school, have most frequently
demonstrated positive impact. Still, results are inconsistent and there are examples where these strategies
have had no measurable effect.

---

[13] Woreda is the third administrative level of Ethiopia, and the second lowest one.

We have a limited knowledge and understanding of why the same approaches have had very different effects and impacts in different settings. It may be due both to contextual variations and differences in the program design and implementation. The reviews offer little or no explanation as they do not present details about the interventions or analyze contextual factors that might affect the outcomes. Review articles are typically too short to allow much detail and original study reports often lack such information. The inadequate way that context is treated in research publications is a critical factor, and especially how context interacts with efforts to prevent child marriage in a dynamic fashion.

To gain more insight about what differs successful programs from less successful ones we took a closer look at two studies that have used a similar approach but with opposite results. Malhatra et al. (2011), Kalamar et al. (2016) and Chae & Ngo (2017) concur that the Maharashtra Life Skills Program in India stands out as a program achieving exclusively positive results and with a rigorous research design. Kalamar et al. (2016) and Chae & Ngo (2017) found that another program that implemented life-skills curriculum and vocational training in Bangladesh, 'Kishori Abhijan', had no significant effect. The Maharashtra program consisted of a life skills course provided as a one-year program with one-hour sessions each weekday evening, a total of 225 one-hour sessions. The program targeted unmarried adolescent girls ages 12-18, with a focus on out-of-school and working girls. Parents were involved in developing the design of the intervention and teachers were carefully selected. In four years, the median age at marriage rose by one year, from 16 to 17 in the program areas, and the proportion of marriages to girls younger than age 18 dropped from 80.7% to 61.8%, compared to no significant change in the control area. The control group was four times more likely to marry before 18 than the group who fully participated in the program (Pande et al. 2006).

The 'Kishori Abhijan' (Adolescent Girls' Adventure) program was implemented in rural Bangladesh. The intervention was conducted over three years and included life-skills and livelihood training. Girls were educated about issues such as health, legal rights, early marriage, and dowry. The researchers had to match program participants with non-participants who had identical or very similar characteristics. Although most project participants delayed marriage longer than their matched counterparts who did not participate, these findings were not statistically significant (Amin & Suran 2005, Amin 2011). The program increased self-employment and part-time employment opportunities for participating girls of all ages, and for younger girls (aged 12–14) in the poorest district, the program contributed to improved school-enrollment rates and lower marriage rates. There is no information about involvement of parents and the intervention was developed by the UNICEF and its implementing partners. The documents do not give information about exposure and adherence.

The comparison of the two programs indicates two crucial differences: The Bangladesh program appears to have been less extensive than the Maharashtra program, and seems to have put less emphasis on involving and targeting parents and other adult community members. However, the lack of details about the interventions does not allow us to compare them systematically, which is a typical situation. Many

reviews report that evaluation and intervention studies often lack important information about the intervention studied.[14]

The Ishraq program in Egypt mentioned above that succeeded in reducing child marriage rates in program villages, shared an important characteristic with the successful Maharashtra Life Skills program in India: the participants met frequently over a long period of time. That higher attendance and longer duration lead to better outcomes is in line with findings in a review of the effect of girls/youth clubs (Marcus et al. 2017).

6. Conclusion

This review has examined the evidence about the effect of approaches to reduce the prevalence of child marriage in low- and middle-income countries. The findings might be confusing since the reviews have come to somewhat contradictory conclusions concerning the effectiveness of different approaches. This variation is partly due to the different number of studies included in the reviews, and possibly results from a different classification of mixed interventions. Cash transfer and economic incentives for example, have been found to be both most effective and as having the highest failure rates. Kalamar et al. (2016) who concluded that "most of [the] economic interventions had a significant impact" included only 11 studies in their review. Three out of four interventions that had a significant impact in the intended direction provided some type of economic incentive or support to enable girls to continue school.

Three systematic reviews including a larger number of studies concluded that 'empowerment of girls' appears to be the most successful approach. However, it encompasses a wide range of activities and each program has its own mix. The variation in design, duration, exposure, and adherence among the programs applying this approach, makes direct comparison of programs challenging. Several intervention studies using this approach found no change in timing of marriage (or other relevant behavior or health outcomes). Findings suggest that duration, intensity, and level of adherence are critical factors to obtain significant impact. Involving parents and community leaders in designing programs targeting adolescents and including components that target adults, also seem to be important.

Improving access to and quality of education and helping girls continue their education has been found to lead to reduction in child marriage rates. Successful interventions often include an economic component such as cash transfer, removing fees, payment of fees or provision of uniforms and school material. The effect of other approaches, such as improving the school curriculum, training teachers, building schools, or improving facilities, has been less studied and there is little evidence of effect.

Community engagement, norms focused interventions, advocacy, policy, and legal activities are poorly evaluated but implementers are reported to believe they are important components in comprehensive

---

[14] For example, a review of 'girl-centered' health, social, or economic development programs reported that 19 of 49 studies provided sufficient information to address implementation science questions (Haberland et al. 2018).

approaches. Awareness building and community mobilization are very popular methods among NGOs but is an approach that particularly calls out for more rigorous design of interventions, routine monitoring, and research.

In research publications on child marriage interventions, contextual factors are in general poorly described and analyzed. RCTs and other experimental studies may not provide good data on contextual factors and should be combined with solid process evaluations including the use of qualitative methods. This would give more insight into the internal and external factors affecting the effect of the interventions.

The good news is that despite the shortcomings of the available evidence base, several studies show that it is possible to prevent child marriage, and that significant change can be achieved.

References

Alemu, B. (2008). Early marriage in Ethiopia: causes and health consequences. *Exchange on HIV and AIDS, Sexuality and Gender*, *1*, 4-6.

Amin, S., & Suran, L. (2005, March). Program efforts to delay marriage through improved opportunities: Some evidence from rural Bangladesh. In *Annual Meeting of the Population Association of America, Philadelphia* (Vol. 31).

Amin, S. (2011). *Programs to address child marriage: Framing the problem*. New York: Population Council.

Beattie, T. S., Bhattacharjee, P., Isac, S., Davey, C., et al. (2015). Supporting adolescent girls to stay in school, reduce child marriage and reduce entry into sex work as HIV risk prevention in north Karnataka, India: protocol for a cluster randomised controlled trial. *BMC Public Health*, *15*(1), 292.

Brady M, Assaad R, Ibrahim B, et al. (2007). *Providing new opportunities to adolescent girls in socially conservative settings: The Ishraq program in rural Upper Egypt*. New York: Population Council.

Chae, S., & Ngo, T. (2017). *The global state of evidence on interventions to prevent child marriage*. New York: Population Council.

Chandra-Mouli, V., Ferguson, B. J., Plesons, M., Paul, et al. (2019). The political, research, programmatic, and social responses to adolescent sexual and reproductive health and rights in the 25 years since the International Conference on Population and Development. *Journal of Adolescent Health*, *65*(6), S16-S40.

Chow, V. & Vivalt, E. (2016). *Challenges in Changing Social Norms: Evidence from Interventions Targeting Child Marriage in Ethiopia*. Accessible at http://evavivalt.com/wp-content/uploads/2015/11/Child-Marriage.pdf.

Cislaghi, B., Manji, K., & Heise, L. (2017). *Social Norms and Gender-related Harmful Practices, Learning Report 2: Theory in support of better practice. Learning Group on Social Norms and Gender-related Harmful Practices*. London School of Hygiene & Tropical Medicine.

Cislaghi, B., & Heise, L. (2018a). Four avenues of normative influence: A research agenda for health promotion in low and mid-income countries. *Health Psychology*, *37*(6), 562.

Collin, M., & Talbot, T. (2017). *Do age-of-marriage laws work? Evidence from a large sample of developing countries. Center for Global Development Working Paper*, (458). Washington DC: World Bank.

Crisman, B., Dykstra, S., Kenny, C., & O'Donnell, M. (2016). *The impact of legislation on the hazard of female genital mutilation/cutting: regression discontinuity evidence from Burkina Faso. Center for Global Development Working Paper*, (432). Washington DC: World Bank.

Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: what does the evidence say? *The Lancet*, *385*(9977), 1555-1566.

Erulkar A, Medhin, G., and Weissman, E., (2017). *The Impact and Cost of Child Marriage Prevention in Three African Settings*. Addis Ababa: Population Council.

Freccero, J. & Whiting, A. (2018). *Toward and end to child marriage. Lessons from Research and Practice in Development and Humanitarian Sectors*. Human Rights Center, UC Berkeley and Save the Children.

Gaffney-Rhys, R. (2011). International law as an instrument to combat child marriage. *The International Journal of Human Rights*, *15*(3), 359-373.

Gage, A. (2009). *Coverage and Effects of Child Marriage Prevention Activities in Amhara Region, Ethiopia Findings from a 2007 Study*. Washington DC: U.S. Agency for International Development (USAID).

Gage, A. J. (2013). Child marriage prevention in Amhara region, Ethiopia: association of communication exposure and social influence with parents/guardians' knowledge and attitudes. *Social Science & Medicine*, *97*, 124-133.

Gemignani, R., & Wodon, Q. (2015). Child marriage and faith affiliation in Sub-Saharan Africa: Stylized facts and heterogeneity. *The Review of Faith & International Affairs*, *13*(3), 41-47.

Haberland, N. A., McCarthy, K. J., & Brady, M. (2018). A systematic review of adolescent girl program implementation in low-and middle-income countries: Evidence gaps and insights. *Journal of Adolescent Health*, *63*(1), 18-31.

Jain, S., & Kurz, K. (2007). *New insights on preventing child marriage: A global analysis of factors and programs*. International Center for Research on Women (ICRW).

Karumbi J., Gathara D., & Muteshi J. May, (2017). "Exploring the Association between FGM/C and Child Marriage: A Review of the Evidence," *Evidence to End FGMC Programme Consortium Report*. New York: Population Council.

Kidman, R., & Heymann, J. (2016, March). Do Protective National Marriage Age Policies Reduce the Practice of Child Marriage? In *2016 Annual Meeting of Population Association of America (PAA)*.

Koski, A., Clark, S., & Nandi, A. (2017). Has child marriage declined in sub-Saharan Africa? An analysis of trends in 31 countries. *Population and Development Review*, 7-29.

Kvist, S. (2018). *Jag är bara ett barn: En narrativ forskningsöversikt av barnäktenskap i Afrika söder om Sahara*. Jönköping University.

Lee-Rife, S., Malhotra, A., Warner, A., & Glinski, A. M. (2012). What works to prevent child marriage: a review of the evidence. *Studies in Family Planning*, *43*(4), 287-303.

Malhotra, A., Warner, A., McGonagle, A., & Lee-Rife, S. (2011). *Solutions to end child marriage*. Washington, DC: International Center for Research on Women.

Marcus, R., Gupta-Archer, N., Darcy, M., & Page, E. (2017). *Girls' clubs, life skills programmes and girls' well-being outcomes*. London: Overseas Development Institute.

Marcus, R. and Harper, C. (2015). *Social norms, gender norms and adolescent girls: a brief guide*. London: Overseas Development Institute.

McDougal, L., Jackson, E. C., McClendon, K. A., Belayneh, Y., Sinha, A., & Raj, A. (2018). Beyond the statistic: exploring the process of early marriage decision-making using qualitative findings from Ethiopia and India. *BMC Women's Health*, *18*(1), 1-16.

McQueston, K., Silverman, R., & Glassman, A. (2013). The efficacy of interventions to reduce adolescent childbearing in low-and middle-income countries: a systematic review. *Studies in Family Planning*, *44*(4), 369-388.

Muthumbi, J., Svanemyr, J., Scolaro, E., Temmerman, M., & Say, L. (2015). Female genital mutilation: a literature review of the current status of legislation and policies in 27 African countries and Yemen. *African Journal of Reproductive Health*, *19*(3), 32-40.

Odimegwu, C., & Mkwananzi, S. (2016). Factors associated with teen pregnancy in sub-Saharan Africa: a multi-country cross-sectional study. *African Journal of Reproductive Health*, *20*(3), 94-107.

Oppedal Berge, LI, Bjorvatn, K, Mohamed Maalim, A, Somville, V., & Tungodden, B. (2018). Reducing Early Pregnancy in Low-Income Countries A Literature Review and New Evidence. In: Anderson, S, Beaman, L, and Platteau, JP (eds.). *Towards Gender Equity in Development*. Oxford: United Nations University World Institute for Development Economics Research (UNU-WIDER

Pande, R., K. Kurz, S. Walia, K. MacQuarrie, et al. (2006). *Improving the Reproductive Health of Married and Unmarried Youth in India: Evidence of Effectiveness and Costs from Community-Based Interventions. Final Report of the Adolescent Reproductive Health Program in India*. Washington DC: International Centre for Research on Women.

Pankhurst, A., Tiumelissan, A., & Chuta, N. (2016). *The interplay between community, household and child level influences on trajectories to early marriage in Ethiopia: Evidence from Young Lives*. Young Lives, Oxford Department of International Development (ODID), University of Oxford.

Parsons, J. & McCleary-Sills, J. (2014). *Preventing Child Marriage: Lessons from World Bank Group Gender Impact Evaluations*. Washington, DC: The World Bank.

Perlman, D., Adamu, F. and Wodon. (2017). *Understanding and Ending Child Marriage: Insights from Hausa Communities in Niger and Nigeria.* Education Global Practice. Washington, DC: The World Bank.

Petroni, S., Steinhaus, M., Fenn, N. S., Stoebenau, K., & Gregowski, A. (2017). New findings on child marriage in sub-Saharan Africa. *Annals of global health*, *83*(5-6), 781-790.

PRB. (2018). *Exploring the Association Between Female Genital Mutilation/Cutting and Early/Child Marriage, Evidence to End FGM/C Programme Consortium Evidence Brief.* Washington, DC: Population Reference Bureau, 2018.

Raj, A., Salazar, M., Jackson, E. C., Wyss, et al. (2019). Students and brides: a qualitative analysis of the relationship between girls' education and early marriage in Ethiopia and India. *BMC public health*, *19*(1), 1-20.

Richardson, C. (2017). *Ending Child Marriage in Malawi: A Gatekeepers Approach to Changing Norms* (Doctoral dissertation). Columbia University.

Schaffnit, S. B., Urassa, M., & Lawson, D. W. (2019). "Child marriage" in context: exploring local attitudes towards early marriage in rural Tanzania. *Sexual and Reproductive Health Matters*, *27*(1), 93-105.

Stark, L. (2020). Motives and Agency in Forced Marriage among the Urban Poor in Tanzania. *Ethnos*, *85*(1), 124-144.

Steinhaus, M., Gregowski, A., Stevanovic Fenn, N., & Petroni, S. (2016). She cannot just sit around waiting to turn twenty": understanding why child marriage persists in Kenya and Zambia. *Washington, DC: International Center for Research on Women.*

Svanemyr, J. (2002). *Kjønnsroller, reproduksjon og provosert abort i Elfenbenskysten.* PhD thesis, University of Oslo.

Svanemyr, J. (2020). Adolescent pregnancy and social norms in Zambia. *Culture, Health & Sexuality*, *22*(6), 615-629.

Svanemyr, Joar & Wang, Vibeke. (forthcoming). *Child Marriage and Adolescent Pregnancies in Malawi. Study on Save the Children's Program on preventing child marriages and adolescent pregnancies. Report from fieldwork in Mwanza, January–February 2020.* Chr. Michelsen Institute, Bergen.

Tadesse, Z. T. (2020). Spatial patterns and associated factors of early marriage among reproductive age women in Ethiopia: a secondary analysis of Ethiopian Demographic and Health Survey 2016. Preprint not published.

UNFPA. (2012). *Marrying Too Young.* New York: UNFPA.

UNFPA. (2017). *17 ways to end FGM/C. Lessons from the field.* Companion booklet to the 2016 Annual Report of the UNFPA-UNICEF Joint Programme to End Female Genital Mutilation/Cutting: Accelerating Change. New York: UNFPA.

UNICEF. (2015). *A profile of child marriage in Africa.* New York: UNICEF.

UNICEF. (2018a). *Child Marriage. Latest trends and future prospects.* New York: UNICEF.

UNICEF. (2018b). *Ending child marriage: A profile of progress in Ethiopia.* New York: UNICEF. Available at: https://data.unicef.org/resources/child-marriage-in-ethiopia/. Accessed April 23, 2020.

Wang, V. (2016). Ending child marriages–new laws bring progress but hurdles remain. *CMI Insight.*

World Vision UK. (2014). *Exploring the links: Female genital mutilation/cutting and early marriage.*

Yaya, S., Odusina, E. K., & Bishwajit, G. (2019). Prevalence of child marriage and its impact on fertility outcomes in 34 sub-Saharan African countries. *BMC International Health and Human Rights*, *19*(1), 33.

Yount, K. M., Krause, K. H., & Miedema, S. S. (2017). Preventing gender-based violence victimization in adolescent girls in lower-income countries: Systematic review of reviews. *Social Science & Medicine*, *192*, 1-13. doi: 10.1016/j.socscimed.2017.08.038.

This paper presents the current status of research on child marriage and focuses on intervention studies and reviews of evaluations and programs with reduction of child marriage as a core objective. The main research question is: What is the evidence of the effect of approaches to prevent child marriage in low- and middle-income countries? The paper is divided into three main sections. Firstly, we present data on prevalence and trends of child marriage in low- and middle-income countries, focusing on Africa. Then, the main findings of the literature on the causes and drivers of child marriage; reviews of studies on child marriage prevention programs. Finally, we address what the literature says about the effect and impact of the most common approaches and strategies to prevent child marriage and reduce its prevalence. Each section has a sub-chapter on Ethiopia, which has been a focus country for Norway's contribution to end harmful practices.

Find us here

 CMInorway

 cmi_no

 cmi.no

 cmi.no

Contact us
Phone: 47 93 80 00
Phone: +47 55 70 55 65 (from abroad)

cmi@cmi.no
www.cmi.no

P.O. Box 6033,
N-5892 Bergen, Norway
Jekteviksbakken 31, Bergen

CMI CHR. MICHELSEN INSTITUTE